Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

AF	or the	e 2023 calendar year, or tax year beginning and	enaing	_			
B c	heck if	C Name of organization		D Employer identific	cation number		
	Addre	e HILLWOOD ESTATE, MUSEUM & GARDENS					
	Name chang	Doing business as		52-6080752			
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number				
	∃Final return	4155 LINNEAN AVENUE NW	202-686-8				
	termir ated			G Gross receipts \$	48,323,499.		
	Amen return	WASHINGTON, DC 20008		H(a) Is this a group re			
	Application pendi	F Name and address of principal officer: DOC1 KHAPLE		for subordinates	? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions		
	Vebsi			H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year	of formation: 1967 N	1 State of legal domicile: DC		
Pč	rt I	Summary		CM AME MILCHI	TM C		
ø	1	Briefly describe the organization's mission or most significant activities: HILLY			JM &		
anc		GARDEN'S (HILLWOOD) MISSION IS TO SHARE T					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	25 25		
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	162		
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	377		
Ĭ	6	Total number of volunteers (estimate if necessary))	6	0.		
Act	l				0.		
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year		
		Contributions and greats (Dort VIII line 1b)	-	2,792,238.	4,962,907.		
ne	8	Contributions and grants (Part VIII, line 1h)		1,010,474.	1,050,954.		
Revenue	9	Program service revenue (Part VIII, line 2g)		11,342,160.	10,670,308.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		461,356.	330,044.		
	11	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,606,228.	17,014,213.		
_	12 13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Para fits a side and fan as and say (Dark IV, as have (M. Fan A)		0.	0.		
	4-	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		7,060,909.	7,956,028.		
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Sen	h	Total fundraising expenses (Part IX, column (D), line 25) 1,005,14	16.	· ·	<u> </u>		
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,566,337.	6,994,056.		
		Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)		13,627,246.	14,950,084.		
	19	Revenue less expenses. Subtract line 18 from line 12		1,978,982.	2,064,129.		
- re		Troveride 1000 0xperiodo. Odbarder into 10 front into 12		ginning of Current Year	End of Year		
ets (20	Total assets (Part X, line 16)		09,584,170.	357,959,227.		
Asse	21	Total liabilities (Part X, line 26)	······ <u> </u>	1,523,418.	1,653,576.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	3	08,060,752.	356,305,651.		
	rt II	Signature Block					
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is		
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.			
Sigi	า	Signature of officer		Date			
Her		LUCY RHAME, TREASURER					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON	1, CP 1	1/07/24 if self-employed	P00964688		
Prep	arer	Firm's name YOUNT, HYDE & BARBOUR, P.C.		Firm's EIN 5	4-1149263		
Use	Only	Firm's address P.O. BOX 2560					
		WINCHESTER, VA 22604-1760		Phone no. 54	0-662-3417		
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	HILLWOOD ESTATE, MUSEUM & GARDEN'S (HILLWOOD) MISSION IS TO SHARE THE
	RENOWNED ART COLLECTIONS, EXCEPTIONAL GARDENS AND RELATED PUBLIC AND
	EDUCATIONAL PROGRAMS WITH A WIDE AND DIVERSE AUDIENCE. SINCE ITS
	OPENING, HILLWOOD HAS SERVED HUNDREDS-OF-THOUSANDS OF VISITORS,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	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.
4a	(Code:) (Expenses \$11,213,535. including grants of \$) (Revenue \$1,380,102.)
	PHYSICAL PLANT: HILLWOOD'S TWENTY-FIVE ACRE ESTATE COMPRISES TWELVE
	ACRES OF MANICURED GARDENS, INCLUDING A JAPANESE-STYLE GARDEN, A FRENCH
	PARTERRE, A ROSE GARDEN, PUTTING GREEN, CUTTING GARDEN, AND MANY
	PATHWAYS WINDING THROUGH AZALEAS AND OTHER BLOOMING SHRUBS, SURROUNDED
	BY THIRTEEN ACRES OF WOODLANDS. THE 26,000 SQUARE FOOT MANSION, OPEN
	TO THE PUBLIC, DISPLAYS POST'S EXTENSIVE ART COLLECTIONS IN THE
	ORIGINAL DOMESTIC SETTING SHE CREATED FOR HER OWN AND HER GUESTS' ENJOYMENT AND TO BE LEFT FOR THE BENEFIT OF THE PUBLIC AFTER HER
	DEMISE. OTHER BUILDINGS ON THE CAMPUS INCLUDE THE VISITORS CENTER, GREENHOUSES, CAFE, LIBRARY, TWO BUILDINGS WHERE SPECIAL EXHIBITS ARE
	SHOWN, AND NUMEROUS STAFF BUILDINGS. THERE ARE A TOTAL OF SIXTEEN
	STRUCTURES AND ONE PARKING DECK ON SITE.
4b	***************************************
40	(Code:) (Expenses \$
	DECORATIVE ARTS, COSTUMES, TEXTILES AND JEWELRY ARE DISPLAYED IN THE
	MANSION AND THROUGH SPECIAL EXHIBITIONS. HIGHLIGHTS OF THE RUSSIAN
	COLLECTION INCLUDE AN 1884 DIAMOND CROWN WORN BY THE LAST EMPRESS
	ALEXANDRA AT HER MARRIAGE TO NICHOLAS II; AND A COMPREHENSIVE
	COLLECTION OF SOME EIGHTY WORKS BY FABERGE, INCLUDING TWO IMPERIAL
	EASTER EGGS. THE FRENCH HOLDINGS INCLUDE FUNISHINGS, TAPESTRIES AND
	PORCELAIN, PRIMARILY FROM THE 18TH CENTURY, NUMEROUS PIECES OF FAMED
	SEVRES PORCELAIN AND SPECTACULAR BEAUVAIS TAPESTRIES DESIGNED BY
	FRANCOIS BOUCHER. THE FASHION HOLDINGS SPAN THE FIRST SEVEN DECADES OF
	THE TWENTIETH CENTURY AND THE JEWELRY COLLECTION FEATURES HISTORICAL
	PIECES AND WORKS FROM THE MAIN JEWELRY HOUSES FOT EH 1900'S, INCLUDING
4c	(Code:) (Expenses \$
	INTERPRETATION AND PROGRAMS: THROUGH ITS IMMERSIVE VISITOR EXPERIENCE,
	ROBUST CALENDAR OF SPECIAL EXHIBITIONS AND PUBLIC AND EDUCATIONAL
	PROGRAMS, HILLWOOD SERVES OVER 80,000 INDIVIDUALS ANNUALLY. ALL
	VISITORS TO HILLWOOD HAVE ACCESS TO INFORMATIONAL TOURS, INCLUDING DOCENT-LED TOURS, SELF-GUIDED TOURS ACCOMPANIED BY RICH INFORMATIONAL
	BOOKLETS AVAILABLE IN ENGLISH, FRENCH, SPANISH AND RUSSIAN, AND
	SELF-GUIDED AUDIO TOURS FOR THE MANSION AND GARDENS, ALL OF WHICH ARE
	SUPPLEMENTED BY EXPLANATORY OBJECT LABELS.
	DOLL DELIMINATION ODUBCI DADEDO.
	HILLWOOD ROUTINELY ENGAGES WITH COMMUNITY PARTNERS THAT INCLUDE, BUT
	ARE NOT LIMITED TO THE ART DECO SOCIETY, ENVIRONMENTAL FILM FESTIVAL,
	LEVINE SCHOOL OF MUSIC, RAINBOW FAMILIES, KIDS EUROFEST, GIRL SCOUT
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 11,213,535.
	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
	Schedule D, Part III	8	X	
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b	X	
С	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	11c		Х
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ızu	Schedule D. Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b		\ x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> ^\</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

