990 Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) on not enter social security numbers on this form as it may be made public.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2023

OMB No. 1545-

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2023 calendar year, or tax year beginning 07-01-2023 , and ending 06-30-2024 C Name of organization HILLSDALE COLLEGE D Employer identification number B Check if applicable: Address change 38-1374230 Name change Initial return Doing business as Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Amended return 33 F COLLEGE STREET (517) 437-7341 Application pending City or town, state or province, country, and ZIP or foreign postal code HILLSDALE, MI  $\,$  49242 G Gross receipts \$ 400.048.542 F Name and address of principal officer: **H(a)** Is this a group return for LARRY P ARNN Yes 🔽 No subordinates? 33 E COLLEGE STREET **H(b)** Are all subordinates ☐Yes ☐ No HILLSDALE, MI 49242 included? Tax-exempt status: 🔽 501(c)(3) 🗌 501(c)( ) (insert no.) 🔲 4947(a)(1) or 📗 527 If "No," attach a list. See instructions. **H(c)** Group exemption number WWW.HILLSDALE.EDU Website: L Year of formation: 1844 K Form of organization: Corporation Trust Association Other M State of legal domicile: MI Summary 1 Briefly describe the organization's mission or most significant activities: HILLSDALE COLLEGE IS A PRIVATE LIBERAL ARTS COLLEGE WITH APPROXIMATELY 1,500 STUDENTS. FOUNDED IN 1844, THE COLLEGE REMAINS, IN THE WORDS OF ITS ARTICLES OF ASSOCIATION, "GRATEFUL TO GOD FOR THE INESTIMABLE BLESSINGS RESULTING FROM THE PREVALENCE OF CIVIL AND RELIGIOUS LIBERTY AND INTELLIGENT PIETY" IN OUR Activities & Governance NATION, AND DEDICATED TO "THE DIFFUSION OF SOUND LEARNING" THAT IS "ESSENTIAL TO THE PERPETUITY OF THESE BLESSINGS. 2 Check this box T if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . 34 Number of independent voting members of the governing body (Part VI, line 1b) . 3 2 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . 5 2,352 907 Total number of volunteers (estimate if necessary) . . . . . . 6 5,557,633 Total unrelated business revenue from Part VIII, column (C), line 12 . Net unrelated business taxable income from Form 990-T, Part I, line 11 2,751,679 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . . . . 253,577,837 268,471,774 77,413,719 Program service revenue (Part VIII, line 2g) . . . . . . 68,416,955 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . -7,386,506 40,261,198 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,176,536 8,006,346 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 320,784,822 394,153,037 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . 35,736,612 38,573,011 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 76,035,186 85,871,520 16a Professional fundraising fees (Part IX, column (A), line 11e) . . Total fundraising expenses (Part IX, column (D), line 25) 80,431,201 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 136,755,393 146,276,900 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 248,527,191 270,721,431 Revenue less expenses. Subtract line 18 from line 12 . . . . 72,257,631 123,431,606 Assets or d Balances **Beginning of Current** End of Year 1,871,625,743 Total assets (Part X, line 16) . 2,045,865,706 Total liabilities (Part X, line 26) . . . . . 283,131,874 303,311,368 21 1,588,493,869 1,742,554,338 Net assets or fund balances. Subtract line 21 from line 20 . 22 **Signature Block** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2025-05-15 Sign Signature of officer Date PATRICK FLANNERY TREASURER Here print name and title Preparer's signature Print/Type preparer's name Date PTIN 2025-05-08 P00796388 **Paid** self-employed Firm's EIN 33-1498605 PLANTE & MORAN PLLC Preparer Firm's address 250 S HIGH ST SUITE 100 Phone no. (614) 849-3000 **Use Only** COLUMBUS, OH 43215 May the IRS discuss this return with the preparer shown above? See Instructions. Yes No Form **990** (2023) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

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Briefly describe the organization's mission: SEE SCHEDULE O

Did the organization undertake any significant program services during the year which were not listed on 

If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program 

If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code: ) (Expenses \$

77,293,345 including grants of \$ STUDENT INSTRUCTION HILLSDALE COLLEGE MAINTAINS ITS DEFENSE OF THE CLASSICAL LIBERAL ARTS CURRICULUM, CONVINCED THAT IT IS THE BEST PREPARATION FOR MEETING THE CHALLENGES OF MODERN LIFE AND THAT IT OFFERS TO ALL PEOPLE OF ALL BACKGROUNDS NOT ONLY AN IMPORTANT BODY OF KNOWLEDGE, BUT ALSO TIMELESS TRUTHS ABOUT THE HUMAN CONDITION. THE LIBERAL ARTS ARE DEDICATED TO STIMULATING STUDENTS' INTELLECTUAL CURIOSITY, TO ENCOURAGING THE CRITICAL, WELL-DISCIPLINED MIND, AND TO FOSTERING PERSONAL GROWTH THROUGH ACADEMIC CHALLENGE. AS SUCH, THE

COLLEGE MAINTAINS A RIGOROUS CORE CURRICULUM OF 50 ACADEMIC CREDITS, INCLUDING REQUIRED COURSES IN WESTERN AND AMERICAN HISTORY, THE GREAT BOOKS, THE U.S. CONSTITUTION, LOGIC AND RHETORIC, PHILOSOPHY, THEOLOGY, MATHEMATICS, THE ARTS AND SCIENCES, AND MORE. IN ADDITION TO THE CORE CURRICULUM, STUDENTS CHOOSE FROM 30 MAJORS AND SEVEN INTERDISCIPLINARY MAJORS. SEVEN MINORS-ONLY PROGRAMS AND NINE PRE-PROFESSIONAL PROGRAMS ARE ALSO OFFERED. THE FOUR-YEAR UNDERGRADUATE COURSE OF STUDY CULMINATES IN A BACHELOR OF ARTS OR BACHELOR OF

) (Expenses \$

SCIENCE DEGREE. HILLSDALE COLLEGE IS CONSISTENTLY RANKED HIGH ON LISTS OF THE BEST LIBERAL ARTS COLLEGES IN THE NATION BY SUCH PUBLICATIONS

AS U.S. NEWS & WORLD REPORT, THE PRINCETON REVIEW, FORBES, AND KIPLINGER'S PERSONAL FINANCE. IN ADDITION TO ITS UNDERGRADUATE PROGRAM OF INSTRUCTION, THE COLLEGE OPERATES THE VAN ANDEL GRADUATE SCHOOL OF STATESMANSHIP ON CAMPUS, OFFERING MASTER'S AND DOCTORAL DEGREES IN POLITICS; THE STEVE & AMY VAN ANDEL GRADUATE SCHOOL OF GOVERNMENT IN WASHINGTON, D.C., OFFERING A MASTER OF ARTS DEGREE IN GOVERNMENT; AND THE DIANA DAVIS SPENCER GRADUATE SCHOOL OF CLASSICAL EDUCATION OFFERING A MASTERS OF ARTS DEGREE IN CLASSICAL EDUCATION. THE COLLEGE IS COMMITTED TO THE EXCELLENCE OF ITS STUDENTS IN BOTH INTELLECT AND CHARACTER. THIS COMMITMENT IS REFLECTED IN THE STUDENT HONOR CODE, WHICH READS, "A HILLSDALE COLLEGE STUDENT IS HONORABLE IN CONDUCT, HONEST IN WORD AND DEED, DUTIFUL IN STUDY AND SERVICE, AND RESPECTFUL

OF THE RIGHTS OF OTHERS. THROUGH EDUCATION THE STUDENT RISES TO SELF-GOVERNMENT, "HILLSDALE BOASTS A STUDENT-FACULTY RATIO OF 8 TO 1. IT HAS 168 FULL-TIME FACULTY, 90 PERCENT OF WHOM HOLD THE HIGHEST DEGREE IN THEIR DISCIPLINES.

37,263,583 including grants of \$ 37,263,583 ) (Revenue \$ STUDENT SCHOLARSHIPS AND GRANTS HILLSDALE COLLEGE HAS BEEN COMMITTED TO INDEPENDENCE SINCE ITS FOUNDING IN 1844. WHEN A 1984 U.S. SUPREME COURT RULING THREATENED HILLSDALE WITH THE ENTIRE RANGE OF FEDERAL REGULATIONS BECAUSE SOME OF ITS STUDENTS RECEIVED FEDERAL FINANCIAL AID, THE COLLEGE RESOLVED THAT NOT A SINGLE HILLSDALE STUDENT WOULD ACCEPT EVEN ONE CENT OF FEDERAL GRANTS, LOANS, OR SCHOLARSHIPS.

THE COST OF REPLACING GOVERNMENT AID WAS OVER \$7.1 MILLION IN THE 2023-2024 ACADEMIC YEAR; THIS TOTAL ASSISTED 493 STUDENTS. IN ADDITION, THE COLLEGE AWARDED APPROXIMATELY \$31.8 MILLION IN PRIVATE SCHOLARSHIPS THAT YEAR ON THE BASIS OF FINANCIAL NEED, ACADEMIC MERIT, CAMPUS LEADERSHIP, ATHLETIC AND MUSIC PARTICIPATION, AND OTHER QUALIFICATIONS. APPROXIMATELY 99 PERCENT OF HILLSDALE STUDENTS QUALIFY FOR AND

HEALTH AND WELLNESS SERVICES. THE ADMISSIONS OFFICE RECEIVES AN INCREASING NUMBER AND HIGHER CALIBER OF APPLICATIONS EACH YEAR, LEADING TO A SELECTIVE ACCEPTANCE RATE OF 20 PERCENT FOR THE MOST RECENT ACADEMIC YEAR. THE OFFICE EMPHASIZES A HOLISTIC APPROACH TO APPLICATION REVIEWS AND CONDUCTS PERSONAL INTERVIEWS WITH ALMOST ALL APPLICANTS. THE CAREER SERVICES OFFICE HELPS STUDENTS DEVELOP THEIR STRENGTHS AND INTRODUCES THEM TO OPPORTUNITIES THROUGH MENTORING, NETWORK-BUILDING, JOB FAIRS, AND OTHER PROGRAMS. THE COLLEGE HAS A 98 PERCENT FIVE-YEAR GRADUATE PLACEMENT AVERAGE. A SURVEY OF THE 2023 GRADUATING CLASS SHOWED THAT 73 PERCENT WERE EMPLOYED, 25 PERCENT IN CONTINUING EDUCATION AND GRADUATE PROGRAMS, AND 2 PERCENT IN MILITARY AND VOLUNTEER SERVICE. HILLSDALE'S STUDENT AFFAIRS DEPARTMENT OVERSEES A NUMBER OF STUDENT INTEREST GROUPS, ACADEMIC HONORARIES, VOLUNTEER ORGANIZATIONS, AND THE COLLEGE'S FOUR FRATERNITIES AND

28,834,894 including grants of \$

THESE ADDITIONAL PROGRAM SERVICE EXPENSES INCLUDE, BUT ARE NOT LIMITED TO, AUXILIARY SERVICES (BOOKSTORE, RESIDENTIAL, DINING) AND PLAN AND

THREE SORORITIES. HEALTH AND WELLNESS SERVICES PROVIDES MEDICAL AND MENTAL HEALTH SERVICES TO STUDENTS, FACULTY, AND STAFF.

INSTEAD, HILLSDALE ESTABLISHED THE PRIVATELY FUNDED STUDENT INDEPENDENCE SCHOLARSHIP AND LOAN FUND IN PLACE OF TAXPAYER-FUNDED AID FOR

DESERVING STUDENTS WHO SEEK THE KIND OF CLASSICAL LIBERAL ARTS EDUCATION OFFERED AT HILLSDALE. SINCE THE STUDENT INDEPENDENCE SCHOLARSHIP AND LOAN FUND WAS ESTABLISHED IN 1985, HILLSDALE HAS REPLACED FEDERAL AND STATE GRANTS AND LOANS WITH OVER \$149 MILLION IN PRIVATE AWARDS.

1,309,428) (Revenue \$

0) (Revenue \$

1,309,428 ) (Revenue \$

0) (Revenue \$

20,628,997)

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☐ Yes ☐ No

Yes No

(Code: ) (Expenses \$ 17,522,946 including grants of \$ STUDENT SERVICES HILLSDALE'S STUDENT SERVICES INCLUDE THE ADMISSIONS OFFICE, CAREER SERVICES, ACADEMIC SERVICES, STUDENT AFFAIRS, AND

MAINTENANCE OF CAMPUS GROUNDS AND BUILDINGS.

Total program service expenses

Other program services (Describe in Schedule O.)

) (Expenses \$

28,834,894 including grants of \$

160,914,768

RECEIVE SOME FORM OF INSTITUTIONAL AID.

(Code:

(Expenses \$

(Code:

4a

4b

Form	990 (2023)			Page
Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, </i> Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,			

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 为 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐿 . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥦 . . . . . . . . . . . . . . . Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីប៉េក្តាម ទល្បានមេដា និក្សានាម្ខាត់ និក្សានាម្ខាត់ និក្សានាម្ចាត់ និក្សានាម្ចាន និក្សានាម្ចាត់ និក្សានាម្ចាន់ និក្សានិក្សានាម្ចាន់ និក្សានាម្ចាន់ និក 

. If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or for

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 🖠

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

VIII, IX, or X, as applicable.

