EXTENDED TO NOVEMBER 15, 2024 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

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change HOLLINGSWORTH FUNDS, INC. Name change 57-1003814 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 124 VERDAE BLVD 502 864-627-8306 39,019,211. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 29607 GREENVILLE, SC H(a) Is this a group return Applica-tion pending F Name and address of principal officer: B . GAGE WEEKES for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.HOLLINGSWORTHFUNDS.ORG H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 1977 M State of legal domicile: SC Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: HOLLINGSWORTH FUNDS Activities & Governance SUPPORTING ORGANIZATION TO WHICH APPROXIMATELY 45% OF THE ANNUAL 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) $\overline{11}$ Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 374,187. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 320,642 7h **Prior Year Current Year** 0. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 9,744,299. 8,174,051. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 3,085,529. 2,356,093. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 12,829,828. 10,530,144. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 10,841,510. 11,456,576. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,148,816. 1,514,482. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,915,752. 3,186,521. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 16,15<u>7,57</u>9. 14,906,078. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -2,076,250. -5,627,435. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 375,756,696. 394,202,076 Total assets (Part X, line 16) 934,476. 1,597,336 21 Total liabilities (Part X, line 26) 三年 822,220. 392,604,740 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PAMELA M PRASHAD, VP OF FINANCE & OPERATIONS Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature Paid self-employed Preparer Firm's name Firm's EIN Use Only Firm's address Phone no. May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

r calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

For calendar year 2023, or fiscal year begin

, 2020, and onling

2023

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer HOLLINGSWORTH FUNDS, INC. 57-1003814 PAMELA M PRASHAD Name and title of officer or person subject to tax VP OF FINANCE & OPERATIONS Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) Form 1120-POL check here 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 4b b Balance due (Form 8868, line 3c) 5b Form 8868 check here 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here 7a b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here **b Tax due** (Form 5330, Part II, line 19) Form 5330 check here 9a 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on the payment of the federal tax financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 57760629650 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Date

Business Returns. ERO's signature

Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** HOLLINGSWORTH FUNDS, INC. 57-1003814 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 124 VERDAE BLVD, 502 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREENVILLE, SC 29607 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of BROOKE HARMON 124 VERDAE BLVD, SUITE 502 - GREENVILLE, SC 29607 Fax No. 864-627-8072Telephone No. 864-627-8306 If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ______. If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning ______, 20 ____, and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

12,616,915.

Total program service expenses

Form 990 (2023) HOLLINGSWORTH FUNDS, INC. 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
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		Х
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		X
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			
_	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,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	⊢ ′		
Ü	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	۳		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			X
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		7.7	
	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		X
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	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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		Х
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		х
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		T
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	
	domestic government on har my column by, into the market of the other properties and market of the market of the market of the other properties of the			

Form 990 (2023)

Part IV	Checklist of Required Schedules	(continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		X
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? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
		_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 40			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			200	

Form 990 (2023) HOLLINGSWORTH FUNDS, INC.

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

				Yes	No
2 a	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 9		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	X	
			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•	1		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial at If "Yes." enter the name of the foreign country	count)?	4a		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (EDAD)			
52		, ,	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	tion?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u></u> -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		"		
	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
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 co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contribution of cars, boats, airplanes, or other vehicles, did the organizations contribution of cars, boats, airplanes, or other vehicles, did the organizations can be contributed from the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization can be contributed from the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization can be contributed from the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization can be carried to the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, and the organization of cars, are carried to cars, and the organization of cars		7h		
0	appropriate avalantation have evered business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the approxima experiention make any tayable distributions under section 40662		9a		
			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a		
	,	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.		IJa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form 990 (2023) HOLLINGSWORTH FUNDS, INC. 57-1003814 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.7
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	,, go to	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С		12c	Х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
_	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			
	taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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)	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	BROOKE HARMON - 864-627-8306 124 VERDAE BLVD SHITE 502 GREENVILLE SC 29607			
	TZA VERDAR BOVO SOUTE BUZ GREENVIDDE SU ZYBU/			