ronn aao (THEMOOP			
Part IV	Checkli	st of Requ	uired Sched	lules	(continue	d)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	<u>X</u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		Х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 27			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

332004 12-21-23

Form **990** (2023)

Form 990 (2023) HILLWOOD ESTATE, MUSEUM & GARDENS

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	162			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).	_		37
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie orga	anization solicit	60		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.	ione o	r aifte	6a		-22
b	ware not to deductible?	10113 0	giits	6b		
7	Organizations that may receive deductible contributions under section 170(c).			- OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices r	provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		,	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		Х
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 c	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	100	1			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
11	Section 501(c)(12) organizations. Enter:	LIOD				
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	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	1	ı			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				37
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the expenient to the explanation on the payment (a) of more than \$1,000,000 in remund			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			15		х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			15		- 22
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	ne?	16		Х
.0	If "Yes," complete Form 4720, Schedule O.	1001	ne?	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	,			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
332005	12-21-23			Form	990	(2023)

HILLWOOD ESTATE, MUSEUM & GARDENS 52-6080752 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 25 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 25 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule 0 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 Х 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х on Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed

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

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records DOUGLAS ROSE -202-686-8500

4155 LINNEAN AVENUE NW, WASHINGTON.

Form **990** (2023)

20008

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

hours per week (list any hours for related organizations below line) (1) KATE MARKERT EXECUTIVE DIRECTOR (a) not check more than one box, unless person is both an officer and a director/trustee) (a) not check more than one box, unless person is both an officer and a director/trustee) (b) nours for related organizations below line) (a) a director/trustee) (b) nours for related organizations for related organizations below line) (b) a director/trustee) (c) not check more than one box, unless person is both an officer and a director/trustee) (mu-2/1099-MISC/ 1099-NEC) (mu-2/1099-MISC/ 1099-NEC) (mu-2/1099-NEC) (mu-2/1	timated count of cother coensation om the canization of related enizations L,712.
Week (list any hours for related organizations below line) (1) KATE MARKERT EXECUTIVE DIRECTOR (Ist any hours for related organizations below line) (1) LYNN ROSSOTTI (Ist any hours for related organizations below line) (I) KATE MARKERT (Ist any hours for related organizations below line) (I) KATE MARKERT (2) LYNN ROSSOTTI (Ist any hours for related organizations organizations (W-2/1099-MISC/ 1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-NEC) (W-	pensation om the anization of related nizations
EXECUTIVE DIRECTOR X 451,889. 0. 53 (2) LYNN ROSSOTTI 40.00	
(2) LYNN ROSSOTTI 40.00	
	2,989.
DIRECTOR OF EXTERNAL AFFAI	1,989.
(3) SAMANTHA HERNANDEZ DIRECTOR OF HUMAN RESOURCE 40.00 X 152,397. 0. 33	L,387.
(4) DOUGLAS ROSE 40.00	
DIRECTOR OF FINANCE X 172,752. 0.	5,138.
(5) WILFRIED ZEISLER 40.00	
CHIEF CURATOR X 163,772. 0. 14	1,349.
(6) ED VREELAND 40.00	
	<u>5,753.</u>
(7) AUDRA KELLY 40.00	
	<u>5,032.</u>
(8) ELIZABETH ODOM 1.00	0
TRUSTEE X 0. 0.	0.
(9) ELLEN MACNEILLE CHARLES 2.00 X X X 0.	0.
(10) AMY MEADOWS 1.00	
IMMEDIATE PAST PRESIDENT X X X 0.	0.
(11) KATHRYN VIGE HICKS 1.00	
SECRETARY X X X 0.	0.
(12) LUCY S RHAME 1.00	
TREASURER X X X 0.	0.
(13) SKIP SROKA 1.00	
TRUSTEE X 0.	0.
(14) SALLY E CHAPOTON 1.00	
TRUSTEE X 0. 0.	0.
(15) SUSAN BOLLENDORF 1.00	
VICE PRESIDENT X X 0. 0.	0.
(16) SOPHIE GHEZAI 1.00	
TRUSTEE X 0. 0.	0.
(17) JOSHUA HILDRETH 1.00	
TRUSTEE X 0. 0.	0.

332007 12-21-23

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0.

168,360.

8

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

1,361,202.