15

16

17

Yes

Yes

Νo

Nο

Nο

Nο

Νo

Νo

Nο

Nο

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

Yes

Yes

Yes

Yes

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rm 990 (2023)					
Pa	art IV Checklist of Required Schedules (continued)				
			Yes	No	
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes		
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's				

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

Part V

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X, line 5 or 22 for receivables from or sayables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

ប្រជុំ<sup>Y</sup>អាច «លាក្សាខ្លែស ស្រាស់ និង ប្រជុំ ប្រជាជ្រាក្រ employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

 $\overline{\mathsf{Did}}$  the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

Bid প্রকর্ম Grandstail Shift field after terminater or dissolve and cease operations? If "Yes," complete schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Wasene Graphfizatisherulated የወነከነ tax-exempt or taxable entity? If-"Yes," complete Schedule R, Part II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🐒 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🐒 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Nο

Νo

Nο

Nο

Nο

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Nο

No

Yes

Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

30

31

32

33

35a

35h

36

37

3,975

1a

1b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
Zd	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a		No
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account;) enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	_		
	(WBAR) e organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5</b> c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Νo
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
-	year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	Yes	
16	If thesphysæritationstruetloostambfilesEtutio和200jiSchedulleeNsection 4968 excise tax on net investment income?	16		No
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			<u> </u>

year by the following:

**a** The governing body?

Section C. Disclosure

13

14

18

apply.

2

3

4

5

6

7a

Яa

11a

12a

12b

12c

13

14

15a

15b

16a

16b

AK,CO,DC,MA,MN,NV,NH,SC,WA

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2023)

Yes

Yes

Nο

Nο

Nο

Νo

Νo

No

Νo

Nο

Νo

Form 990 (2023) Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 3 4 Yearlere are material differences in voting rights among members of the governing

body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

Enter the number of voting members included in line 1a, above, who are

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization delegate control over management duties customarily performed by or under the direct

Did the organization make any significant changes to its governing documents since the prior Form 990 was Blathe organization become aware during the year of a significant diversion of the organization's assets? . .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

**b** Describe on Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 .

Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Own website Another's website Volon request Other (explain in Schedule O)

PATRICK FLANNERY 33 E COLLEGE STREET HILLSDALE, MI 49242 (517) 437-7341

interest policy, and financial statements available to the public during the tax year.

a The organization's CEO, Executive Director, or top management official . .

List the states with which a copy of this Form 990 is required to be filed

on Schedule O how this was done . . . . . . . . .

**b** Other officers or key employees of the organization . . . .

Did the organization have a written whistleblower policy? . . .

supervision of officers, directors or trustees, or key employees to a management company or other person? .

other officer, director, trustee, or key employee? . . . . . . . .

Did the organization have members or stockholders? . .

independent 1b 32

8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule 0 . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Yes **10a** Did the organization have local chapters, branches, or affiliates? 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

See the instructions for the order in which to	*		_	',	Ciuc	cu or	guiii	24110113.			
Check this box if neither the organization i	•			у сі	ırreı	nt offi	icer,	director, or tru	stee.		
(A) Name and title	<b>(B)</b> Average hours per week (list	Posi u	<b>(C)</b> tion (do not check more nless person is both an director/truste	tha	an o	ne bo	ox,	(D) Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	from the organization and related organizations	
(1) LARRY P ARNN	40.00	Х		X				1 157 110	0	133,939	
PRESIDENT	10.00			^				1,157,118	U	133,939	
(2) PATRICK L SAJAK	4.50			,							
CHAIRMAN OF THE BOARD	0.00	Х		Х				U	0	0	
(3) STEPHEN A VAN ANDEL	4.50			.,				•			
VICE CHAIRMAN OF THE BOARD	0.00	Х		Х				0	0	0	
(4) WILLIAM J BRODBECK	1.00							_	_	_	
TRUSTEE, CHAIRMAN EMERITUS	0.00	Х		X				0	0	0	
(5) ALICE H HANLEY TRUSTEE	1.00	Х						0	0	0	
(6) BRUCE C SANBORN TRUSTEE	1.00	Х						0	0	0	
(7) BRIAN S WESBURY TRUSTEE	1.00	Х						0	0	0	
(8) CHARLES S MCINTYRE III TRUSTEE	1.00	Х						0	0	0	
(9) CHRIS CHOCOLA	1.00	х						0	0	0	
TRUSTEE	0.00										
(10) CHRISTOPHER F BACHELDER	1.00							0	0	0	
TRUSTEE	0.00										
(11) CLEVES R DELP	1.00	Х						0	0	0	
TRUSTEE	0.00										
(12) DANIEL S PETERS TRUSTEE	0.00	х						0	0	0	
(13) DAVID A DURELL	1.00	Х						0	0	0	
TRUSTEE	0.00	^						O	0	0	
(14) DAVID R HOUGH	1.00	Х						0	0	0	
TRUSTEE	0.00	^									
(15) DONNA R ECTON	1.00	Х						0	0	0	
TRUSTEE	0.00	^						U	U	U	
(16) GREGORY C SCHULER	1.00	Х						0	0	0	
TRUSTEE	0.00									0	
(17) JAMES J MEEKS	1.00	Х						0	0	0	
TRUSTEE	0.00										

(A) Name and title

Reportable

compensation from related

organizations (W-2/1099-MISC/1099-NEC)

**(D)** Reportable

compensation

from the organization (W-2/1099-MISC/1099-NEC)

**(F)** Estimated amount of

other

compensation from the

(B)

Average hours per week (list (C)
Position (do not check more than one box,
unless person is both an officer and a
director/trustee)

	any hours for related organizations below dotted	0 =	Institutional Trust	ee;	Officer	Key employee	Highest of employe	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related
	line)	al trustee or				loyee	Highest compensi employee				organizations
(18) JEFFREY H COORS	1.00						ated				
TRUSTEE (19) JESSICA A FAUBERT	0.00								0	0	
TRUSTEE	0.00	х.							0	0	0
(20) KURT D GRINDSTAFF TRUSTEE	0.00								0	0	0
(21) MARK L JOHNSONTRUSTEE	0.00	Х.							0	0	0
(22) NENA C MOSS	1.00	x.							0	0	0
TRUSTEE (23) NERSI H NAZARI	0.00 1.00								0	0	0
TRUSTEE (24) R MARK HAMLIN JR	1.00								0	0	0
TRUSTEE (25) RICHARD E HUNTER	0.00 1.00								0	0	
TRUSTEE (26) RONALD C NOLAN	0.00								0	0	0
TRUSTEE	0.00	х.							0	0	0
(27) RONALD D ROBSON TRUSTEE	0.00	х							0	0	0
(28) S GUNNAR KLARR TRUSTEE	0.00	х.							0	0	0
(29) THOMAS N JORDAN JR	1.00	x.							0	0	0
TRUSTEE (30) THOMAS C SHAFER	0.00 1.00								0	0	0
TRUSTEE (31) TOBIAS W BUCK	0.00 1.00								0	0	
TRUSTEE (32) WAYNE R NELSON	0.00 1.00								0	0	0
TRUSTEE (33) WILLIAM A NOLAN III	0.00								0	0	0
TRUSTEE	0.00	х.							0	0	0
(34) WILLIAM L FRAIM TRUSTEE	0.00	х.							0	0	0
(35) RICHARD P PEWE  VP OF ADMIN. AFFAIRS & SECRETARY	40.00				Х				290,110	0	89,463
(36) PATRICK H FLANNERY	40.00				Х				239,283	0	77,170
VP FOR FINANCE & TREASURER (37) JOHN CERVINI	1.00 40.00					Х			492,021	0	120,629
VP FOR INST. ADVANCEMENT (38) CHRISTOPHER VAN ORMAN	10.00 40.00										
PROVOST (39) ROBERT NORTON	0.00					Х			319,797	0	78,526
VP & GENERAL COUNSEL	1.00					Х			345,081	0	92,428
VP OF MARKETING	40.00					Х			280,965	0	72,900
(41) MATTHEW SPALDING	40.00						х		336,644	0	93,371
(42) DOUG BANBURY  VP FOR ADMISSIONS & BUS DEVELOPMENT	40.00						Х		266,952	0	89,983
(43) MATT SCHLIENTZ	40.00						Х		281,284	0	78,104
ASSOCIATE VP OF PROGRAMS  (44) DAVID WHALEN	0.00 40.00						Х		261,505	0	71,279
ASSOCIATE VP FOR CURRICULUM  (45) JUDY DUKE	0.00 40.00										
CONSULTANT FOR MAJOR GIFTS  1b Sub-Total	0.00						Х		277,077		67,783
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	ll, Section A .					4	1,547,8	337		0 1.06	5,575
2 Total number of individuals (including to \$100,000 of reportable compensation for the state of	ut not limited t	o thos		rece	eive					,	<u>·</u>
3 Did the organization list any <b>former</b> off	ican dinastan an	two st	oo kay ammiayaa a	منط سا	, b o o				and ampleyees	Yes N	0
on line 1a? If "Yes," complete Schedule	I for such individ	dual .		•	•	•	•	•		3 N	0
4 For any individual listed on line 1a, is t organization and related organizations individual											
5 Did any person listed on line 1a receive			tion from any unrol	• etod	·	• ania	• zation	• • or	individual for	4 Yes	
services rendered to the organization?	If "Yes," complet								· · ·	5 N	0
Section B. Independent Contract  Complete this table for your five highe compensation from the organization. Re	st compensated										
	(A) ousiness address					-			(B) otion of services	(C) Compensation	
NEXT AFTER LLC  5810 TENNYSON PKWY PLANO, TX 75024  WEIGAND CONSTRUCTION							NSULT		MARKETING DN	29,644	
7808 HONEYWELL DR FORT WAYNE, IN 46825 METZ CULINARY MANAGEMENT						FOO	OD SEF	אורי	ES	8,033	333
2 WOODLAND DR DALLAS, PA 18612 RR DONNELLEY											
30 HAZELWOOD DR STE 100 WEST AMHERST, NY 14228							INTING			7,057	
DARWILL INC  11900 W ROOSEVELT RD						PRI	INTING	/MA]	LLING	3,731,	507
HILLSIDE, IL 60162  2 Total number of independent contractors \$100,000 of compensation from the organization.		ot lim	nited to those listed	abov	/e) '	who	rece	ived	I more than		
	· <del>-</del>									E	

			(2023)											Page <b>9</b>
Part	i VI	Ш		nt of Revenue hedule O contains a re	espo	nse or not	e to a	anv lir	ne in this Parl	: VIII				п
			Circuit ii de		2370			-	(A) I revenue	(B) Relate exem functi rever	) d or pt on	(C) Unrelati busines revenu	ss ex ie tax	(D) Revenue cluded from under sections 512 - 514
Contr	ibι	ıti	ons, Gifts, Grai	nts, and OtherAmt Sin	nilar	Amounts	<b>1a</b> F	edera	ted campaigr	ns	1a			
									rship dues .		1b			
									ising events		1c	1,200	000	
									d organization nent grants (con		1d 1e	1,200	,000	
							f Al	ll other	contributions, g	ifts, grants,	10		_	
							al	hove	lar amounts not		1f	267,271	<u>,774</u>	
							g N	nes 1a	contributions in - 1f:\$	ciuded in	1g	70,397	,997	
							h To	otal. A	dd lines 1a-	1f			268,4	71,774
					В	Business C	ode		50 505 404					
•	2	a	TUITION AND FEES	5		61	1310		60,585,491	6	0,585,491	·		
ane.		b <sup>4</sup>	AUXILIARY		╬	61	1310		15,317,729	1	5,226,348	3	91,381	
Program Service Revenue							1310		1 510 400		47.00	-	463,603	
ce		C	CONFERENCE CEN	ITER		72	1110		1,510,499		47,806		,462,693	
Servi					_									
E	1	d			_									
ogra		e												
ď														
				am service revenue.										
	!	g	<b>Total.</b> Add line	es 2a-2f		77,413		1		1				
				<b>3</b> Investment income other	-	_				11,7	12,879		2,941,24	4 8,771,635
				49inclareamonnitales	tme	nt of tax-e	xemp	t bon	d proceeds	ļ				
				<b>5</b> Royalties	•		•	<u> </u>						
				<b>6a</b> Gross rents	6a	(i) Re	eal		(ii) Personal					
										_				
				<b>b</b> Less: rental expenses	6b									
				c Rental income or (loss)	<b>6</b> c									
				<b>d</b> Net rental incom	e or	(loss).								
						(i) Securitie		5	(ii) Other					
				<b>7a</b> Gross amount from sales of		28,	548,31	19						
				assets other than inventory										
e e				<b>b</b> Less: cost or	7b			0						
Ver				other basis and sales expenses										
Other Revenue				<b>c</b> Gain or (loss)	<b>7</b> c	28,	548,31	19						
her				<b>d</b> Net gain or (loss	) .					28,5	548,319			28,548,319
ŏ				8a Gross income from fu (not including \$	ndrai	sing events of								
				contributions reported		ine 1c).								
				See Part IV, line 18			88							
				<b>b</b> Less: direct expe			8b Dicina		tc					
				• Net income of (10	33) 1	Tom runare	131119	even						
				9a Gross income from	n ga	aming			105.50					
				activities. See Part IV, line 1 <b>b</b> Less: direct expe	9 .		9a 9b	_	195,56					
				c Net income or (lo							10,889			110,889
				,	•	-								
				10a Gross sales of inv returns and allow			1.0		1,921,96	9				
				<b>b</b> Less: cost of goo			10	_	5,810,833					
				c Net income or (lo			L		·V	-3,8	888,864		218,31	-4,107,175
					,				ısiness Code					
				11a SCP REBATE					61143	5,5	85,474			5,585,474
				b HILLSDALE HOS	STEI	L		Ī -	61143	30 4	174,067	474,067	_	
Oth	٦rD	פי	venueMiscAmt											
Julie	- i r	۱ ت.	. enacenscamt	c FOOD SERVICE	CA	TERING			61143	30 3	357,922		357,92	2
				d All other revenue				<u> </u>		5,3	866,858	4,880,776	486,08	2
				e Total. Add lines :						11,7	84,321			
				<b>12 Total revenue.</b> Se	e in	structions			• •	394,1	.53,037	81,214,488	5,557,63	
													Fo	rm <b>990</b> (2023)