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

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

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

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

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

Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	_	er an	la a a	recio	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	trus l trus n pen		1099-NEC)	1099-1420)	and related			
	below	dual t	ıtiona	_	nploy	st cor	-	10001420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) B. GAGE WEEKES	40.00									
PRESIDENT				Х				379,500.	0.	79,753.
(2) TAMELA SPANN	40.00									
VP OF STRATEGIC INITIATIVE						Х		173,250.	0.	44,108.
(3) PAMELA PRASHAD	35.00									
VP OF FINANCE & OPERATIONS				Х				165,900.	0.	27,880.
(4) WILLIAM E. HENDERSON	5.00									
DIRECTOR	40.00	Х						5,000.	140,348.	1,244.
(5) ANNE S. ELLEFSON	2.00									
BOARD CHAIR	2.00	Х		Х				5,000.	5,000.	0.
(6) F. BOGUE WALLIN	2.00									
DIRECTOR	2.00	Х						5,000.	5,000.	0.
(7) RUSS DAVIS	2.00									
DIRECTOR	2.00	Х						5,000.	3,750.	0.
(8) MINOR M. SHAW	2.00									
DIRECTOR		Х						5,000.	0.	0.
(9) SAM ERWIN	3.00									
SECRETARY		Х		Х				5,000.	0.	0.
(10) ANTHONY MCDADE	2.00									
VICE CHAIRMAN		Х		Х				5,000.	0.	0.
(11) BRENDA THAMES	3.00									
DIRECTOR		Х						5,000.	0.	0.
(12) R SEAN DOGAN	2.00									
DIRECTOR		Х						5,000.	0.	0.
(13) TIMOTHY J. REED	2.00									
DIRECTOR		Х						5,000.	0.	0.
(14) HAROLD F. GALLIVAN	3.00									
DIRECTOR		Х						5,000.	0.	0.
(15) JOANN HACKL	2.00									
DIRECTOR		Х						5,000.	0.	0.
		-								
		-								
										F 990 (2222)

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Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	anc	l Hig	ghest	: C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one		Reportable	Reportable		Es	timate	∍d				
	hours per	box,	, unles	ss per	rson i	s both	an	compensation compensation		n	an	nount	of
	week		cer an	d a di	irecto	r/truste	ee)	from	from related			other	
	(list any	ector						the	organizations		com	pensa	ıtion
	hours for	or dir	e e			rted		organization	(W-2/1099-MIS	iC/		om th	
	related	stee	truste			bens		(W-2/1099-MISC/	1099-NEC)		_	anizat	
	organizations below	ıal tr.	onal		ploye	ee com		1099-NEC)				d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		드	드	10 d	- Ā	포등	요						
		1											
		1											
1b Subtotal								778,650.	154,09	8.	15	2.9	85.
c Total from continuation sheets to Part VII	. Section A							0.		0.	0.		
d Total (add lines 1b and 1c)								778,650.	154,09		15	2,9	
2 Total number of individuals (including but no													
compensation from the organization						,		· · · · · · · · · · · · · · · · · ·					4
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	еу е	mpl	oye	e, or I	nig	hest compensated empl	oyee on	ſ			
line 1a? If "Yes," complete Schedule J for so											3		X
4 For any individual listed on line 1a, is the su	•		•					•	J			v	
and related organizations greater than \$150Did any person listed on line 1a receive or a			•							·····	4	X	
rendered to the organization? If "Yes," com										ı	5		х
Section B. Independent Contractors	<u>Diete Scriedule</u>	2 J /(or su	ICH L	bers	<u> </u>					<u> </u>		
Complete this table for your five highest cor	npensated inc	lepe	nder	nt cc	ontra	actors	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ıg w	ith c	or witl	nin T	the organization's tax ye	ear.				
(A) Name and business	addrasa							(B)	am daga	0	(C		_
		37	ОТ	OD:			4	Description of s	ervices		ompei	nsatio	<u>n</u>
VERDAE DEVELOPMENT INC, 3		Y	SL	OP.	E.	КD	ļ		N DUT GODY	1	E 2	0 0	00
#300, GREENVILLE, SC 2960 HARPER CORPORATION	1						-	REAL ESTATE A	ADVISORY		, ၁၁	0,0	00.
62-98 W COURT STREET, GRE	ENVILLE		SC	2	96	01	ľ	GENERAL CONTI	RACTOR	1	.03	9,0	16.
COLDWELL CAINE COMMERCIAL		,					$\overline{}$	PROPERTY MANG			,	, ,	<u> </u>
PO BOX 1908, GREENVILLE,		2					- 1	COMMISSIONS			15	9,9	16.
KIMLEY - HORN, 607 PENDLETON STREET, SUITE ENGINEERING PLANNING							, -						

Total number of independent contractors (including but not limited to those listed above) who received more than

AND DESIGN

Form **990** (2023)

158,705.