Section B. Independent Contractors

Total (add lines 1b and 1c)

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AKA, 321 W 44TH STREET, SUITE 401, NEW		
YORK, NY 10036	ADVERTISING SERVICES	465,283.
PIVOT CONSTRUCTION	CONSTRUCTION	
502 NUTLEY STREET, VIENNA, VA 22180	SERVICES	370,610.
SECURITAS SECURITY SERVICES, 1401 SOUTH		
CLARK STREET, ARLINGTON, VA 22202	SECURITY SERVICES	322,697.
WHITING TURNER COMPANY	GENERAL CONSTRUCTION	
300 EAST JOPPA ROAD, BALTIMORE, MD 21286	MANAGEMENT	255,280.
C & W SERVICES, 140 KENDRICK ST. BLDG C,		
SUITE 201, NEEDHAM , MA 02494	JANITORIAL SERVICES	244,439.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization 12		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

Form 990 HILLWOOD	ESTATE,	M	IUS	EU	M	&	GΑ	RDENS	52-608	0752
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	.0r				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099-101130)	organization
	related	ee or	stee			nsate		(** 27 1000 111100)		and related
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				organizations
	below	vidua	itution	ser	Key employee	hest c	Former			
	line)	Indi	lnst	Officer	Key	Higi	Forr			
(27) NEDENIA C. RUMBOUGH	1.00									
TRUSTEE		Х						0.	0.	0.
(28) STANLEY H. RUMBOUGH	1.00									
TRUSTEE	1 00	Х						0.	0.	0.
(29) JANICE SHRADER	1.00									
TRUSTEE	1 00	Х						0.	0.	0.
(30) RICK J FERNANDEZ	1.00	l								•
TRUSTEE	1 00	X						0.	0.	0.
(31) GAIL BERRY WEST	1.00	3,7								0
TRUSTEE	1 00	Х				_		ų.	0.	0.
(32) MARY EMERSON SLIMP	1.00			77				0.	0.	0
PRESIDENT		Х		Х				9 0.	0.	0.
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		<u> </u>								
Total to Part VII, Section A, line 1c		<u></u>								

Form 990 (2023) HILLWOO
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	a in this Dart VIII			
		Crieck if Scriedule O contains a response of	r note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :	a Federated campaigns 1a					
	ı	Membership dues 1b	814,405.				
		Fundraising events1c	95,362.				
ifts Ir A		d Related organizations 1d					
s, G		Government grants (contributions)	2,075,582.				
Sir		f All other contributions, gifts, grants, and	, ,				
uti			1,977,558.				
ē₽							
ont	9	Noncash contributions included in lines 1a-1f	199,917.	4 060 000			
<u>0</u> 8		n Total. Add lines 1a-1f	4,962,907.				
		-	Business Code				
e	2 8	ADMISSIONS	900099	897,669.	897,669.		
۳×	ı	INTERPRETATION AND PROGRAMS	900099	153,285.	153,285.		
Se							
am		d					
gra		e			30		
Program Service Revenue	1	f All other program service revenue					
		g Total. Add lines 2a-2f		1,050,954.			
	3	Investment income (including dividends, interes					
	3	· · · · · · · · · · · · · · · · · · ·		6,697,166.			6697166.
		other similar amounts)		0,037,100.			0037100.
	4	Income from investment of tax-exempt bond pro	oceeds	896.			006
	5	Royalties		896.			896.
		(i) Real	(ii) Personal				
	6 8	a Gross rents 6a	•				
	ı	b Less: rental expenses 6b					
	(c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 34,621,226.					
		b Less: cost or other basis					
Ф		and sales expenses 7b 30,648,084					
Revenue		c Gain or (loss) 7c 3,973,142.					
eve			*	3,973,142.			3973142.
r R		d Net gain or (loss)		3,373,142.			3373142.
Other	8 8	a Gross income from fundraising events (not					
Ò		including \$95,362 of					
		contributions reported on line 1c). See					
		Part IV, line 18	0.				
	ı	b Less: direct expenses 8b	0.				
	(Net income or (loss) from fundraising events .		0.			
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		· I I	990,350.				
			661,202.				
		b Less: cost of goods sold 10b	001,202.	220 140	220 140		
	•	Net income or (loss) from sales of inventory		329,148.	329,148.		
S		-	Business Code				
on e	11 :	a					
ane	ı	o					
Miscellaneous Revenue							
Si B		d All other revenue					
2		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		17,014,213.	1,380,102.	0.	10671204.
					· · · · · · · · · · · · · · · · · · ·		

	501(-)(0) 501(-)(4)	alata all act occ All di		andata and section	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	
	Check if Schedule O contains a respon	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		схрензез	general expenses	САРСПЗСЗ
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	trustees, and key employees	503,601.		503,601.	
6	Compensation not included above to disqualified	,		,	
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			_	
7	Other salaries and wages	5,863,966.	4,604,849.	810,924.	448,193.
8	Pension plan accruals and contributions (include	•		10	•
	section 401(k) and 403(b) employer contributions)	283,036.	172,985	96,116.	13,935.
9	Other employee benefits	818,149.		176,349.	13,935. 59,041.
10	Payroll taxes	487,276.	363,016.	97,498.	26,762.
11	Fees for services (nonemployees):	-			-
а	Management		()		
b	Legal				
С	Accounting	173,679.		163,838.	9,841.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	318,587.		318,587.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	107,117.	83,238.	3,321.	20,558.
12	Advertising and promotion	423,080.	403,314.	19,742.	24.
13	Office expenses	1,482,668.	1,353,228.	39,273.	90,167.
14	Information technology	242,484.	122,417.	94,515.	25,552.
15	Royalties				
16	Occupancy	1,287,014.	1,251,178.	31,490.	4,346.
17	Travel	83,183.	40,889.	18,881.	23,413.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			10- 100	
19	Conferences, conventions, and meetings	799,228.	361,541.	187,192.	250,495.
20	Interest				
21	Payments to affiliates	1 545 600	1 460 544	00.400	
22	Depreciation, depletion, and amortization	1,547,693.	1,460,511.	87,182.	400
23	Insurance	222,837.	177,191.	45,176.	470.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	106 /10	106 410		
	HOUSE CONSERVATION PROJ	186,412.	186,412.	21 000	7 700
b	DUES AND SUBSCRIPTIONS	59,995. 28,250.	20,447. 28,250.	31,828.	7,720.
C	HONORARIA FOLLI DMENTI	22,575.	40,430.		22 575
d	EQUIPMENT	9,254.	1,310.	E 000	22,575. 2,054.
	All other expenses Add lines 1 through 24s	14,950,084.		5,890. 2,731,403.	1,005,146.
25	Total functional expenses. Add lines 1 through 24e	14,330,004.	11,413,333.	4,131,4U3.	1,000,140.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	11 10110WING SOF 36-2 (ASC 338-720)				