Form 990 (2023)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mu	st complete all colur	nns. All other organ	izations must comple	ete column (A).
Check if Schedule O contains a response or note to	any line in this Par	t IX	· · · · · ·	🔽
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,309,428	1,309,428		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	36,369,058	36,369,058		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	894,525	894,525		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,124,375	551,221	1,593,516	979,638
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	64,771,291	45,130,316	9,381,094	10,259,881
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,130,458	3,456,245	927,690	746,523
9 Other employee benefits	8,427,688	6,477,722	1,043,545	906,421
10 Payroll taxes	4,417,708	2,968,777	852,798	596,133
11 Fees for services (non-employees):				<del></del> ,
a Management				
<b>b</b> Legal	2,557,750	437,256	1,985,916	134,578
<b>c</b> Accounting				
<b>d</b> Lobbying				_
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	57,147		57,147	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	41,012,768	5,205,591	1,441,857	34,365,320
12 Advertising and promotion	18,038,006	6,286,894	187,071	11,564,041
13 Office expenses	33,697,594	22,220,590	1,301,584	10,175,420
<b>14</b> Information technology	8,050,166	1,182,239	6,203,461	664,466
15 Royalties	2,925		2,925	
<b>16</b> Occupancy	5,596,746	4,759,018	837,728	
<b>17</b> Travel	10,952,060	6,730,252	868,052	3,353,756
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	10,536,658	4,391,518	201,691	5,943,449
<b>20</b> Interest	512,387	512,387		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,161,238	7,935,274	1,062,711	163,253
<ul> <li>23 Insurance</li> <li>24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</li> </ul>				
a EQUIPMENT	844,938	844,938		
<b>b</b> GRAD SCHOOL STIPENDS	633,100	633,100		
c UBI TAX PAYMENTS	370,000		370,000	
d MEMBERSHIPS	271,493	187,710	22,747	61,036
e All other expenses	3,981,924	2,430,709	1,033,929	517,286
<ul> <li>Total functional expenses. Add lines 1 through 24e</li> <li>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</li> <li>Check here if following SOP 98-2 (ASC 958-720).</li> </ul>	270,721,431	160,914,768	29,375,462	80,431,201
Check here 🔝 ii iollowing SUP 98-2 (ASC 958-720).				Form <b>990</b> (2023)

_		(2023)					Page <b>11</b>
Par	rt X	Balance Sheet					_
		Check if Schedule O contains a response or i	note to	any line in this Part IX .			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			5,001,271	1	2,505,940
	2	Savings and temporary cash investments			121,146,440	2	95,017,741
	3	Pledges and grants receivable, net			148,279,926	3	138,353,793
	4	Accounts receivable, net			4,389,134	4	7,399,881
	5 6	Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu	bstant hese p	ial contributor, or 35% ersons		5	
		under section $4958(f)(1)$ ), and persons described	ribed i	n section 4958(c)(3)(B)		6	
60	7	Notes and loans receivable, net			31,052,035	7	36,142,650
Assets	8	Inventories for sale or use			1,092,290	8	1,441,951
ASS	9	Prepaid expenses and deferred charges .			3,158,901	9	4,682,242
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	405,282,890			
	b	Less: accumulated depreciation	10b	135,361,993	234,233,151	10c	269,920,897
1	11	Investments—publicly traded securities .			390,791,089	11	402,196,646
1	12	Investments—other securities. See Part IV, li	ne 11		915,798,986	12	1,068,110,864
1	13	Investments—program-related. See Part IV, I	ine 11			13	
	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11			16,682,520	15	20,093,101
	16	Total assets: Add lines 1 through 15 (must e	qual li	ne 33)	1,871,625,743	16	2,045,865,706
1	17	Accounts payable and accrued expenses .			33,028,077	17	37,971,919
1	18	Grants payable				18	
1	19	Deferred revenue			1,993,848	19	2,247,889
2	20	Tax-exempt bond liabilities			5,654,120	20	4,957,466
SS	21	Escrow or custodial account liability. Complet	te Part	IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or for key employee, creator or founder, substantial	contri	butor, or 35%			
9.		controlled entity or family member of any of t				22	
F1000000	23	Secured mortgages and notes payable to unre		· —	185,886,261	23	193,895,004
2	24	Unsecured notes and loans payable to unrelate		· —		24	
2	25	Other liabilities (including federal income tax, parties, and other liabilities not included on li Complete Part X of Schedule D			56,569,568	25	64,239,090
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			283,131,874	26	303,311,368
es		Organizations that follow FASB ASC 958, che	ck her	e 🔽 and complete			
Balances	27	lines 27, 28, 32, and 33.  Net assets without donor restrictions			241,977,900	27	314,948,294
B pt	28	Net assets with donor restrictions		L	1,346,515,969	28	1,427,606,044
Fund		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🗌 and			
5	29	complete lines 29 through 33. Capital stock or trust principal, or current fun	ds .			29	
Assets	30	Paid-in or capital surplus, or land, building or	equipr	nent fund		30	
Ass	31	Retained earnings, endowment, accumulated i	ncome	, or other funds		31	
	32	Total net assets or fund balances			1,588,493,869	32	1,742,554,338
-	33	Total liabilities and net assets/fund balances			1,871,625,743	33	2,045,865,706

a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

**b** Were the organization's financial statements audited by an independent accountant? 2b Yes If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

basis, consolidated basis, or both: Consolidated basis Separate basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? За Νo **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b Form 990 (2023)

Form 990 (2023)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special Condition Descripti	ion:	
	Special Condition Description	

## (Form 990) Department of the Treasury

Internal Revenue Service

Form 990 or 990-EZ.

Name of the organization

**SCHEDULE A** 

## **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection Employer identification number

HILLS	DALE C	OLLEGE					20.4274220	
Pa	rt I	Reason for Publi	c Charity St	tatus (All organiza	tions must co	mnlete this n	138-1374230   art.	ns.
		ization is not a private fo						1131
1		A church, convention	of churches, or	r association of churc	hes described ir	section 170(l	o)(1)(A)(i).	
2	V	A school described in	section 170(b)	)(1)(A)(ii). (Attach S	chedule E (Forn	n 990).)		
3		A hospital or a cooper	ative hospital	service organization o	described in <b>sec</b>	tion 170(b)(1)	(A)(iii).	
4		A medical research org hospital's name, city,		rated in conjunction w	vith a hospital d	escribed in <b>sec</b>	tion 170(b)(1)(A)(iii	). Enter the
5		An organization operat  170(b)(1)(A)(iv). (Co		-	iversity owned o	or operated by a	a governmental unit d	escribed in <b>section</b>
6		A federal, state, or loc	al government	or governmental unit	described in <b>se</b>	ection 170(b)(1	.)(A)(v).	
7		An organization that no described in <b>section 1</b>	•	·		om a governme	ntal unit or from the o	general public
8		A community trust des	scribed in <b>sect</b> i	ion 170(b)(1)(A)(vi).	. (Complete Par	t II.)		
9		An agricultural researd university or a non-lan						
10		An organization that n receipts from activitie from gross investment organization after June	s related to its income and u	exempt functions—sunrelated business tax	ubject to certair able income (le	n exceptions, a ess section 511	nd (2) no more than 3	33 1/3% of its support
11		An organization organi	zed and opera	ted exclusively to test	t for public safe	ty. See <b>section</b>	509(a)(4).	
12		An organization organione or more publicly s the box on lines 12a tl	upported orgai	nizations described in	section 509(a)	(1) or section 5	609(a)(2). See section	<b>1 509(a)(3).</b> Check
а		<b>Type I.</b> A supporting o supported organization organization. <b>You mus</b>	(s) the power	to regularly appoint o	r elect a majori			
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the				
С		Type III functionally i supported organization	-		•			grated with, its
d		Type III non-functions not functionally integral (see instructions). You	ated. The orga	nization generally mu	st satisfy a dist	ribution require		` '
е		Check this box if the o integrated, or Type III	_				s a Type I, Type II, T	ype III functionally
f	Ente	r the number of support	ed organization	ns			· · · · · · · <u> </u>	
g	(:) h	Provide the following in					() A	(-i) A
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				instructions))	Yes	No		
			l					
Tota								
For F	aperv	work Reduction Act Noti	ce, see the Ins	structions for	Cat. No. 11285	F	Schedule	e A (Form 990) 2023

paid to or expended on its behalf

by each person (other than a governmental unit or publicly

Public support. Subtract line 5

Section B. Total Support

securities loans, rents, royalties

and income from similar sources

Net income from unrelated business activities, whether or

10 Other income. Do not include gain or loss from the sale of

Total support. Add lines 7

. . . . . . . . . . . . .

. . . . . . . . . . . . .

not the business is regularly

capital assets (Explain in Part

(or fiscal year beginning in)

7 Amounts from line 4. . Gross income from interest, dividends, payments received on

carried on. .

VI.). .

through 10

from line 4.

Calendar year

Schedul

Part II

1,234,792,350

18,446,382

24,952,964

14,896,497

14,188,606

1,288,830,417

81,214,487

94.380 %

93.300 %

Schedule A (Form 990) 2023

e A	(Form	990)	2023

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 184,464,315 256,292,905 271,985,519 253,577,837 268,471,774 1,234,792,350 membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either

The value of services or facilities furnished by a governmental unit to the organization without charge. 184,464,315 256,292,905 Total. Add lines 1 through 3 The portion of total contributions

supported organization) included on line 1 that exceeds 2% of the

amount shown on line 11, column

6,416,299

41,557

1,257,784

Public support percentage for 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . .

Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

Section C. Computation of Public Support Percentage

(a) 2018

**(b)** 2019 184,464,315 256,292,905

5,744,467

1,365,053

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

(c) 2020 -652,511 2,801,032

271.985.519

4,123,151

1,799,044

271,985,519

(d) 2021

253,577,837

2,235,643

2,063,721

253,577,837

7,630,827

(e) 2022 268,471,774

8,757,317

2,751,679

7,703,004

12

14

15

268,471,774

```
1,216,345,968
(f) Total
     1,234,792,350
```

Ρ	art III Support Schedule f						
	(Complete only if you						alify under Part
-	II. If the organization	fails to qualify	y under the to	ests listed belo	w, please com	ipiete Part II.)	
	ection A. Public Support		T				1
	endar year fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513						
	<u>.</u>						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
	paid to or experided on its benan						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
<b>L</b>	persons Amounts included on lines 2 and 3						
b	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year.						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
-	from line 6.)						
	ection B. Total Support	T	1		1	<u> </u>	1
	endar year	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	fiscal year beginning in)  Amounts from line 6						
.0a	Gross income from interest,						
va	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated						
	business activities not included on						
	line 10b, whether or not the		1		ı		
							•
	business is regularly carried on.						
12	Other income. Do not include gain						
12	Other income. Do not include gain or loss from the sale of capital						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
12 13	Other income. Do not include gain or loss from the sale of capital						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c,	the organization'	s first, second,	third, fourth, or	fifth tax year as	a section 501(c)(	3) organization,
13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.).				,	` , `	, , ,
13 14	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Pub	lic Support P	ercentage	<u> </u>	<u> </u>		, , , ,
13 14 Se	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for check this box and stop here	lic Support P	ercentage	<u> </u>	<u> </u>		, , ,
13 14	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Pub	lic Support P	ercentage f) divided by lir	ne 13, column (f	))		, , ,
13 14 Se 15 16	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) . First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Pub Public support percentage from 2023 Public support percentage from 2023	lic Support P (line 8, column (	ercentage f) divided by lir art III, line 15	ne 13, column (f	))		, , ,
13 14 Se 15 16	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) . First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Pub Public support percentage for 2023 Public support percentage from 2020 ection D. Computation of Investments	lic Support P (line 8, column ( 22 Schedule A, P estment Inco	ercentage f) divided by lir art III, line 15	ne 13, column (f	))	. 15 16	, , ,
13 14 Se 15 16 Se 17	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Pub Public support percentage for 2023 Public support percentage from 202 ection D. Computation of Investment income percentage for 2	lic Support P (line 8, column (c) 22 Schedule A, P estment Inco 2023 (line 10c, co	ercentage f) divided by lin art III, line 15 me Percent blumn (f) divide	ne 13, column (f	))		, , ,
13 14 Se 15 16 Se 17 18	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is for check this box and stop here.  ection C. Computation of Pub Public support percentage for 2023 Public support percentage from 202 ection D. Computation of Inventional Investment income percentage from 202 Investment income Percentage Investment In	lic Support P (line 8, column (c) 22 Schedule A, P estment Inco 2023 (line 10c, co a 2022 Schedule	ercentage f) divided by lin art III, line 15 me Percent blumn (f) divide A, Part III, line	ne 13, column (f	umn (f))		.´ <b>⊳</b>
13 14 Se 15 16 Se 17 18	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	lic Support P (line 8, column (c) 22 Schedule A, P estment Inco 2023 (line 10c, co a 2022 Schedule organization did i	ercentage f) divided by lin art III, line 15 me Percent blumn (f) divide A, Part III, line not check the b	ne 13, column (f) tage ed by line 13, cole 17	umn (f))		d line 17 is not
13 14 Se 15 16 Se 17 18	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is for check this box and stop here.  ection C. Computation of Pub Public support percentage for 2023 Public support percentage from 202 ection D. Computation of Inventional Investment income percentage from 202 Investment income Percentage Investment In	lic Support P (line 8, column (c) 22 Schedule A, P estment Inco 2023 (line 10c, co a 2022 Schedule organization did in nd stop here. Th	ercentage f) divided by lin art III, line 15 me Percent olumn (f) divide A, Part III, line not check the be e organization	tage ed by line 13, col e 17	umn (f))	15 16 17 18 e than 33 1/3%, an organization	d line 17 is not

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990) 2023

Page 4

No

## (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

12d, of Part I, complete Sections A and D, and complete Part V.)

checked box Section A. All Supporting Organizations

Part IV Supporting Organizations

		Yes
Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
describe the designation. If historic and continuing relationship, explain.	1	
Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization		

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

3b and 3c below.

made the determination.

Supporting Organizations (continued)

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.* 

Page 5

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c		11c		_
	Part VI.			
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
_	ection of the supporting Organizations			L
	cotton bi An Type 111 Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently field as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's income or	-		
	assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):	
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b below.		V	
	Did sub-heatistly all of the source-his /a activities during the heat was disable for the activities as a constant of the		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those</b> supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities			
	constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement.	2b		

За

1

Page 6

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). $ \\$	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		

6

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

instructions)

7

instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section D<sup>Or</sup> อาการสา

organizations, in

d Excess from 2022. . .e Excess from 2023. . .

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

 ${\bf 2} \quad \hbox{Amounts paid to perform activity that directly furthers exempt purposes of supported}$ 

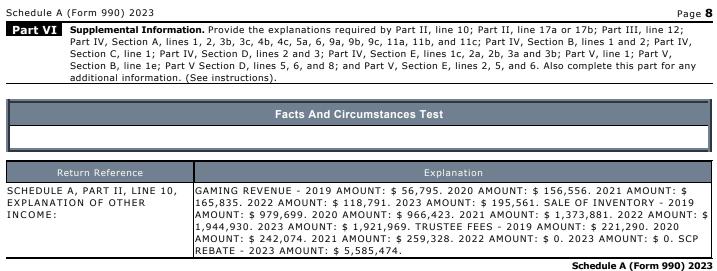
1 Amounts paid to supported organizations to accomplish exempt purposes

(continued)

1

Page 7

excess of income from activity					
3 Administrative expenses paid to accomplish exempt purposes of supported organizations					
4 Amounts paid to acquire exempt-use assets	11 3		4		
5 Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )			5		
6 Other distributions (describe in <b>Part VI</b> ). See instruc	LIUIIS		6		
<b>7 Total annual distributions.</b> Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to (provide details in <b>Part VI</b> ). See instructions	which the organization is res	sponsive	8		
9 Distributable amount for 2023 from Section C, line 6					
<b>10</b> Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdis	ii) tribut ·2023	ions	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6					
Underdistributions, if any, for years prior to 2023     (reasonable cause required explain in Part VI ).					
See instructions.					
<b>3</b> Excess distributions carryover, if any, to 2023:					
<b>a</b> From 2018					
<b>b</b> From 2019					
<b>c</b> From 2020					
<b>d</b> From 2021					
e From 2022					
f Total of lines 3a through e					
g Applied to underdistributions of prior years h Applied to 2023 distributable amount					
Carryover from 2018 not applied (see instructions)					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2023 from Section D, line 7:					
\$					
a Applied to underdistributions of prior years					
<b>b</b> Applied to 2023 distributable amount					
c Remainder. Subtract lines 4a and 4b from line 4.					
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> .					
See instructions.					
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.					
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2019					
<b>b</b> Excess from 2020					
c Excess from 2021					
d Evenes from 2022					



## Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** HILLSDALE COLLEGE 38-1374230 Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF).

Name of organization HILLSDALE COLLEGE

Employer identification number 38-1374230

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-			Person Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-			Person
		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll
			Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person
		\$	Payroll Noncash
			(Complete Part II for noncash
(c)	/h\	(0)	contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		<del></del>	Payroll
(a) No.  RESTRICTED  (a) No.  (a) No.  (a) No.  (a) No.  (a) No.			Noncash
			(Complete Part II for noncash contributions.)

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

(c) (a) (b) (d) FMV (or estimate) No. from Description of noncash property given Date received

Part I (See instructions)

(a) (c) (d) (b) FMV (or estimate) No. from Description of noncash property given Date received

Part I (See instructions)

(c) (a) (b) (d)

No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions)

Schedule I	3 (Form 990) (2023)		Page 4
	rganization		Employer identification number
HILLSDAI	LE COLLEGE		38-1374230
Part III	total more than \$1,000 for the year from a	ny one contributor. Com Part III, enter the total of Information once. See in:	ns described in section 501(c)(7), (8), or (10) that plete columns (a) through (e) and the following exclusively religious, charitable, etc., contributions structions.)   *
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIF	(e) Transfer of g	gift Relationship of transferor to transferee
-	Hallsielee's Hallie, addless, and Zir		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIF	(e) Transfer of o	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIF	(e) Transfer of o	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIF	(e) Transfer of g	gift Relationship of transferor to transferee
			Schedule B (Form 990) (2023)

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

	nme of the organization LSDALE COLLEGE		Employer identification number
LITE	LISDALE COLLEGE		38-1374230
Pā	art I Organizations Maintaining Donor		inds or Accounts.
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	29	
2	Aggregate value of contributions to (during year)	5,603,122	
3	Aggregate value of grants from (during year)	142,092	
4	Aggregate value at end of year	5,603,122	
5	Did the organization inform all donors and donor ad the organization's property, subject to the organiza	visors in writing that the assets held in donc	or advised funds are
6	Did the organization inform all grantees, donors, an charitable purposes and not for the benefit of the do impermissible private benefit?	nor or donor advisor, or for any other purpo	can be used only for se conferring
Pa	rt II Conservation Easements. Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
_	Preservation of land for public use (e.g., recreat	_	historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2		ld a gualified concentration containstion in th	as form of a concentration
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	id a qualified conservation contribution in tr	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	5	2b
	Number of comments and comments of the bit		- 1
C	Number of conservation easements on a certified hi Number of conservation easements included in (c) a	` ′	2c
d	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transf tax year	erred, released, extinguished, or terminated	d by the organization during the
4	Number of states where property subject to conser	vation easement is located	
5	Does the organization have a written policy regarding violations, and enforcement of the conservation ear	g the periodic monitoring, inspection, hand	ling of Yes No
6	Staff and volunteer hours devoted to monitoring, in year	specting, handling of violations, and enforci	
7	Amount of expenses incurred in monitoring, inspect  \$	ing, handling of violations, and enforcing co	onservation easements during the year
8	Does each conservation easement reported on line (B)(i) and section $170(h)(4)(B)(ii)$ ?		
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	the footnote to the organization's financial	
Pai	<b>Organizations Maintaining Collecti</b> Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets h service, provide, in Part XIII, the text of the footno	eld for public exhibition, education, or resea	arch in furtherance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or research	
	(i) Revenue included on Form 990, Part VIII, line 1 .		<b>\</b> \$ 482,434
	ii) Assets included in Form 990, Part X · · · · · · ·		·
2	If the organization received or held works of art, his		
	following amounts required to be reported under FA	SB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1 .		· ———
b			
or I	Paperwork Reduction Act Notice, see the Instructions	<b>5 for Form 990.</b> Cat. No. 52283E	

Public exhibition

c Leasehold improvements

**d** Equipment . . . .

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

collection items (check all that apply):

b	✓ Scholarly research		e 🗌 Othe	r		
С	✓ Preservation for future generations					
	<u></u>	collections and oval	lain haw thay fouth	au tha augani-atia	o'a ayamat ayanaa	a im
4	Provide a description of the organization's of Part XIII.	collections and expl	iain now they furth	er the organization	is exempt purpose	e in
5	During the year, did the organization solicit assets to be sold to raise funds rather than		•			s □ No
Par	Complete if the organization and Part X, line 21.		Form 990, Part	IV, line 9, or rep	oorted an amoun	it on Form 990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?		•			s No
b	If "Yes," explain the arrangement in Part X	III and complete th	ne following table:		Amount	
c	Beginning balance	•	_	1c	7	
d	Additions during the year					
e	• ,			· · ·		
f	Distributions during the year			· · · <del>    -</del>		
•	Ending balance					
2a	Did the organization include an amount on	Form 990, Part X,	line 21, for escrow	or custodial accou	unt liability? <b>Yes</b>	No No
_	If "Yes," explain the arrangement in Part X	III Check here if t	he evolanation has	heen provided in	Part XIII	_
b		TII. CHECK HEIE II C	The explanation has	been provided in	rait XIII	
Рa	rt V Endowment Funds. Complete if the organization and	swered "Ves" on	Form 990 Part	IV line 10		
	complete if the organization and	(a) Current year	(b) Prior year		(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,002,503,208	924,423,912	948,699,164	749,066,295	710,282,819
	Contributions	97,406,129	59,731,537	56,858,533	70,667,158	80,512,072
	Net investment earnings, gains, and losses	65,525,596	51,177,600	-63,821,859	140,602,089	-39,535,766
_					l	
d	Grants or scholarships	28,921,985	26,413,263	24,972,502	17,281,516	15,497,424
	Other expenditures for facilities and programs	-824,805	2,723,387	-11,239,616	-20,379,887	-20,265,598
f	Administrative expenses	4,189,501	3,693,191	3,579,040	14,734,749	6,961,004
g	End of year balance	1,133,148,252	1,002,503,208	924,423,912	948,699,164	749,066,295
2	Provide the estimated percentage of the cur	rrent vear end bala	nce (line 1a, colum	ın (a)) held as:	I.	
a	Board designated or quasi-endowment	7.801 %	5,	(=,,, ==.		
b	Permanent endowment 92.199 %					
	Term endowment \ 0 %					
C	The percentages on lines 2a, 2b, and 2c sh	hould equal 100%				
За	Are there endowment funds not in the posse	·	ization that are hel	d and administere	d for the	
Ju	organization by:	coston of the organ	ization that are ne	a ana aanimistere	a for the	Yes No
	(i) Unrelated organizations				3	a(i) No
	(ii) Related organizations				38	a(ii) Yes
b	If "Yes" on 3a(ii), are the related organizat	ions listed as requi	ired on Schedule R	?		<b>3b</b> Yes
4	Describe in Doub VIII the intended wass of t	ha anannitii	andowment for de			
4	Describe in Part XIII the intended uses of t		endowment funds.			
Par	<b>rt VI</b> Land, Buildings, and Equipm Complete if the organization and		Form 900 Part	IV line 11a Sec	Form 990 Part	· X line 10
	Description of property  (a) Cost or oth (investment)	ner basis (b) Cos	t or other basis (other)			(d) Book value
•	land.		16 144 710			16,144,71
	Land		16,144,718		04.040.034	
b	Buildings		258,421,008	· [	94,849,031	163,571,97

31,378,113

99,339,051

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its

**d** Loan or exchange programs

10,158,014

80,046,188

21,220,099

19,292,863

Part VII Investments - Other Securities				Page <b>3</b>
Complete if the organization answ  (a) Description of security or category  (including name of security)	<u>vered "Yes" on Form 990, Pa</u>	е	See Form 990,  (c) Method of vost or end-of-year	aluation:
(1) Financial derivatives				ar.net raide
(2) Closely-held equity interests				
(3) Other	211,362,	067	F	
(B) PRIVATE REAL ESTATE	42,684,	261	F	
(C) OTHER	10,711,		F	
(D) CASH ALTERNATIVE	67,835,	801	F	
(E) FIXED INCOME	184,891,	625	F	
(F) EQUITY LONG-ONLY	346,521,	901	F	
(G) PRIVATE EQUITY	23,059,	553	F	
(H) ABSOLUTE RETURN	134,983,	916	F	
(I) LIQUID REAL ASSETS	46,060,	621	F	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	12.) • 1,068,110,			
Part Investments - Program Relat VIII Complete if the organization answ	t <b>ed.</b> wered 'Yes' on Form 990, Pa	rt IV, line 11c.	See Form 990,	Part X, line 13.
(a) Description of inves		(b) Book valu	ue (c) Met	hod of valuation:
(1)			Cost or end	-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part IX Other Assets.	13.)	•		
Complete if the organization answ	vered 'Yes' on Form 990, Par (a) Description	t IV, line 11d.	See Form 990,	Part X, line 15.  (b) Book value
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(5)				
(5)				
(5) (6) (7) (8)				
(5) (6) (7) (8) (9)	2) line 15 )			
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(E) Part X Other Liabilities.	3) line 15.)			
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(E) Part X Other Liabilities. Complete if the organization answ		t IV, line 11e c		
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(E) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.		t IV, line 11e c		(b) Book value
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(E) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) [1] (1) Federal income taxes	vered 'Yes' on Form 990, Par Description of liability	t IV, line 11e c		
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(E)  Part X Other Liabilities.  Complete if the organization answ See Form 990, Part X, line 25.  1. (a) [1] (1) Federal income taxes	vered 'Yes' on Form 990, Par Description of liability	t IV, line 11e d		
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(E)  Part X Other Liabilities.  Complete if the organization answ See Form 990, Part X, line 25.  1. (a) [1] (1) Federal income taxes	vered 'Yes' on Form 990, Par Description of liability	· · · · · t IV, line 11e c		
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(E) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) [1] (1) Federal income taxes	vered 'Yes' on Form 990, Par Description of liability	t IV, line 11e c		
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(E) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) [1] (1) Federal income taxes	vered 'Yes' on Form 990, Par Description of liability	t IV, line 11e c		
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(E) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) [1] (1) Federal income taxes	vered 'Yes' on Form 990, Par Description of liability	t IV, line 11e c		
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(E) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) [1] (1) Federal income taxes	vered 'Yes' on Form 990, Par Description of liability	t IV, line 11e c		
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(E) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.	vered 'Yes' on Form 990, Par Description of liability	t IV, line 11e o		
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(E) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) [1] (1) Federal income taxes	vered 'Yes' on Form 990, Par Description of liability	t IV, line 11e c		
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(E) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) [1] (1) Federal income taxes	vered 'Yes' on Form 990, Par Description of liability	t IV, line 11e c		
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(E) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  1. (a) [1] (1) Federal income taxes	vered 'Yes' on Form 990, Par Description of liability	t IV, line 11e o		(b) Book value 64,239,090

Sche	dule D (Form 990) 2022		Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per	
	<b>Return.</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	394,144,863
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		334,144,003
- а	Net unrealized gains (losses) on investments 2a 59,246,615		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	30,726,896
3	Subtract line <b>2e</b> from line <b>1</b>	3	363,417,967
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a -5,528,327		
b	Other (Describe in Part XIII.)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	30,735,070
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	394,153,037
Pai	<b>TXII</b> Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pe	r Return.
1	Total expenses and losses per audited financial statements	1	239,651,568
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,588,388
3	Subtract line 2e from line 1	3	238 063 180

4a

4b

-5,528,327

38,186,578

4c

5

32,658,251

270,721,431

## Part XIII **Supplemental Information**

ADJUSTMENTS:

PART XII, LINE 2D - OTHER

PART XII, LINE 4B - OTHER ADJUSTMENTS:

b

c

#### Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Add lines **4a** and **4b** . . . . . . . . . . . . . . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Other (Describe in Part XIII.) . . . .