Form **990** (2023)

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or not	y line in this Part X				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			464,232.	1	429,452
	2	Savings and temporary cash investments			10,030,392.	2	1,870,082
	3	Pledges and grants receivable, net			303,585.	3	1,067,005
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
s,	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	484,727.	8	477,024		
Ä	9				228,964.	9	257,480
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	54,541,334. 38,013,267.			
	b		17,153,195.	10c	16,528,067		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1	1		280,911,326.	12	337,324,240
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			7,749.	15	5,877
	16	Total assets. Add lines 1 through 15 (must equa			309,584,170.	16	357,959,227
	17	Accounts payable and accrued expenses			1,515,669.	17	1,647,599
	18	Grants payable				18	
	19	Deferred revenue				19	100
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst		•			
jab		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines			E E40		- 055
		of Schedule D			7,749.	25	5,877
	26	Total liabilities. Add lines 17 through 25		77	1,523,418.	26	1,653,576
w		Organizations that follow FASB ASC 958, che	ck her	e X			
č		and complete lines 27, 28, 32, and 33.			207 722 257		255 061 260
<u>a</u>	27				307,722,357.		355,861,269
Ä	28	Net assets with donor restrictions			338,395.	28	444,382
Ĕ		Organizations that do not follow FASB ASC 9	58, che	eck here			
Ϋ́		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq		30			
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			200 060 750	31	256 205 651
Š	32	Total net assets or fund balances			308,060,752.	32	356,305,651
	33	Total liabilities and net assets/fund balances			309,584,170.	33	357,959,227

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,01		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,95		
3	Revenue less expenses. Subtract line 2 from line 1	3		,06		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	308			
5	Net unrealized gains (losses) on investments	5	46	<u>,18</u>	0,7	<u>70.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	356	<u>,30</u>	<u>5,6</u>	<u>51.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	1			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	Щ_
				Form	990	(2023)

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

	HILLWOOD ESTATE, MUSEUM & GARDENS 52-6080752									5080752	
Pa	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
The	organ	nization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)					
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental un	it describe	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental i	unit or from the	e general p	oublio	described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)		. (7)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a I	and-grant	colle	ge	
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	or		
		university:					•				
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membershi	p fees, and	d gro	ss receipts from	
		activities related to its exen									
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	ıfter .	June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).				
12		An organization organized a									
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 5	09(a)(3). (Checl	k the box on	
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.			
а		☐ Type I. A supporting organical properties.									
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	ıoqqı	ting	
		organization. You must o									
b	· L	☐ Type II. A supporting org									
		control or management o		*	ame perso	ns that co	ntrol or manag	e the supp	orte	d	
	_	organization(s). You mus									
С	: L_	Type III functionally inte						y integrate	d wit	h,	
	_	its supported organization									
d		☐ Type III non-functionally									
		that is not functionally int						an attentiv	enes	SS	
		requirement (see instruct	•	•	•						
е		_ Check this box if the orga					Type I, Type II	, Type III			
_		functionally integrated, or		nally integrated supportir	ng organiz	ation.					_
		er the number of supported of	•	-l					L		_
g		vide the following information (i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(v	i) Amount of other	_
		organization	(,	(described on lines 1-10	in your governi	ng document?	support (see ins	•	Ι.	oort (see instruction	
		-		above (see instructions))	Yes	No					_
											_
											_
									\vdash		_
									 		_

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,			
	membership fees received. (Do not								
	include any "unusual grants.")	3789441.	4287939.	3333786.	2792238.	4962907.	19166311.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
_	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	3789441.	4287939.	3333786.	2792238.	4962907.	19166311.		
	The portion of total contributions								
Ū	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
							1008536.		
6	column (f) Public support. Subtract line 5 from line 4.						18157775.		
	etion B. Total Support				2		<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	3789441.	4287939.	3333786.	2792238.	4962907.	19166311.		
	Gross income from interest.	0.001111		3333					
Ŭ	dividends, payments received on			•					
	securities loans, rents, royalties,		+, C						
	and income from similar sources	5118726.	4257639.	4939365.	5511301.	6698062.	26525093.		
9	Net income from unrelated business	31107200	123 / 033 1	, 13333031	33113011	00300021	203230331		
3	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain	^ ^							
10	or loss from the sale of capital								
	assets (Explain in Part VI.)	847,562.	304,847.	1389827	18,900.		2561136.		
11	Total support. Add lines 7 through 10	310,3020	301/01/0	20030270	20/3000		48252540.		
	Gross receipts from related activities,	etc (see instruction	ne)				,198,036.		
	First 5 years. If the Form 990 is for the						723070000		
	organization, check this box and stor	, -							
Sec	ction C. Computation of Publi								
	Public support percentage for 2023 (li			column (f))		14	37.63 %		
	Public support percentage from 2022					15	39.20 %		
	33 1/3% support test - 2023. If the o								
	stop here. The organization qualifies	-					77		
b	33 1/3% support test - 2022. If the o		-						
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the facts	-							
	meets the facts-and-circumstances te			=		vi now the organiz			
h	10% -facts-and-circumstances test	-		• • •	-				
J		-					. 5,0 0.		
	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								
18	Private foundation. If the organization				•				
	organizatio			, ,	,		(Form 990) 2023		