Return Reference	Explanation
PART III, LINE 4:	ALWIN C. CARUS COIN COLLECTION - THE CARUS COIN COLLECTION CONSISTS OF A VAST ARRAY OF FOREIGN AND DOMESTIC CURRENCY DIVIDED INTO THREE SMALLER DISPLAYS: AN ANCIENT COIN COLLECTION, AN AMERICAN COINAGE COLLECTION, AND A HISTORY OF MONEY COLLECTION THAT INCLUDES EARLY NON-METAL FORMS OF CURRENCY, PRECIOUS METALS, AND MODERN FIAT CURRENCY, THE COLLECTION WAS LEFT TO HILLSDALE COLLEGE TO BE USED FOR EDUCATIONAL PURPOSES; IT IS A TOOL FOR TEACHING ECONOMICS, HISTORY, FINANCE, AND CLASSICS. PORTIONS OF THE COLLECTION ARE EXHIBITED PUBLICLY AT HILLSDALE COLLEGE EVENTS ACROSS THE COUNTRY, EXTENDING THE EDUCATIONAL BENEFITS OF THE COLLECTION TO A MUCH WIDER AUDIENCE THAT INCLUDES BUSINESS OWNERS, EDUCATORS, COMMUNITY LEADERS, AND OTHER INTERESTED CITIZENS. SPECIAL LIBRARY COLLECTIONS - IN ADDITION TO THE MAIN STUDY AND RESEARCH COLLECTIONS, HILLSDALE COLLEGE'S MOSSEY LIBRARY CONTAINS A NUMBER OF RARE AND SPECIAL HOLDINGS, INCLUDING THE LUDWIG VON MISSES LIBRARY AND THE RICHARDSON HERITAGE ROOM EARLY AND RARE EDITIONS. LUDWIG VON MISSES, THE FATHER OF AUSTRIAN ECONOMICS, CHOSE HILLSDALE COLLEGE TO BE THE RECIPIENT OF HIS PERSONAL LIBRARY AND THE SECHOAL'S COMMITMENT TO TEACH THE PRINCIPLES OF FREEDOM. THIS IMPORTANT COLLECTION OF BOOKS, PAMPHLETS, AND PAPERS RELATED TO FREE-MARKET ECONOMICS IS HOUSED IN THE LUDWIG VON MISSES ROOM IN MOSSEY LIBRARY AND IS AVAILABLE TO THE HILLSDALE FACULTY AND STUDENTS FOR RESEARCH. THE RICHARDSON HERITAGE ROOM CONTAINS A COLLECTION OF RARE- AND FIRST-EDITION BOOKS THAT ECONOMICS IS HOUSED IN THE LUDWIG VON MISSES ROOM IN MOSSEY LIBRARY AND IS AVAILABLE TO THE HILLSDALE FACULTY AND STUDENTS FOR RESEARCH. THE RICHARDSON HERITAGE ROOM CONTAINS A COLLECTION OF RARE- AND FIRST-EDITION BOOKS THAT SAYING AND STUDENTS OF SECRETARY AND A COLLECTION TO LIBERTY, THE COLLEGE BEGAN IN 2003 TO ESTABLISH THE LIBERTY WALK, A SERIES OF STATUES THROUGHOUT THE CAMPUS THAT DAILY REMIND STUDENTS, FACULTY, AND VISITORS OF THOSE WHO LABORED TO DEFEND FREEDOM. TO DATE, THE COLLECTION INCLUDES NINE STANDURING W
PART V, LINE 4:	AS STATED PREVIOUSLY, HILLSDALE COLLEGE IS AN INDEPENDENT FOUR-YEAR LIBERAL ARTS INSTITUTION. HILLSDALE DOES NOT ACCEPT ANY FEDERAL OR STATE MONIES FOR THE OPERATION OF THE COLLEGE. ENDOWMENT FUNDS ARE INVESTED IN SUCH A MANNER AS TO PRESERVE AND PROTECT THE COLLEGE'S INDEPENDENCE FROM GOVERNMENT FUNDS. EARNINGS FROM THE ENDOWMENT ARE PRIMARILY USED TO PROVIDE SCHOLARSHIPS TO STUDENTS AND TO FUND THE OPERATIONS OF THE COLLEGE.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	WITTE FOUNDATION CONSOLIDATED REVENUE 98,033. CHANGE IN SPLIT INTEREST AGREEMENT -28,617,752.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CGS BOOKSTORE -5,670,770. GAMING EXPENSE -84,672. TUITION AND FEES 38,144,788. CHANGE IN PENSION 41,790. SCP REBATE 5,585,474. WITTE NET GAIN/LOSS ON INVESTMENT ADJUSTMENT -1,753,213.

TUITION AND FEES 38,144,788. CHANGE IN PENSION 41,790.

GAMING EXPENSE 84,672. CGS BOOKSTORE 5,670,770. WITTE FOUNDATION CONSOLIDATED EXPENSES 1,418,420. SCP REBATE -5,585,474.

ADJUSTMENT -1,753,213.

#### **SCHEDULE E** (Form 990)

## **Schools**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990EZ for the latest information.

		Employer identification	on nun	nber	
		38-1374230			
ar?	t I	_		YES	NO
L	2. The second street are a secially annolated instance policy toward students by statement in it	objective bylanic		YES	NO
			1	Yes	<u>L</u>
	• • • • • • • • • • • • • • • • • • • •				
		·	2	Yes	
				100	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  1 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet Buttnessed under the programs of the programs of the programs of the programs of the homepage, or Hawayana its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or Hawayana is taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or Hawayana is a subject of the program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," Blackfibe. If "No," please explain. If you need more space use Part II.  2 Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?  2 Agreed admissions, programs, and other financial assistance are awarded on a racially nondiscriminatory basis?  2 Agreed admissions, programs, and scholarships?  3 Agreed admissions, programs, and scholarships?  4 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  4 Copies of all material used by the organization or on its behalf to solicit contributions?  4 Agreed admissions, programs, and scholarships?  5 Agreed admissions, programs, and scholarships?  5 Agreed admissions, programs, and scholarships?  5 Admissions policies?  5 Acceptable admission administrative staff?  5 Acceptable administra				
		3_	Yes		
		-			
	Does the organization maintain the following?				
			4a		N
	· · · · · · · · · · · · · · · · · · ·	•	4b	Yes	l
c	Copies of all catalogues, brochures, announcements, and other written communications to the pu	ıblic dealing	4c	Yes	_ 
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?  Does the organization include a statement of its racially nondiscriminatory policy toward students in all its prochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet submissions and the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet submissions are provided by the product of solicitation for students, or during the registration period if it has a provided by the product of solicitation for students, or during the registration period if it has a provided by the product of solicitation for students, or during the registration period if it has a provided by the property of the general community it serves? If "Yes," leave of a community it serves? If "Yes," leave of a documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory agains?  Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory agains?  Does the organization maintain the following?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Engloyment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Scholarships or other financial assistance?  Scholarships or other financial assistance?  Scholarships or other financial assistance?  If you answered "Yes" to either	4d	Yes		
			5a		N
b	Admissions policies?		5b		N
c	Employment of faculty or administrative staff?		5c		N
d	Scholarships or other financial assistance?		5d		N
e	Educational policies?		5e		N
f	Use of facilities?		5f		N
g	Athletic programs?		5g		N
			5h		N
	ones the organization include a statement of its racially nondiscriminatory policy toward students in all its processory catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  As the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet intrepagate and pit as the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet intrepagate and pit as the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet intrepagate and pit as the organization period if it in the state of the process of the process of the department of the state of the general community it serves? If "Yes interpreted in the process of the general community it serves? If "Yes interpreted indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory pages?  Propies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  Propies of all material used by the organization or on its behalf to solicit contributions?  Propies of all material used by the organization or on its behalf to solicit contributions?  Propies of all material used by the organization or on its behalf to solicit contributions?  Propies of a propies of the department of faculty or administrative staff?  Records document of faculty or adm				
			-		
	2		-		
			6a 6b	<del>                                     </del>	N N
-			<u> </u>		
		-			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260	), covering racial	۱ ـ		1

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also any other additional information. See instructions.

Return Reference	Explanation					
SCHEDULE E, PART I, LINE 3	HILLSDALE COLLEGE'S POLICY OF NON-DISCRIMINATION IS WRITTEN INTO ITS ORIGINAL ARTICLES OF ASSOCIATION, WHICH WERE ADOPTED IN 1853. THEY STATE, "THE OBJECT OF THIS INSTITUTION IS AND SHALL BE TO FURNISH TO ALL PERSONS WHO WISH, IRRESPECTIVE OF NATIONALITY, COLOR, OR SEX, A LITERARY, SCIENTIFIC OR THEOLOGICAL EDUCATION AS COMPREHENSIVE AND THOROUGH AS IS USUALLY PURSUED IN OTHER COLLEGES OR THEOLOGICAL SCHOOLS IN THIS COUNTRY, AND TO COMBINE WITH THIS, SUCH MORAL, SOCIAL AND ARTISTIC INSTRUCTION AND CULTURE AS WELL BEST DEVELOP THE MINDS AND IMPROVE THE HEARTS OF THE STUDENTS." HILLSDALE COLLEGE CONTINUES TO BE GOVERNED BY THESE WORDS, AND THEY ARE INCORPORATED INTO THE SCHOOL'S MORE RECENT MISSION STATEMENT. THESE WORDS ARE INCLUDED IN THE COLLEGE CATALOG, AND THEY ARE FEATURED PROMINENTLY IN THE HILLSDALE COLLEGE HONOR CODE.					
SCHEDULE E, PART I, LINE 4	IN 1844, HILLSDALE COLLEGE WAS FOUNDED ON THE THEN TRULY EXCEPTIONAL PRECEPT OF OFFERING AN EDUCATION TO "ALL PERSONS, IRRESPECTIVE OF NATIONALITY, COLOR OR SEX." IT ENROLLED AFRICAN AMERICANS, WOMEN, & OTHER MINORITIES NEARLY TWO DECADES BEFORE THE CIVIL WAR. HILLSDALE WAS THE FIRST COLLEGE IN THE NATION TO HAVE ITS PRINCIPLES OF NONDISCRIMINATION WRITTEN INTO ITS STATE CHARTER. IT WAS THE FIRST MICHIGAN COLLEGE & THE SECOND IN THE NATION TO ADMIT WOMEN ON AN EQUAL BASIS WITH MEN, & IT WAS THE SECOND COLLEGE IN THE NATION TO CONFER THE B.A. TO WOMEN. EVEN PRIOR TO THE CIVIL WAR, IT REFUSED TO SPECIFY RACE ON RECORDS OR TO BASE DECISIONS OR POLICIES ON THE RACE OF ITS STUDENTS, FACULTY, OR STAFF. TODAY, IT BASES ADMISSIONS & HIRING PRACTICES ON QUALIFICATION, COMPETENCE, & MERIT WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. ACCORDINGLY, IT DOES NOT KEEP RECORD OF THE RACE OF ANY OF ITS STUDENTS, FACULTY, OR STAFF.					
Additional Data	Schedule E (Form 990) (2023)					
Additional Data Return to Form						

Page 2

**Software ID: Software Version:** 

# (Form 990)

SCHEDULE F

Department of the Treasury

Internal Revenue Service Name of the organization

(1)

(2)

(3)

(4)

(12)

(13)

(14)

(15)

(16)

(17)

(18)

SOUTH ASIA

EUROPE (INCLUDING

EUROPE (INCLUDING

EUROPE (INCLUDING

EUROPE (INCLUDING

NORTH AMERICA

NORTH AMERICA

3a Sub-total .

to Part I .