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(2)====	(2), ====	(-)	(4, ====	(5)====	(4)
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						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				110		
	Total. Add lines 1 through 5				-		
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons				2		
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support	1			1	_	г
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6		C				
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	10,					
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	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.)			farmala a securit		01(-)(0) : ::	<u> </u>
14	First 5 years. If the Form 990 is for the	ŭ		•	•		. —
Se	check this box and stop here ction C. Computation of Publi	c Support Pa	centage				
	•			ooluma (f))		15	
	Public support percentage for 2023 (I Public support percentage from 2022			.,,		15	<u>%</u>
	ction D. Computation of Inves		<u> </u>			10	<u>%</u>
	Investment income percentage for 20			ine 13 column (f)		17	%
	Investment income percentage for 20					18	
	a 33 1/3% support tests - 2023. If the						
136	more than 33 1/3%, check this box ar					41	
k	33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	hox on line 14 10	a or 19h check t	his hox and see ins	structions	1 1

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		<u> </u>
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	tion E	B. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated			
Sect	super	vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		<u> </u>
000	1011	o. Type if oupporting organizations		Yes	Na
	Moro	a majority of the examplation's directors or trustees during the tay year also a majority at the directors		res	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed supported organization(s).	1		
Sect	tion [D. All Type III Supporting Organizations			
		<i>y</i>		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			110
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		icant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	suppo	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
Seci	tion E	E. Type III Functionally integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see institute Task Assessed Section 2.2 and 2th telepoperate and the section of the sectio	truction		
2		ities Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
b		hese activities constituted substantially all of its activities. ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
b		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h		an organization eversion a substantial degree of direction over the policies, programs, and activities of each			

332025 12-21-23

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Section C - Distributable Amount	1	\bigcirc	

1 Adjusted net income for prior year (from Section A, line 8, column A)
2 Enter 0.85 of line 1.
2 Minimum asset amount for prior year (from Section B, line 8, column A)
3 Minimum asset amount for prior year (from Section B, line 8, column A)
4 Enter greater of line 2 or line 3
4 Income tax imposed in prior year
5 Distributable Amount. Subtract line 5 from line 4, unless subject to

8

emergency temporary reduction (see instructions).

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

Schedule A (Form 990) 2023

Current Year

8

Minimum Asset Amount (add line 7 to line 6)

Fai	Type in Non-Functionally integrated 509	a)(3) Supporting Orga	ilizations (continued)	
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-		4(7)	
	able cause required - explain in Part VI). See instructions.		10	
3	Excess distributions carryover, if any, to 2023			
<u>a</u>	From 2018			
<u>b</u>	From 2019			
c	From 2020			
<u>d</u>	From 2021			
<u>e</u>	From 2022			
f	Total of lines 3a through 3e	1,		
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
<u>i_</u>	Carryover from 2018 not applied (see instructions)			
<u>j</u>	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			
<u>b</u>	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
с	Excess from 2021			
d	Excess from 2022			
	Evenes from 2023			

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of orga	wization	ariizatioris. Go	ompiete Part III.		T _E	mployer identification number
ivanie or orga	HILLWOOD ESTATE, MUSEUM & GARDENS					
Part I-A	Complete if the	NOOD ES	TATE, MUSEUM	lor coction 501(a)	or is a section 527	52-6080752
1 Provide2 Political	a description of the o	rganization's o	direct and indirect polition	cal campaign activities i	in Part IV.	\$
Part I-B	Complete if the	e organiza	tion is exempt und	ler section 501(c)(3).	
1 Enter th 2 Enter th 3 If the org	e amount of any excise amount of any excise amount of any excise ganization incurred as	e tax incurred te tax incurred section 4955	I by the organization und by organization manag tax, did it file Form 4720	der section 4955 ders under section 4955 of for this year?		\$ Yes No
	describe in Part IV.			• 60		44. \(\alpha\)
Part I-C					except section 50	
2 Enter th	e amount of the filing	organization's	funds contributed to o	ther organizations for se	tion activities ection 527	
3 Total ex	empt function expend	litures. Add lir	nes 1 and 2. Enter here a	and on Form 1120-POL	,	
5 Enter the made particular contribution	e names, addresses, a ayments. For each org tions received that we	and employer panization liste ere promptly a	identification number (E ed, enter the amount pa	EIN) of all section 527 poid fid from the filing organized a separate political orga	olitical organizations to v zation's funds. Also ente anization, such as a sep	which the filing organization or the amount of political arate segregated fund or a
	(a) Name		(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	s contributions received and

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

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023

2a Lobbying nontaxable amountb Lobbying ceiling amount(150% of line 2a, column(e))

c Total lobbying expenditures

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023 HILLWOOD ESTATE, MUSEUM & GARDENS 52-60807 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
f the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	77			
i Other activities?	X			
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5) or sec	rtion	
501(c)(6).	11 00 1(0)(0	,, or occ) (i) (i	
ου .(υ)(υ).			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	ne prior year?	2	ction	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the 	ne prior year?	2 3), or sec		3, is
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the latter of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year? n 501(c)(5 "No" OR (2 3), or sec (b) Part l		3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

HILLWOOD ESTATE, MUSEUM & GARDENS

Employer identification number 52-6080752

Pai			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Boner advised farids	(b) I dilas and strict accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	L sed funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recrea	<u> </u>	of a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		a destined meterie diractare
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
			2b
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		•
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iter	ms.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financia	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a Land		7,299,148.		7,299,148.					
b Buildings		42,803,759.	34,091,895.	8,711,864.					
c Leasehold improvements									
d Equipment		4,290,823.	3,921,372.	369,451.					
e Other		147,604.		147,604.					
Total. Add lines 1a through 1e. (Column (d) must equa	16,528,067.								

Schedule D (Form 990) 2023

	TATE, MUSEUM &	GARDENS	52-6080752 Pag	_{je} 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) EQUITIES	221,771,324.	END-OF-YEAR	MARKET VALUE	
(B) FIXED INCOME	50,065,675.		MARKET VALUE	
(C) COMMON STOCK	45,934,473.		MARKET VALUE	
(D) MONEY MARKET	19,552,768.	END-OF-YEAR	MARKET VALUE	
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	337,324,240.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X	line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value	
(1)				
(2)		7 K		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets	1,69			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X	, line 15.	
	Description	,,	(b) Book value	
(1)			,	
(2)				
(3)				
(4)				
(5)				
(6)	·			
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, co	/ (D))			
Part X Other Liabilities			D	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990,		
1. (a) Description of liability			(b) Book value	
(1) Federal income taxes				
(2) RIGHT OF USE LEASE LIABIL	LTY		5,87	7 •
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

5,877.