ICELAND AND GREENLAND)

ICELAND AND GREENLAND)

ICELAND AND GREENLAND)

ICELAND AND GREENLAND)

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

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

## ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

Statement of Activities Outside the United States

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

Open to Public Inspection

OMB No. 1545-0047

**Employer identification number** 

for and investments

in the region

263,873

101,280

134,966

155,347

242,177

118,352

193

39

90

30,306

27,873

1,785

71,889

10,738

12,360

32,282 1,016,227

272,769

1,288,996

Schedule F (Form 990) 2023

HILI	LSDAL	E COLLEGE
Pa	art I	<b>General Information on Activities Outside the United States.</b> Complete "Yes" on Form 990, Part IV, line 14b.
1	For	grantmakers. Does the organization maintain records to substantiate the amount

38-1374230

e if the organization answered of its grants

đffਿer assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used 

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(b) Number of (e) If activity listed in (d) is a (a) Region (c) Number of (d) Activities conducted in (f) Total expenditures offices in the employees, region (by type) (such as, program service, describe agents, and fundraising, program services, specific type of region independent investments, grants to service(s) in the region

contractors in the recipients located in the

region region)

SUB-SAHARAN AFRICA 0 SCHOLARSHIPS N/A

NORTH AMERICA SCHOLARSHIPS N/A 0

CENTRAL AMERICA AND n SCHOLARSHIPS N/A

THE CARIBBEAN E ASIA & PACIFIC 0 SCHOLARSHIPS N/A

FUROPE 0 O SCHOLARSHIPS N/A

(5) SOUTH AMERICA 0 SCHOLARSHIPS N/A O

(6) (7) MIDDLE EAST AND NORTH PROGRAM SERVICES STUDENT REFUND AFRICA (8)

CENTRAL AMERICA AND PROGRAM SERVICES 0 REIMBURSEMENT THE CARIBBEAN (9)

NORTH AMERICA n PROGRAM SERVICES HONORARIUMS

0

10,000 (10) NORTH AMERICA 0 PROGRAM SERVICES REIMBURSEMENT 0 75,446

(11) EUROPE (INCLUDING 0 PROGRAM SERVICES TRAVEL

0

0

n

0

0

0

0

ICELAND AND GREENLAND) REIMBURSEMENT

PROGRAM SERVICES

PROGRAM SERVICES

PROGRAM SERVICES

PROGRAM SERVICES

MANAGEMENT

0 MANAGEMENT

FUNDRAISING

SOFTWARE

HONORARIUMS

SUBSCRIPTIONS

REIMBURSEMENT

PROFESSIONAL

PROFESSIONAL

SERVICES

SERVICES

SOFTWARE

Cat. No. 50082W

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other

EAST ASIA & THE

SOUTH AMERICA

NORTH AMERICA

SUB-SAHARAN

PACIFIC

EUROPE

AFRICA

6

8

3

3

SCHOLARSHIP

SCHOLARSHIP

SCHOLARSHIP

SCHOLARSHIP

SCHOLARSHIP

Part III

(2)

(3)

(5)

(6)

(7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2023

Part III can be duplicated if additional space is needed.								
	ype of grant or ssistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1) SCI	HOLARSHIP	CENTRAL AMERICA & THE CARIBBEAN	3	•	APPLIED AGAINST ACCOUNT			

155,347 APPLIED AGAINST

ACCOUNT 242,177 APPLIED AGAINST

ACCOUNT

118,352 APPLIED AGAINST

ACCOUNT

263,873 APPLIED AGAINST

ACCOUNT

101,280 APPLIED AGAINST

ACCOUNT

# Additional Data Software ID: Software Version:

# SCHEDULE G (Form 990)

# Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

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

2023

**Employer identification number** 

**ZUZJ** en to Put

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

HILLSDALE COLLEGE			38-137	4230					
Part I Fundraising Activities. Complete Form 990-EZ filers are not required.	_		" on Form 990, Pa	rt IV, line 17.					
1 Indicate whether the organization raised fun	ds through any of								
a Mail solicitations		e Solicitation of n		ts					
<b>b</b> Internet and email solicitations		<b>f</b> Solicitation of g	overnment grants						
c Phone solicitations		g 🗌 Special fundrais	ing events						
<b>d</b> In-person solicitations									
or key employees listed in Form 990, Part V services?  If Yes, list the 10 highest paid individuals	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising Yes No								
(i) Name and address of individual or entity (fundraiser)	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid t (or retained by) fundraiser listed i col. (i)	(or retained by)					
1	Yes No								
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total									
<b>3</b> List all states in which the organization is regiregistration or licensing.	istered or licensed	d to solicit contributions	or has been notified	it is exempt from					

	rt II Fundraising Events. Commore than \$15,000 of fund	raising event contrib	utions and gross incom	n Form 990, Part IV, I ne on Form 990-EZ, lii	Page <b>2</b> ine 18, or reported nes 1 and 6b. List
	events with gross receipts	greater than \$5,000. (a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue					
	1 Gross receipts				
	2 Less: Contributions				
	4 Cash prizes				
Se	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
Ä	7 Food and beverages 8 Entertainment				
ired	9 Other direct expenses				
	10 Direct expense summary. Add lines	4 through 9 in column	(d)		
	11 Net income summary. Subtract line				
Par	<b>Gaming.</b> Complete if the c \$15,000 on Form 990-EZ, I		d "Yes" on Form 990, F	Part IV, line 19, or rep	oorted more than
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Re	1 Gross revenue			195,561	195,561
ses	2 Cash prizes			44,277	44,277
kpen	3 Noncash prizes			37,801	37,801
Direct Expenses	4 Rent/facility costs			0	
Dire	5 Other direct expenses			2,594	
	5 Other direct expenses	Yes %	Yes %	100.000	2,334
	6 Volunteer labor	□ No	□ No	Yes %	
	7 Direct expense summary. Add lines	2 through 5 in column	(d)		84,672
	Net gaming income summary. Subti	ract line 7 from line 1, co	olumn (d)		110,889
9	Enter the state(s) in which the organi				
a b	MI  Is the organization licensed to condu- If "No," explain:				
10a b	Were any of the organization's gaming If "Yes," explain:				Yes V No

Sche	dule G (Form 990) 2023				Page <b>3</b>
11	Does the organization conduct gam	ing activities with nonm	embers?		Yes Vo
12			t or a member of a partnership or other entity		☐Yes 🔽 No
13	Indicate the percentage of gaming	activity conducted in:			
а	The organization's facility			13a	100.000 %
b	An outside facility			13b	0 %
14	Enter the name and address of the	person who prepares the	e organization's gaming/special events books a	nd reco	ords:
	Name ► PATRICK H FLANNE	RY			
	Address ► 33 EAST COLLEGE	STREET HILLSDALE, 1	MI49242		
15a			m whom the organization receives gaming		
					Yes V No
b	If "Yes," enter the amount of gamin amount of gaming revenue retained		ne organization 🕨 \$ and and	I the	
С	If "Yes," enter name and address of	the third party:			
	Name				
	Address •				
16	Gaming manager information:				
	Name PATRICK H FLANNER	.Y			
	Gaming manager compensation	;	0		
	Description of services provided S	SEE SCHEDIII E.G. PAR	T IV STATEMENT 1		
	bescription of services provided	722 361123022 37 7711			
	✓ Director/officer	Employee	☐ Independent contractor		
4-7	Mandaham diabibahiana				
17 a	Mandatory distributions:  Is the organization required under s	tate law to make charit:	able distributions from the gaming proceeds to		
-	retain the state gaming license? .		5 5.		Yes VNo
b	Enter the amount of distributions re	quired under state law d	listributed to other exempt organizations or sp	ent	
	in the organization's own exempt ac				
Par			planations required by Part I, line 2b, co 7b, as applicable. Also provide any additi		
	instructions.	130, 13c, 10, and 17		Ollai III	Tormation. See
	Return Reference	10 705104050 05 7	Explanation	10 WIT	LL VARYOUR GROUPS
DES	EDULE G, PART III, LINE 16 CRIPTION OF SERVICES VIDED:	ON CAMPUS IN SECULICENSES ARE EFFECTREASURER COMPLE	HE COLLEGE, PATRICK H. FLANNERY WORF  JRING A RAFFLE LICENSE FROM THE STATI  CTIVE ONLY FOR THE DATE OF THE RAFFLE  TES THE RAFFLE FINANCIAL STATEMENT A  I FOLLOWING THE RAFFLE.	E OF MI	ICHIGAN. THESE HER, THE
	ditional Data		Schedu	ıle G (Fo	orm 990) 2023
Ac	Iditional Data				Return to Form

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the

Part I General Information on Grants and Assistance

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Inspection

Treasury
Internal Revenue Service Name of the organization HILLSDALE COLLEGE

Employer identification number 38-1374230

<ul><li>Does the organization mai the selection criteria used</li><li>Describe in Part IV the org</li></ul>	to award the gran	nts or assistance?				assistance, and	▼ Yes
Part III Grants and Other As	sistance to Domes	stic Organizations and	Domestic Governments.	Complete if the orga	inization answered "Yes" (	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	additional space is nee  (d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ATLANTA CLASSICAL ACADEMY 3260 NORTHSIDE DR ATLANTA, GA 30305	45-4342063	501(C)(3)	25,000	0			EXCELLENCE IN TEACHING AWARD
(2) UNIVERSITY OF PITTSBURGH 110) OLD ENGINEERING HALL PITTSBURG, PA 15260	25-0965591	501(C)(3)	108,158	0			TEMPLETON GRANT
(3) CALIFORNIA STATE UNIV FULLERTON 1121 N STATE COLLEGE BLVD FULLERTON, CA 92831	95-2081258	501(C)(3)	103,813	0			TEMPLETON GRANT
(4) SAINT LOUIS UNIVERSITY 221 N GRAND BLVD ST LOUIS,MO 63103	43-0654872	501(C)(3)	84,062	0			TEMPLETON GRANT
(5) YALE UNIVERSITY PO BOX 208327 NEW HAVEN,CT 06520	06-0646973	501(C)(3)	105,505	0			TEMPLETON GRANT
(6) CORNELL UNIVERSITY 349 PINE TREE RD ITHACA, NY 14850	15-0532082	501(C)(3)	12,205	0			TEMPLETON GRANT
(7) BENNETT CREEK CHURCH 11 ROAD 8WC POWELL, WY 82435	83-0288121	501(C)(3)	10,000	0			DAF GRANT
(8) BOY SCOUNTS OF AMERICA - GOLDEN EMPIRE COUNCIL PO BOX 13558 SACRAMENTO, CA 958533558	23-7627152	501(C)(3)	29,614	0			DAF GRANT
(9) CEDAR CLASSICAL ACADEMY 7520 WESTSHIRE DR LANSING, MI 489178982	82-3657833	501(C)(3)	55,000	0			DAF GRANT
(10) CITIZENS FOR TRADITIONAL VALUES FOUNDATION PO BOX 80295 LANSING, MI 489080295	82-1828305	501(C)(3)	20,000	0			DAF GRANT
(11) COMMUNITY BAPTIST CHURCH 8331 GRATIOT RD SAGINAW,MI 48609	38-2141472	501(C)(3)	24,488	0			DAF GRANT
(12) CONSERVATIVE PARTNERSHIP INSTITUTE 300 INDEPENDENCE AVE SE	82-1470217	501(C)(3)	7,000	0			DAF GRANT
WASHINGTON, DC 20003 (13) DISCOVERY INSTITUTE 208 COLUMBIA ST SEATTLE, WA 98104	91-1521697	501(C)(3)	12,000	0			DAF GRANT
(14) EMPOWERED INTERNATIONAL INC 10355 DAWSONS CREEK BLVD STE F FORT WAYNE, IN	82-3102978	501(C)(3)	15,000	0			DAF GRANT

468251903						
(15) FAITH BAPTIST BIBLE	47-0394397	501(C)(3)	117,000	0		DAF GRANT
COLLEGE 1900 NW 4TH ST						
ANKENY,IA 50023 (16) FIRST BAPTIST	38-2050343	E01(C)(2)	14,830	0		DAF GRANT
CHÚRCH OF LAINGSBURG	38-2030343	501(C)(3)	14,830	Ü		DAF GRANT
PO BOX 250 LAINGSBURG,MI 48848						
(17) FRIENDS OF	38-2642051	501(C)(3)	23,000	0		DAF GRANT
MITCHELL RESEARCH CENTER						
22 N MANNING ST HILLSDALE, MI						
492421682						
(18) HEARTLAND INSTITUTE	36-3309812	501(C)(3)	15,000	0		DAF GRANT
3939 N WILKE RD ARLINGTON HEIGHTS,IL						
600041275						
(19) HILLSDALE COMMUNITY THEATRE INC	38-2006284	501(C)(3)	20,000	0		DAF GRANT
240 E CHICAGO ST						
JONESVILLE, MI 49250 (20) HILLSDALE COUNTY	38-2132367	501(C)(3)	20,000	0		DAF GRANT
HISTORICAL SOCIETY 3750 DURYEA LN			23,330	Ŭ		
HILLSDALE, MI						
492429655 (21) HOUSE OF PRAYER	04-3431931	501(C)(3)	5,524	0		DAF GRANT
9974 E OLD M-78 HASLETT,MI 48840	01 3131331	301(0)(3)	3,321	Ů		SAI GRANT
(22) IMMANUEL BAPTIST CHURCH	38-3276535	501(C)(3)	13,200	0	 	DAF GRANT
2680 E M 21						
CORUNNA, MI 488171105 (23) LIFE IN CHRIST	32-0098077	501(C)(3)	8,800	0		DAF GRANT
CHÚRCH	32 0030077	301(0)(3)	3,000	Ü		DAI GRANT
PO BOX 1019 OWOSSO,MI 48867						
(24) MESQUITE CHRISTIAN ACADEMY INC	82-4468951	501(C)(3)	13,085	0		DAF GRANT
315 CALAIS DR						
MESQUITE,NV 89027 (25) NEW MERCIES	86-3804719	501(C)(3)	30,000	0		DAF GRANT
MINISTRIES INC 429 E DUPONT RD PMB 68	00 000 .715	301(3)(3)	33,333			
FORT WAYNE, IN 46825						
(26) ORPHANOS FOUNDATION	62-1694378	501(C)(3)	10,000	0		DAF GRANT
PO BOX 1057 CORDOVA,TN 38088						
(27) PACIFIC RESEARCH	94-2528433	501(C)(3)	29,614	0		DAF GRANT
INSTITUTE PO BOX 60485		, , , ,	·			
PASADENA, CA 91116						
(28) SAMARITANS PURSE PO BOX 3000	58-1437002	501(C)(3)	20,000	0		DAF GRANT
BOONE, NC 28607						
(29) SOLA MEDIA 13230 EVENING CREEK DR	27-0565982	501(C)(3)	15,000	0		DAF GRANT
S STE 220 SAN DIEGO,CA 92128						
(30) SPRING VALE	38-1541802	501(C)(3)	14,315	0		DAF GRANT
CHRISTIAN SCHOOL 4150 S M 52						
OWOSSO,MI 488679224	01 2025050	504/03/03				DAE CRANT
(31) THE CATHOLIC FOUNDATION OF THE	81-2025056	501(C)(3)	6,330	0		DAF GRANT
DIOCESE OF LANSING 2140 STEAMBURG RD						
HILLSDALE, M I 492422100						
(32) THE SALVATION	38-1370971	501(C)(3)	29,614	0		DAF GRANT
ARMY 1931 SUTRO ST						
RENO,NV 89512	0.0					245 02:00
(33) TRI-CITY BAPTIST CHURCH	86-0257221	501(C)(3)	38,000	0		DAF GRANT
2211 W GERMANN RD CHANDLER, A Z						
852866799						
(34) TRUE THE VOTE INC PO BOX 3109 19128	27-2860095	501(C)(3)	33,990	0		DAF GRANT
HOUSTON,TX 77253						

(35) TURNING POINT USA INC 4940 E BEVERLY RD PHOENIX,AZ 85044	80-0835023	501(C)(3)	105,000	0			DAF GRANT	
(36) WALLEN BAPTIST CHURCH INC 2000 N WELLS STREET FORT WAYNE,IN 46808	35-1472038	501(C)(3)	501(C)(3) 12,000 0 DAF GR 501(C)(3) 10,000 0 DAF GR	DAF GRANT				
(37) WESTSIDE BAPTIST CHURCH 2299 W 2000 N ST ST GEORGE,UT 84770	87-0659968	501(C)(3)	10,000	0			DAF GRANT	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								

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

**3** Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . . .

Cat. No. 50055P

Schedule I (Form 990) 2023

Part IV Return Reference

PART I, LINE 2:

(a) Type of grant or assistance

Schedule I (Form 990) 2023

Page 2

(1) SCHOLARSHIPS AND GRANTS	1599	36,369,058	N/A	N/A
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(d) Amount of

noncash assistance

N. / A

DURING FISCAL YEAR 2024, HILLSDALE COLLEGE AWARDED MONETARY GRANTS/PRIZES TO SIX INSTITUTIONS BASED ON SPECIFIED CRITERIA.