(8) (9)

318,587.

Schedule D (Form 990) 2023	HILLWOOD ESTATE,	MUSEUM &	GARDENS	52-	6080752	Page
chedule D (Form 990) 2023 HILLWOOD ESTATE, MUSEUM & GARDENS 52-6080752 Page Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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 62,876,395						
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1 Total revenue, gains, and oth	er support per audited financial s	tatements		1	62,876	, 395

1	Total revenue, gains, and other support per audited financial statements		1	62,876,395.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	46,180,769.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	46,180,769.
3	Subtract line 2e from line 1			3	16,695,626.
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	318,587.		
b	Other (Describe in Part XIII.)	4b			

c Add lines 4a and 4b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	14,631,497.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	14,631,497.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 318,587.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	318,587.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,950,084.

Part XIII Supplemental Information

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

HILLWOOD ACOUIRED ITS COLLECTIONS PRIMARILY FORM THE ESTATE OF MARJORIE MERRIWEATHER POST, THOUGH OTHER ITEMS ARE ACQUIRED THROUGH PURCHASES. COLLECTIONS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION OR RESEARCH. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSIONG THEIR CONDITION ARE CONTINUOUSLY PERFORMED. THE COLLECTIONS ARE NOT RECOGNIZED AS ASSETS IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS DECREASES TO NET ASSETS WITH DONOR RESTRICTIONS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN

Schedule D (Form 990) 2023

Part XIII | Supplemental Information (continued)

THE FINANCIAL STATEMENTS. PROCEEDS FROM DE-ACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

PART III, LINE 4:

HILLWOOD WAS THE HOME OF THE LATE COLLECTOR/PHILANTHROPIST MAJORIE MERRIWEATHER POST. FOLLOWING HER DEATH IN 1973, THE 25-ACRE ESTATE, TOGETHER WITH AN INTERNATIONALLY IMPORTANT COLLECTION OF MORE THAN 16,000 WORKS OF ART OPENED TO THE PUBLIC IN 1977.

HILLWOOD'S MISSION IS TO SHARE ITS RENOWNED ART COLLECTIONS AND RELATED PUBLIC AND EDUCATIONAL PROGRAMS WITH A WIDE AND DIVERSE AUDIENCE. SINCE ITS OPENING, HILLWOOD HAS SERVED HUNDREDS OF THOUSANDS OF VISITORS, INCLUDING LOCAL AND VISITING MEMBERS OF THE GENERAL PUBLIC, FAMILIES (TRADITIONAL AND NON-TRADITIONAL), CURATORS AND SCHOLARS, AND PRE-SCHOOL THROUGH HIGH SCHOOL STUDENTS

FOR ADDITIONAL INFORMATION REGARDING THE COLLECTIONS, PLEASE REFER TO FORM 990, PART III, LINE 43

PART X, LINE 2:

HILLWOOD REVIEWS AND ASSESSES ALL ACTIVITIES ANNUALLY TO IDENTIFY ANY CHANGES IN THE SCOPE OF ITS ACTIVITIES AND REVENUE SOURCES AND THE TAX TREATMENT THEREOF TO IDENTIFY ANY UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31, 2023, MANAGEMENT DID NOT IDENTIFY ANY UNCERTAINTY IN INCOME TAXES REQUIRING RECOGNITION OR DISCLOSURE OF THESE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Name of the organization	n		entification number
	HILLWOOD ESTATE, MUSEUM & GARDENS	52-6080	
Part I Fundrais	sing Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17	7. Form 990-EZ	Z filers are not
required to	complete this part.		
	e organization raised funds through any of the following activities. Check all that apply.		
a Mail solicita			
	email solicitations f Solicitation of government grants		
c Phone solici	3 — 1		
d In-person so			
	on have a written or oral agreement with any individual (including officers, directors, trustees,		
*	ted in Form 990, Part VII) or entity in connection with professional fundraising services?	Yes	
	Dhighest paid individuals or entities (fundraisers) pursuant to agreements under which the funders \$5,000 by the organization.	idraiser is to b	е
Compensated at it	rasi \$5,000 by the organization.		
(i) Name and addres or entity (fund	ss of individual (ii) Activity fundraiser (iv) Gross receipts to (or draiser) (fundraiser) (fund	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		.ea iii coi. (i)	
	Yes No		
	• 6		
	10		
Total			
3 List all states in wh or licensing.	ich the organization is registered or licensed to solicit contributions or has been notified it is e	exempt from re	egistration

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

Schedule G (Form 990) 2023

HILLWOOD ESTATE, MUSEUM & GARDENS Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	ss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				FEBRUARY	NONE	(add col. (a) through
			GALA	14TH EVENT		col. (c))
4			(event type)	(event type)	(total number)	COI. (C))
nue						
Revenue	1	Gross receipts	63,397.	31,965.		95,362.
	2	Less: Contributions	63,397.	31,965.		95,362.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
άx					0,	
rect E	7	Food and beverages			(0	
Ö	8	Entertainment				
		Other direct expenses				
			0 : (-1)		L	
		Net income summary. Subtract line 10 from li				
Pa	rt I			990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.			•	
			(a) Diama	(b) Pull tabs/instant	(-) (01)	(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Ä	1	Gross revenue	()			
	2	Cash prizes				
ses			`~\\			
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
Ρį	•	There is a control of the control of				
	5	Other direct expenses				
		Carlot direct experises	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	Ü	volunteen labor		140		
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
		, ,				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
						_
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes No
b	If "	Yes," explain:				
	_					
	_					