OUTSTANDING EDUCATIONAL PROGRAM. ALL PUBLIC AND PRIVATE SCHOOLS WHOSE TEACHING REFLECTS THE BEST TRADITIONS OF WESTERN EDUCATION ARE WELCOME TO APPLY. THE WINNING SCHOOL IS REQUIRED TO PREPARE AN ANNUAL REPORT ON THE EXPENDITURE(S) OF THE

ONE GRANT IS THE HENRY SALVATORI PRIZE FOR EXCELLENCE IN TEACHING, WHICH HONORS ONE K-12 SCHOOL EACH YEAR FOR ITS

(c) Amount of

cash grant

(7)

Explanation

Part III can be duplicated if additional space is needed.

(b) Number of

recipients

1 - 0 0

PRIZE UNTIL SUCH FUNDS ARE ENTIRELY EXPENDED.

(e) Method of valuation

(book, FMV, appraisal, other)

**Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Department of the Treasury Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** HILLSDALE COLLEGE 38-1374230 Part I **Questions Regarding Compensation** Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing

No

Yes Yes organization or a related organization:

Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

Νo Νo Yes 5a Any related organization? . . . . Νo If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? . . . . . 6a Νo Any related organization? . . . . . . . Νo If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . . . . . . . 7 Yes 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2023 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (E) Total of (F) and/or 1099-NEC and other benefits columns Compensation in deferred (B)(i)-(D)column (B) (i) Base (ii) (iii) Other compensation reported as compensation Bonus & reportable deferred on prior incentive compensation Form 990 compensation 1 LARRY P ARNN 599,658 554,437 3,023 26,464 107,475 1,291,057 0 (i) PRESIDENT -- - -(ii) 0 0 0 0 0 0 0 2 JOHN CERVINI 462,815 28,000 1,206 52,500 68,129 612,650 0 (i) VP FOR INST. ADVANCEMENT ------ - - - - ------------------------------ - - ------------------- - -(ii) 0 0 0 0 0 0 0 3 ROBERT NORTON 308,327 26,000 10,754 30,000 62,428 437,509 0 (i) VP & GENERAL COUNSEL ----------- - - ----------(ii) 0 0 0 0 0 0 0 4 MATTHEW SPALDING 332,373 2,000 2,271 26,295 67,076 430,015 0 (i) VP FOR DC OPS & DEAN OF VASOG --- - -(ii) 0 0 0 0 0 0 0 5 CHRISTOPHER VAN ORMAN 313,726 2,000 4,071 30,000 48,526 398,323 0 (i) PROVOST ----------(ii) - - - -- - - -- - - ----------- - -0 0 0 0 0 0 0 6 RICHARD P PEWE 287,441 2,000 669 26,637 62,826 379,573 0 (i) VP OF ADMIN. AFFAIRS & SECRETARY --------------------------------(ii) - - - ------ - -0 0 0 0 0 0 0 7 MATT SCHLIENTZ 258,448 22,000 836 17,080 61,024 359,388 0 (i) ASSOCIATE VP OF PROGRAMS ---------------- - - -- - - --------------- - -(ii) 0 0 0 0 0 0 0 8 DOUG BANBURY 264,181 2,000 771 30,000 59,983 356,935 0 (i) VP FOR ADMISSIONS & BUS DEVELOPMENT ---------- - - -- - - --------------- - -(ii) 0 0 0 0 0 0 0 9 BILL GRAY 227,754 52,836 375 16,901 55,999 353,865 0 (i) VP OF MARKETING ------------------- - - -- - - ----------- - -(ii) 0 0 0 0 0 0 0 10 JUDY DUKE 222,960 44,212 9,905 22.277 45,506 344,860 0 (i) CONSULTANT FOR MAJOR GIFTS ------------------------- - - -------------- - -(ii) 0 0 0 0 0 0 0 11 DAVID WHALEN 249,758 2,000 9,747 12,951 58,328 332,784 0 (i) ASSOCIATE VP FOR CURRICULUM ----(ii) 0 0 0 0 0 0 0 12 PATRICK H FLANNERY 236,614 (i) 2,000 669 20,758 56,412 316,453 0 VP FOR FINANCE & TREASURER -----------------------------------(ii) 0 0 0 0 0 0 0

Page 3

Return Reference	Explanation
PART I, LINE 1A	BY THE NATURE OF THE POSITION, THE CEO IS REQUIRED TO FULFILL SEVERAL OBLIGATIONS/COMMITMENTS WHICH MAY RESULT IN
	TRAVELING FIRST-CLASS AND/OR CHARTER TO ACCOMMODATE REQUIRED APPOINTMENTS. FURTHER, HIS SPOUSE MAY ACCOMPANY HIM
	AS DICTATED BY HER REQUIRED PRESENCE FOR AN EVENT. THE CEO HAS AVAILABLE TO HIM A DISCRETIONARY FUND (BUDGETED EACH
	YEAR) FOR ASSISTING INDIVIDUALS AND/OR PROJECTS IN NEED OF SUPPORT. FURTHER, THE CEO IS REQUIRED TO RESIDE IN COLLEGE-
	OWNED HOUSING FOR THE DURDOSE OF REING A DRESENCE ON CAMBUS AND FOR ENTERTAINMENT DURDOSES. AS THE RESULT OF LIVING

IN A COLLEGE-OWNED RESIDENCE, THE COLLEGE PROVIDES, AS WITH ALL CAMPUS BUILDINGS, LIGHT HOUSEKEEPING. THE POSITION OF CEO ALSO REOUIRES MEMBERSHIP IN CERTAIN SOCIAL/ACADEMIC ORGANIZATIONS AND THEREFORE THE COLLEGE PROVIDES THE DUES/FEES ASSOCIATED WITH THAT MEMBERSHIP. FROM TIME TO TIME THE COLLEGE UTILIZES THE COLLEGE PRESIDENT'S PERSONAL RESIDENCE FOR COLLEGE EVENTS AND HOUSING OF COLLEGE GUESTS. PART I, LINE 3

THE PRUDENTIAL COMMITTEE (EXECUTIVE COMMITTEE) OF THE BOARD OF TRUSTEES APPROVES THE CEO'S ANNUAL SALARY. THE TREASURER'S OFFICE SECURES SALARY INFORMATION SUPPLIED BY THE CHRONICLE OF HIGHER EDUCATION, IRS FORM 990 OF OTHER

COMMITTEE FOR THEIR REVIEW AND EVALUATION.

ORGANIZATIONS, COMPENSATION CONSULTANTS, AND WRITTEN CONTRACT. THIS INFORMATION IS THEN PROVIDED TO THE PRUDENTIAL

PART I, LINE 4B JOHN CERVINI CONTRIBUTED AMOUNT OF \$22,500 IN 2023.

PART I, LINE 5

DEPENDING ON THE LEVELS OF GIFT REVENUE, BONUSES WERE PAID.

Schedule J (Form 990) 2023

PART I, LINE 7 THE PRESIDENT'S BONUS IS DETERMINED BASED ON THE BOARD OF DIRECTOR'S DISCRETION. Schedule J (Form 990) 2023



Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Department of the Treasury Internal Revenue Service

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

38-1374230

OMB No. 1545-0047

Open to Public

Inspection Employer identification number

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

**Bond Issues** Part I (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (h) O n (i) Pool (e) Issue price (g) Defeased behalf of financing issuer Yes No Yes No Yes No 10,900,000 REFUNDING BONDS MICHIGAN FINANCE AUTHORITY 80-0596186 NONEAVAIL 09-19-2014 Х Χ Part II **Proceeds** В С D Α 2 3 10,900,000 5 10,900,000 7 Working capital expenditures from proceeds . . . . . . . . . . . . . 10 11 12 13 2014

Does the organization maintain adequate books and records to support the final allocation For Paperwork Reduction Act Notice, see the Instructions for Form 990.

bonds (or, if issued prior to 2020, an advance refunding issue)?

bonds (or, if issued prior to 2020, a current refunding issue)?

Were the bonds issued as part of a current refunding issue of tax-exempt

Were the bonds issued as part of an advance refunding issue of taxable

Name of the organization HILLSDALE COLLEGE

14

15

16

. . . . . .

Yes

Χ

Х

No

Yes

Yes

No

Yes

No

No

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . . . . . . . Is the bond issue a variable rate issue? . . . . . .

С

I GI			1			1					
					В.			<u>C</u>		D	
			Yes	No	Yes	No	Yes	No	Yes	No	
1	Was the organization a partner in a partnership, or a member of an LLC, which property financed by tax-exempt bonds?			Х							
2	Are there any lease arrangements that may result in private business use of financed property?	bond-		X							
3a	Are there any management or service contracts that may result in private bu bond-financed property?			х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or ot counsel to review any management or service contracts relating to the financ										
С	Are there any research agreements that may result in private business use of financed property?	f bond-		Х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other counsel to review any research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by $\epsilon$ than a section $501(c)(3)$ organization or a state or local government			0 %				·		,	
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	section		0 %							
6	Total of lines 4 and 5		_	0 %						-	
7	Does the bond issue meet the private security or payment test?			Х							
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a $501(c)(3)$ organization since the bonds issued?	were		х							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	posed of.									
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations se 1.141-12 and 1.145-2?										
9	Has the organization established written procedures to ensure that all nonqua of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	alified bonds		х							
Par	t IV Arbitrage										
	I I		<b>A</b>		В		Ç		ı	)	
		Yes	No	Yes	No	Y	es	No	Yes	No	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Х									
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?										
b	Exception to rebate?										

Χ

Pa	rt IV Arbitrage (Continued)								
		-	1	ı	В		С	ı	D
		Yes	No	Yes	No	Yes	No	Yes	No
la	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х						
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was the hedge terminated?								
ia	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		Χ						
,	Has the organization established written procedures to monitor the requirements of section 148?		Х						
Pa	rt V Procedures To Undertake Corrective Action								
			A		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not		х						

available under applicable regulations?

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Part VI **Return Reference Explanation** 



Schedule L		Tra	ansact	ions with	Intereste	ed Person	S			ОМІ	B No.	1545	-0047
Form 990) epartment of the Treasur		elete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.									Open to Public		
Name of the ord	ganization						E	mplo	yer ider	ntificati		pection Imber	on
HILLSDALE COLLEG	Ē						,		74230				
Part I Exce	ss Benefi	t Transactio	<b>ns</b> (section	on 501(c)(3), s	ection 501(c)	(4), and section					ns or	nly).	
		ganization answ											
1 (a	) Name of di	squalified perso	า	(b) Relations	nip between and organiza	disqualified pe ation	rson	(6	•	cription of action		(d) Corrected?	
					3							Yes	No
2 Enter the a	mount of tax	incurred by the	organizat	tion managers o	r disqualified	persons during	g the	year ι	ınder				
section 49		, if any, on line 2	) abovo	raimburgad by t	ho organizati	, 		,		 \$			
3 Filter tife a	inount di tax	, it any, of mile 2	z, abbve,	reminum sem by t	ne organizaci	on , , , .	•	. \$.	•	<sup>р</sup>			
Cor	nplete if the	d/or From Ir organization and orted an amoun	swered "Y	es" on Form 99		line 38a, or Fo	orm 99	90, Pa	rt IV, li	ine 26;	or if	the	
(a) Name of interested person	(b) Relationsh with organizati	of loan	` '	oan to or from organization?	(e) Original principal amount	(f) Balance due		) In ault?	` '		or		
	-		То	From			Yes	No	Yes	No	Yes	N	lo
otal .					<u> </u>								
		sistance Ben			Persons.								
		e organization				rt IV, line 27							
(a) Name of i perso		(b) Relationsh interested personganize	on and th	and the		of ass	sistan	ce (	<b>e)</b> Purp	ose o	of assis	stance	
		-											
		ļ				ſ			1				

(1) CLEVES DELP

(2) CLEVES DELP

(a) Name of interested person

Yes

Page 2

No

Νo

Νo

organization's

revenues?

business transactions involving interested Persons.											
Complete if the organization	answered "Yes" on F	form 990, Part IV, line	e 28a, 28b, or 28c.								
Name of interested person	(b) Relationship	(c) Amount of	(d) Description of tr								
	between interested	transaction									

PLAN

224,858 INVESTMENT ADVISORY SERVICES FOR RETIREMENT

person and the

organization

TRUSTEE

TRUSTEE

Explanation

39,024 2023-2024 TOWNHOUSE UNIT RENTAL

Provide additional information for responses to questions on Schedule L (see instructions).