Schedule G (Form 990) 2023 332082 09-13-23

Sch	edule G (Form 990) 2023 HILLWOOD ESTATE, MUSEUM & GARDENS 52-	60807	52 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es 🔲 No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	es No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,,
•	Enter the hame and address of the person who prepares the organization's gaining special events books and records.		
	Name		
11 12 13 a b 14 15a b c	- Name		
	Address		
	Audiess		
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	es No
ısa	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		3 NO
D	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatony distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а		☐ Ye	es No
L			3 NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Dа		ort III. linna	0 0h 10h
ıu		art III, IIIIes	9, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
11 Does the organization conduct ga 12 Is the organization a grantor, bene to administer charitable gaming? 13 Indicate the percentage of gaming a The organization's facility b An outside facility 14 Enter the name and address of the Name Address 15a Does the organization have a cont of gaming revenue retained by the c If "Yes," enter the amount of gaming faming revenue retained by the c If "Yes," enter name and address Name Address 16 Gaming manager information: Name Gaming manager compensation Description of services provided Director/officer 17 Mandatory distributions: a Is the organization required under retain the state gaming license? b Enter the amount of distributions organization's own exempt activities. Part IV Supplemental Infor			
			-

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

HILLWOOD ESTATE, MUSEUM & GARDENS

Employer identification number 52-6080752

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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 X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	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	X	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	$ldsymbol{f eta}$
3	Indicate which, if any, of the following the 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			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			177
а	Receive a severance payment or change-of-control payment?	<u>4a</u>		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		LX.
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:	_		v
a	The organization?	5a		X
D	Any related organization?	5b		
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, PartVII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of: The organization?	6a		х
		6b		X
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	00		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	– ′		
5	in this contract constitution described in Devolutions and the FO 4050 4/4/000 K IIV/4 II describe in Devt III	8		x
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

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

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 aren't 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	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATE MARKERT	(i)	383,489.	0.	68,400.	0.	51,712.	503,601.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LYNN ROSSOTTI	(i)	154,758.	0.	0.	0.	32,989.	187,747.	0.
DIRECTOR OF EXTERNAL AFFAI	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SAMANTHA HERNANDEZ	(i)	152,397.	0.	0.	0.	31,387.	183,784.	0.
DIRECTOR OF HUMAN RESOURCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DOUGLAS ROSE	(i)	172,752.	0.	0.	0.	6,138.	178,890.	0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WILFRIED ZEISLER	(i)	163,772.	0.	0.	0.	14,349.	178,121.	0.
CHIEF CURATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ED VREELAND	(i)	147,000.	0.	+ 0.	0.	25,753.	172,753.	0.
DIRECTOR OF OPERATIONS AND	(ii)	0.	0,	0.	0.	0.	0.	0.
	(i)		<					
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)		<i>Y</i>) '					
	(ii)							
	(i)		•					
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
DURING THE YEAR ENDED DECEMBER 31, 2022, KATE MARKERT, EXECUTIVE DIRECTOR,
RECEIVED THE FOLLOWING BENEFITS SHOWN IN SCHEDULE J, PART I, LINE 1A:
HOUSING ALLOWANCE, A TAXABLE BENEFIT, IN THE AMOUNT OF \$68,400
.6

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

Name of the organization HILLWOOD ESTATE, MUSEUM & GARDENS Employer identification number 52-6080752

-	HILLWOOD EST.	ATE, M	USEUM & GA	ARDENS	52	2-6080	/54	
Pa	rt I Types of Property	(a)	(b)	(a)		(4)		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	(d) of determin tribution ar	•	;
1	Art - Works of art							
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			107 100				
9	Securities - Publicly traded	X	18	137,628.	FMV			
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							
16	Real estate - Commercial							
17	Real estate - Other			1				
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy		4					
22	Historical artifacts	111						
23	Scientific specimens							
24	Archeological artifacts							
25	Other (IN-KIND DONATIO)	X	40	62,289.	FMV			
26	Other ()							
27	Other (
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used f	or			
	exempt purposes for the entire holding period?	?				30a		X
b								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31		Х
32a		-	· ·	•				
	contributions?		~			32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is chec	ked,			
	describe in Part II.	(-)	71	(, 51100	,			
	Panarwark Paduation Act Natice see the Inst		-			ılo M (Eorn		

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HILLWOOD ESTATE, MUSEUM & GARDENS

Employer identification number 52-6080752

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COLLECTIONS, EXCEPTIONAL GARDENS AND RELATED PUBLIC AND EDUCATIONAL

PROGRAMS WITH A WIDE AND DIVERSE AUDIENCE. SINCE ITS OPENING, HILLWOOD

HAS SERVED HUNDREDS-OF-THOUSANDS OF VISITORS, INCLUDING LOCAL AND

VISITING MEMBERS OF THE GENERAL PUBLIC, FAMILIES (TRADITIONAL AND

NON-TRADITIONAL), CURATORS AND SCHOLARS, AND PRE-SCHOOL THROUGH HIGH

SCHOOL STUDENTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INCLUDING LOCAL AND VISITING MEMBERS OF THE GENERAL PUBLIC, FAMILIES

(TRADITIONAL AND NON-TRADITIONAL), CURATORS AND SCHOLARS, AND

PRE-SCHOOL THROUGH HIGH SCHOOL STUDENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CARTIER, HARRY WINSTON ADN VAN CLEEF & ARPELS. IN TOTAL, HILLWOOD'S

COLLECTIONS INCLUDE SOME 20,000 OBJECTS.

FORM 990, PART III, DINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

TROOPS REGION-WIDE, AS WELL AS EMBASSIES SUCH AS FRENCH, BELGIAN,

SPANISH AND THE NETHERLANDS.

FORM 990, PART VI, SECTION A, LINE 2:

HILLWOOD ESTATE, MUSUEM & GARDEN'S (HILLWOOD) MISSION IS TO SHARE THE

RENOWNED ART COLLECTIONS, EXCEPTIONAL GARDENS AND RELATED PUBLIC AND

EDUCATIONAL PROGRAMS WITH A WIDE AND DIVERSE AUDIENCE. SINCE ITS OPENING,

HILLWOOD HAS SERVED HUNDREDS-OF-THOUSANDS OF VISITORS, INCLUDING LOCAL AND

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization HILLWOOD ESTATE, MUSEUM & GARDENS

Employer identification number 52-6080752

VISITING MEMBERS OF THE GENERAL PUBLIC, FAMILIES (TRADITIONAL AND

NON-TRADITIONAL), CURATORS AND SCHOLARS, AND PRE-SCHOOL THROUGH HIGH SCHOOL

STUDENTS.

FORM 990, PART VI, SECTION A, LINE 2:

NEDENIA C RUMBOUGH AND STANLEY H RUMBOUGH, TRUSTEES, HAVE A FAMILY
RELATIONSHIP. ELLEN CHARLES, GEORGE IVERSON AND ANDREW IVERSON, TRUSTEES,
HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FEDERAL FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. THE DRAFT

RETURN IS REVIEWED BY THE DIRECTOR OF FINANCE AND THE AUDIT COMMITTEE AND

IS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO BEING FINALIZED. IF NO

CORRECTIONS ARE NOTED, IT IS THEN FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH TRUSTEE, COMMITTEE MEMBERS, OFFICER, AND SENIOR STAFF ARE REQUIRED TO

SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT, CERTIFYING AN

UNDERSTANDING OF THE POLICY AND DISCLOSING ANY KNOWN CONFLICTS OF INTEREST.

HILLWOOD CONDUCTS A PERIODIC REVIEW OF COMPENSATION AND BUSINESS

ARRANGEMENTS FOR COMPLIANCE WITH THE POLICY.

IN CONNCECTION WITH ANY ACTUAL OF POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE ALL MATERIAL ACTS TO THE BOARD OR COMMITTEE

MEMBERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER

DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER

DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE MEETING

DURING DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT

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INVOLVING THE POSSIBLE CONFLICT OF INTEREST. AFTER EXERCISING DUE

DILIGENCE, THE BOARD OR COMMITEE SHALL DETERMINE WHETHER HILLWOOD CAN

OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR

ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE

ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER

CIRCUMSTANCES NOT PRODUCTING A CONFLICT OF INTEREST, THE BOARD OR COMMITEE

SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER

THE TRANSACTION OR ARRANGEMENT IS IN HILLWOOD'S BEST INTEREST, FOR ITS OWN

BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE

ABOVE DETERMINATION, IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO

FORM 990, PART VI, SECTION B, LINE 15:

THE TRANSACTION OR ARRANGEMENT.

AS AN EMPLOYER, HILLWOOD BELIEVES THAT IT IS IN THE BEST INTEREST OF BOTH

THE ORGANIZATION AND ITS EMPLOYEES TO FAIRLY COMPENSATE ITS WORKFORCE FOR

THE VALUE OF THE WORK PROVIDED. IT IS HILLWOOD'S INTENTION TO USE A

COMPENSATION SYSTEM THAT WILL DETERMINE THE CURRENT MARKET VALUE OF A

POSITION BASED ON THE SKILLS, KNOWLEDGE AND BEHAVIORS REQUIRED OF A FULLY

COMPETENT INCUMBENT. THE SYSTEM USED WILL BE OBJECTIVE AND

NONDISCRIMINATORY IN THEORY, APPLICATION AND PRACTICE.

COMPENSATION CRITERIA:

THE HUMAN RESOURCES DIRECTOR PRICES POSITIONS TO MARKET BY USING LOCAL, REGIONAL, AND INDUSTRY SPECIFIC SURVEY DATA.

THE MARKET DATA PRIMARILY INCLUDES MUSEUMS, NON-PROFITS AND OTHER SIMILAR

INSTITUTIONS; INCLUDES SURVEY DATA FOR MORE SPECIALIZED POSITIONS (FOR

EXAMPLE, INFORMATION SYSTEMS, MARKETING, HUMAN RESOURCES); AND ADDRESSES

ANY SIGNIFICANT MARKET DIFFERENCES DUE TO GEOGRAPHICAL LOCATION.

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THE SYSTEM EVALUATES EXTERNAL EQUITY, WHICH IS THE RELATIVE MARKETPLACE JOB
WORTH OF EVERY MUSEUM JOB DIRECTLY COMPARABLE TO SIMILAR JOBS, FACTORED FOR
GENERAL ECONOMIC MARKETPLACE.

THE SYSTEM EVALUATES INTERNAL EQUITY, WHICH IS THE RELATIVE WORTH OF EACH

JOB IN THE COMPANY WHEN COMPARING THE REQUIRED LEVEL OF JOB COMPETENCIES,

FORMAL TRAINING AND EXPERIENCE, RESPONSIBILITY, AND ACCOUNTABILITY OF ONE

JOB TO ANOTHER AND ARRANGING ALL JOBS IN A FORMAL JOB STRUCTURE.

RESPONSIBILITIES:

AS PART OF THE ANNUAL BUDGETING PROCESS THE BOARD OF DIRECTORS REVIEWS AND APPROVE, AS APPROPRIATE, FUNDS TO BE ALLOCATED FOR TOTAL COMPENSATION, WHICH WOULD INCLUDE BASE SALARIES, BONUS, VARIABLE BASED OR INCENTIVE BASED PAY AND ALL OTHER RELATED EXPENSES, INCLUDING BENEFITS PLANS AS RECOMMENDED BY EXECUTIVE MANAGEMENT.

THE BOARD SETS THE POSITION LEVEL, PAY RANGE AND SPECIFIC COMPONENTS OF THE TOTAL COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR.

MANAGEMENT RESPONSIBILITY

THE DIRECTOR OF HUMAN RESOURCES IS RESPONSIBLE AND ACCOUNTABLE TO THE BOARD OF DIRECTORS. IN THAT CAPACITY THEY ARE CHARGED WITH ENSURING THAT HILLWOOD IS STAFFED WITH HIGHLY QUALIFIED, FULLY COMPETENT EMPLOYEES AND THAT ALL COMPENSATION PROGRAMS ARE ADMINISTERED.

FORM 990, PART VI, SECTION C, LINE 18:

THE FEDERAL FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

FORMS ARE AVAILABLE UPON REQUEST.