Part V **Supplemental Information** 

**Return Reference** 

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Noncash Contributions**

2023

OMB No. 1545-0047

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

Open to Public Inspection

	ne of the organization SDALE COLLEGE				Employer identification number
					38-1374230
Pä	art I Types of Property			T	
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c)  Noncash contribution amounts reported on Form 990, Part VIII, lin	(d)  Method of determining noncash contribution amounts e
1	Art—Works of art	Х	2	_	5 APPRAISAL
2	Art—Historical treasures .			·	
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded .	Х	350	58,225,54	3 HIGH/LOW FMV AVG
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential .	X	6	7,226,33	3 APPRAISAL
16	Real estate—Commercial	Х	1	1,140,00	0 APPRAISAL
17	Real estate—Other	X	4	3,163,00	0 APPRAISAL
18	Collectibles	Х	5	384,93	4 APPRAISAL
19	Food inventory				
20	Drugs and medical supplies .				
21	Taxidermy				
22	Historical artifacts	Х	4	97,50	0 APPRAISAL
	Scientific specimens				
24	Archeological artifacts				
	Other (LIFE	Х	1	75,83	5 APPRAISAL
25	INSURANCE ▶ POLICY)				
	Other ► (HARVEST)	X	1	1 44	7 APPRAISAL
	Other ► ( )		<u> </u>	1,44	ATTRAISAE
	Other ► ( )				
	` '	the organi	zation during the tay year	for contributions	<del> </del>
29	Number of Forms 8283 received by for which the organization completed				29
30-	During the year did the erecained	ion roceive	by contribution any proper	ty reported in Bart I. lines	Yes No
JUZ	During the year, did the organizat it must hold for at least three yea				
	exempt purposes for the entire ho			,	
					<b>30a</b> No
Ŀ	<ul><li>If "Yes," describe the arrangement</li></ul>	nt in Part II.			

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

**b** If "Yes," describe in Part II.

describe in Part II.

31

32a

Yes

Yes

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2023

Open to Public Inspection **Employer identification number** 

Name of the organization HILLSDALE COLLEGE

38-1374230 Return **Explanation** Reference FORM 990. HILLSDALE COLLEGE IS AN INDEPENDENT INSTITUTION OF HIGHER LEARNING FOUNDED IN 1844 BY MEN AND WOMEN PART III, LINE "GRATEFUL TO GOD FOR THE INESTIMABLE BLESSINGS" RESULTING FROM CIVIL AND RELIGIOUS LIBERTY AND "BELIEVING THAT THE DIFFUSION OF LEARNING IS ESSENTIAL TO THE PERPETUITY OF THESE BLESSINGS." IT PURSUES THE STATED OBJECT OF THE FOUNDERS: "TO FURNISH ALL PERSONS WHO WISH, IRRESPECTIVE OF NATION, COLOR, OR SEX, A LITERARY SCIENTIFIC, [AND] THEOLOGICAL EDUCATION" OUTSTANDING AMONG AMERICAN COLLEGES AND TO COMBINE WITH THIS SUCH MORAL AND SOCIAL INSTRUCTION AS WILL BEST DEVELOP THE MINDS AND IMPROVE THE HEARTS OF ITS PUPILS." AS A NONSECTARIAN CHRISTIAN INSTITUTION. HILLSDALE COLLEGE MAINTAINS "BY PRECEPT AND EXAMPLE" THE IMMEMORIAL TEACHINGS AND PRACTICES OF THE CHRISTIAN FAITH. THE COLLEGE ALSO CONSIDERS ITSELF A TRUSTEE OF OUR WESTERN PHILOSOPHICAL AND THEOLOGICAL INHERITANCE TRACING TO ATHENS AND JERUSALEM, A HERITAGE FINDING ITS CLEAREST EXPRESSION IN THE AMERICAN EXPERIMENT OF SELF-GOVERNMENT UNDER LAW. BY TRAINING THE YOUNG IN THE LIBERAL ARTS. HILLSDALE COLLEGE PREPARES STUDENTS TO BECOME LEADERS WORTHY OF THAT LEGACY. BY ENCOURAGING THE SCHOLARSHIP OF ITS FACULTY, IT CONTRIBUTES TO THE PRESERVATION OF THAT LEGACY FOR FUTURE GENERATIONS. BY PUBLICLY DEFENDING THAT LEGACY. IT ENLISTS THE AID OF OTHER FRIENDS OF FREE CIVILIZATION AND THUS SECURES THE CONDITIONS OF ITS OWN SURVIVAL AND INDEPENDENCE. FORM 990. CHARLES MCINTYRE, TRUSTEE, IS FATHER-IN-LAW OF JOHN CERVINI, KEY EMPLOYEE. PART VI, SECTION A. LINE 2 FORM 990, THE BOARD OF TRUSTEES OF THE COLLEGE VOTED TO NOT REVIEW THE 990. THE VICE PRESIDENT FOR FINANCIAL PART VI. AFFAIRS/TREASURER, AS WELL AS THE CONTROLLER, REVIEW THE 990 FOR THE COLLEGE PRIOR TO SUBMISSION. SECTION B. LINE 11B FORM 990. ALL VOTING MEMBERS OF THE BOARD COMPLETE A CONFLICT OF INTEREST POLICY FORM. EACH YEAR, THEY UPDATE THE PART VI, FORM IF THERE ARE CHANGES. THOSE FORMS ARE KEPT BY THE SECRETARY OF THE BOARD. IF A CONFLICT IS SECTION B. DETERMINED. IT WILL BE BROUGHT TO THE ATTENTION OF THE PRUDENTIAL COMMITTEE OF THE BOARD OF TRUSTEES. LINE 12C BOARD MEMBERS WHO HAVE A CONFLICT OF INTEREST WILL LEAVE THE ROOM DURING DISCUSSION OF THE MATTER AND ABSTAIN FROM VOTING. FORM 990. THE COMPENSATION OF THE COLLEGE'S PRESIDENT IS DETERMINED BY THE PRUDENTIAL COMMITTEE OF THE BOARD OF PART VI. TRUSTEES ALONG WITH RECOMMENDATION BY EXTERNAL CONSULTANTS AND 990 RESULTS LISTED IN THE CHRONICLE OF SECTION B. HIGHER EDUCATION. THE COMPENSATION OF THE OTHER OFFICERS OF THE COLLEGE AS WELL AS KEY EMPLOYEES ARE LINE 15 RECOMMENDED BY THIRD PARTY CONSULTANTS. THIS PROCESS WAS LAST COMPLETED IN FISCAL YEAR 2024. FORM 990. THE GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY. AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PART VI. PUBLIC UPON REQUEST. SECTION C. LINE 19 FORM 990. PROFESSIONAL SERVICES, GENERAL: PROGRAM SERVICE EXPENSES 2,743,413, MANAGEMENT AND GENERAL EXPENSES PART IX. 723,942. FUNDRAISING EXPENSES 4,136,318. TOTAL EXPENSES 7,603,673. PROFESSIONAL SERVICES, CONSULTING: LINE 11G PROGRAM SERVICE EXPENSES 2,462,178. MANAGEMENT AND GENERAL EXPENSES 717,915. FUNDRAISING EXPENSES 109.844, TOTAL EXPENSES 3.289.937, PROFESSIONAL SERVICES, MEDIA; PROGRAM SERVICE EXPENSES 0, MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 30,119,158. TOTAL EXPENSES 30,119,158. FORM 990. CHANGE IN SPLIT INTEREST AGREEMENTS -28.617.752. PART XI, LINE 9: FORM 990. THERE HAVE BEEN NO CHANGES FROM PRIOR YEAR. PART XII. LINE 2C:

# SCHEDULE R (Form 990)

Department of the Treasury

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Internal Revenue Service

Name of the organization HILLSDALE COLLEGE

8 Employer identification number 38-1374230

				38-1374230		
Part I Identification of Disregarded Entities. Comple	te if the organization ar	nswered "Yes" on	Form 990, Part I	V, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(e) End-of-year assets	<b>(f)</b> Direct controlling entity	
(1) SAGINAW RIVER HOLDINGS 201 W BIG BEAVER STE 500 TROY, MI 48084 80-1677917	REAL ESTATE HOLDING	MI	0	13	HILLSDALE COLLEGE	
(2) 842 2ND AVENUE LLC 33 EAST COLLEGE STREET HILLSDALE, MI 49242 11-3537380	REAL ESTATE INVESTMENT	NY	0	1,962,485	HILLSDALE COLLEGE	
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	<b>itions.</b> Complete if the tax year.	organization ans	wered "Yes" on Fo	orm 990, Part IV,	line 34 because it had	l one
(a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b) (13) controlled entity?
(1)HILLSDALE COLLEGE INDEPENDENCE FOUNDATION 33 EAST COLLEGE STREET	SUPPORTING ORGANIZATION TO HILLSDALE COLLEGE	MI	501(C)(3)	LINE 12A, I	HILLSDALE COLLEGE	Yes

		or foreign country)		(11 3001(0)(3))	Chitity	(1: contro	olled
						Yes	No
(1)HILLSDALE COLLEGE INDEPENDENCE FOUNDATION 33 EAST COLLEGE STREET  HILLSDALE, MI 49242 38-3491675	SUPPORTING ORGANIZATION TO HILLSDALE COLLEGE	MI	501(C)(3)	LINE 12A, I	HILLSDALE COLLEGE	Yes	
(2)LEE STILLMAN-ROLAND R WITTE SCHOLARSHIP FOUNDATION 33 EAST COLLEGE STREET HILLSDALE, MI 49242 32-0538150	SUPPORTING ORGANIZATION TO HILLSDALE COLLEGE	MI	501(C)(3)	LINE 12A, I	HILLSDALE COLLEGE	Yes	
(3)THE JACK E & GRETA W STALSBY CHARITABLE FOUNDATION TRUST 33 EAST COLLEGE STREET  HILLSDALE, MI 49242 94-3458983	PROVIDE SCHOLARSHIPS TO SUPPORT HILLSDALE COLLEGE	MI	501(C)(3)	PF	HILLSDALE COLLEGE INDEPENDENCE FOUNDATION	Yes	
(4)DOROTHY D AND JOSEPH A MOLLER FOUNDATION 33 EAST COLLEGE STREET  HILLSDALE, MI 49242 74-6355685	PROVIDE SCHOLARSHIPS TO SUPPORT HILLSDALE COLLEGE	MI	501(C)(3)	PF	HILLSDALE COLLEGE INDEPENDENCE FOUNDATION	Yes	
(5)HC REAL ESTATE HOLDING INC 33 EAST COLLEGE STREET HILLSDALE, MI 49242 83-2541397	SUPPORTING ORGANIZATION TO HILLSDALE COLLEGE	MI	501(C)(3)	LINE 12A, I	HILLSDALE COLLEGE	Yes	
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No. 5013	35Y	<u> </u>	Schedule R (Form 990	) 202	3

III Identification of Re	elated Organizations Taxable as a Partnership	. Complete if the organization answered "	Yes" on Form 990, Part IV, line 34,
because it had one or	more related organizations treated as a partnership	during the tax year.	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	Gene man part	(j) eral or naging rtner?	(k) Percentage ownership
				'	<b></b>	'	Yes	No		Yes	No	
											<u> </u>	
Part IV Identification of Related Organizations 34 because it had one or more related organizations								answered	l "Yes" on	Form 9	90, Part	IV, line

34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile	(d) Direct controlling entity	(e) Type of entity (C corp, S	(f) Share of total income	(g) Share of end- of-year	<b>(h)</b> Percentage ownership	Section 5 controlled	12(b)(13)
		(state or foreign country)		corp, or trust)		assets		Yes	No
	•			•	•		Schedule	R (Form 99	0) 2023

chedule R (Form 990) 2023					Pag	je <b>3</b>	
Part V Transactions With Related Organizations. Complete if the organization answere	ed "Yes" on Form 9	990, Part IV, line	34, 35b, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No	
${f b}$ Gift, grant, or capital contribution to related organization(s)				1b		No	
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c	Yes		
d Loans or loan guarantees to or for related organization(s)							
e Loans or loan guarantees by related organization(s)				1e		No	
${f f}$ Dividends from related organization(s)				1f		No	
<b>g</b> Sale of assets to related organization(s)				1g		No	
h Purchase of assets from related organization(s)							
i Exchange of assets with related organization(s)				1i		No	
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes		
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No	
l Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes		
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No	
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes		
• Sharing of paid employees with related organization(s)				10	Yes		
${f p}$ Reimbursement paid to related organization(s) for expenses				1p		No	
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		No	
${f r}$ Other transfer of cash or property to related organization(s)				1r		No	
${f s}$ Other transfer of cash or property from related organization(s)				<b>1</b> s		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including co	vered relationships	and transaction thresholds.				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nount i	nvolved		
1)LEE STILLMAN-ROLAND R WITTE SCHOLARSHIP FOUNDATION	С	1,200,000	FMV				
	<b>.</b>	<u> </u>					

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

revenue) that was not a related organization. See ins										,	T		T
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from	SE	(e) Il partners ection L(c)(3) nizations?	(f) Share of total income	(g) Share of end-of-year assets	(I Disprop alloca	h) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1	part	ral or aging	(k) Percentage ownership
		_	tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
										S	chedule I	R (Form 9	990) 2023

Schedule R (Form 990) 2023	hedule R (Form 990) 2023						
Part VII Supplemental In							
Provide additional inf	ormation for responses to questions on Schedule R. See instructions.						
Return Reference	Exp	planation					
		Schedule R (Form 990) 2023					
Additional Data		Return to Form					
	Software ID:						
	Software Version:						