100, GREENVILLE, SC 29601

\$100,000 of compensation from the organization

57-1003814

		Check if Schedule O contains a respons	e or note to any line	e in this Part VIII			
		Chock il Genedale e dentalile a respens		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
SS	1 :	Federated campaigns 1a					
ant	, c	Membership dues 1b					
G Do	,	Fundraising events 1c					
fts, r Ai	,	d Related organizations 1d					
igio		Government grants (contributions)					
ons Sin	f	All other contributions, gifts, grants, and					
utio	•	similar amounts not included above					
trib Ot		Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts	E F	Total. Add lines 1a-1f					
0 10		Total. Add lines 1a 11	Business Code				
•	2 a	•					
vice	2 b						
Program Service Revenue							
m S							
gra Re	6						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f					
_	3	Investment income (including dividends, inte					
	·	other similar amounts)		5,433,440.			5433440.
	4	Income from investment of tax-exempt bond		,, - , , , , ,			
	5	Royalties					
	J	(i) Real	(ii) Personal				
	6 =	Gross rents 6a 3,459,502	 				
		D Less: rental expenses 6b 1,492,757					
		Rental income or (loss) 6c 1,966,745					
		Net rental income or (loss)		1,966,745.			1966745.
		Gross amount from sales of (i) Securities	(ii) Other	2,500,710.			2300,10.
	, ,	assets other than inventory 7a 26,544,321	- ``				
		Less: cost or other basis	0172000.				
ø		and sales expenses 7b 26,645,336	350,974.				
) Jun	_	Gain or (loss) 7c -101,015					
eve		Net gain or (loss)		2,740,611.			2740611.
her Revenue		Gross income from fundraising events (not		_,,,_,,			_,
Othe	0 6	including \$ of					
0		contributions reported on line 1c). See					
		· · · · · · · · · · · · · · · · · · ·	ia				
	r		Sb Sb				
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	<i>J</i> 6		ea				
			lb				
		Net income or (loss) from gaming activities					
	10 6		Gross sales of inventory, less returns and allowances 10a				
			Ob				
		Net income or (loss) from sales of inventory	~~				
		The modifie of (1000) from bales of inventory	Business Code				
Sn	11 -	PRIVATE EQUITIES - UBTI	900000	259,812.		259,812.	
neo Tue	ıı a		531120	129,536.		114,375.	15,161.
≫llaı Ver							
Miscellaneous Revenue	_	All other revenue					
Σ	_	Total. Add lines 11a-11d		389,348.			
	12	Total revenue See instructions		10 530 144.	0.	374 187.	10155957.

Form 990 (2023) HOLLINGSWORTH FUNDS, INC. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	11,456,576.	11,456,576.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	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,	E00 00F	100 550	401 000	
	trustees, and key employees	590,827.	189,750.	401,077.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	E00 E82	FF1 011	47 260	
7	Other salaries and wages	598,573.	551,211.	47,362.	
8	Pension plan accruals and contributions (include	120 121	74 745	4E 206	
_	section 401(k) and 403(b) employer contributions)	120,131.		45,386.	
9	Other employee benefits	120,643. 84,308.		26,880.	
10	Payroll taxes	04,300.	33,4/2.	28,836.	
11	Fees for services (nonemployees):				
_	Management	124,429.		124,429.	
b	Legal	85,385.		85,385.	
_	Accounting	05,305.		03,303.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	420,524.		420,524.	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	120,321.		420,324.	
g	column (A), amount, list line 11g expenses on Sch 0.)	1,774,569.	8,250.	1,766,319.	
12	Advertising and promotion		10 - 10	11.010	
13	Office expenses	28,628.	13,765.	14,863.	
14	Information technology	46,110.	31,470.	14,640.	
15	Royalties	01 040	56.060	05 500	
16	Occupancy	81,842.	56,062.	25,780.	
17	Travel	22,660.	22,555.	105.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	E 012	A 051	1,862.	
22	Depreciation, depletion, and amortization	5,913. 38,397.	4,051.	38,397.	
23	Insurance	30,397.		30,391.	
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),				
а	amount, list line 24e expenses on Schedule 0.) UBTI TAXES AND INTEREST	85,052.		85,052.	
a b	PROPERTY TAXES & LICENS	265,370.		265,370.	
C	PROPERTY MAINTENANCE &	139,207.		139,207.	
d	SPONSORSHIPS & CAPACITY	34,869.	34,869.		
	All other expenses	33,566.		9,190.	
25	Total functional expenses. Add lines 1 through 24e	16,157,579.		3,540,664.	0.
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)				
		-			Earm 990 (2022)

Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,837,509.	1	1,097,847.
	2	Savings and temporary cash investments	13,859,446.	2	6,113,303.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	173,441.	4	85,540.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net	3,285,928.	7	2,908,791.
Assets	8	Inventories for sale or use		8	
٧	9	Prepaid expenses and deferred charges	41.	9	41.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 102,702,635.			
	b	Less: accumulated depreciation 10b 9,148,972.	92,060,752.	10c	
	11	Investments - publicly traded securities	165,859,288.	11	192,210,547.
	12	Investments - other securities. See Part IV, line 11	96,016,499.	12	95,498,168.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	4,103.	14	4,103.
	15	Other assets. See Part IV, line 11	2,659,689.	15	2,730,073.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	375,756,696.	16	394,202,076.
	17	Accounts payable and accrued expenses	833,021.	17	1,578,002.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liak		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	101,455.	23 24	0.
	24	Unsecured notes and loans payable to unrelated third parties	101,433.	24	· ·
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		101115	0.	25	19,334.
	26	Total liabilities. Add lines 17 through 25	934,476.	25 26	1,597,336.
	20	Organizations that follow FASB ASC 958, check here	331/1700	20	1733773301
S O		and complete lines 27, 28, 32, and 33.			
ğ	27	Net assets without donor restrictions	374,822,220.	27	392,604,740.
3ali	28	Net assets with donor restrictions	, , ,	28	, ,
둳		Organizations that do not follow FASB ASC 958, check here			
ᆵ		and complete lines 29 through 33.			
þ	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	374,822,220.	32	392,604,740.
	33	Total liabilities and net assets/fund balances	375,756,696.	33	394,202,076.
					200

Form **990** (2023)

Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>44.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>79.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-5	,62	7,4	<u>35.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	374	, 82	2,2	20.
5	Net unrealized gains (losses) on investments	5	23	,70	1,3	80.
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		-29	1,4	25.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	392	,60	4,7	40.
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	•				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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					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	audit,				
	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	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>
				Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization HOLLINGSWORTH FUNDS, INC. 57-1003814 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. 4 Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) 57-0314395 7 5,181,139. FURMAN UNIVERSITY Х YMCA OF GREENVILLE 57-0314424 10 X 1,235,538. COMMUNITY 7 FOUNDATION OF GREEN 57-6019318 Х 711,149. OTHER CHAR. ORG. IN 7 GRV'L CNTY, SC - SE 00-000000 Х 4,328,750.

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	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.")						
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						
	The portion of total contributions						
_	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,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	ı					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the	•				01(c)(3)	
	organization, check this box and stor	· ·			•	. , . ,	
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu		-	•	• • •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	

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		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness 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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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	Γ		1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	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.)					12.47.1/21	
14	First 5 years. If the Form 990 is for the	-					
Sa	check this box and stop here ction C. Computation of Publi		centage				
	Public support percentage for 2023 (I			oolumn (f))		15	0/
	Public support percentage from 2022		•	.,,		16	<u>%</u>
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (f)		17	%
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2023. If the						
136	more than 33 1/3%, check this box ar						7 15 1101
ŀ	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	· ·			•	·	
20	Private foundation. If the organization						

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
	1	Х	
	2		Х
	2-		Х
	3a		A
	3b		
	3с		
			v
	4a		X
	4b		
	ia		
	4c		
	5a		Х
	5b		
	5c		
	6		Х
	7		X
			Х
	8		A
	9a		Х
	9b		Х
			37
	9с		Х
	10a		Х
_	10b		
ule	A (Forn	n 990)	2023

Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	d		
	11c below, the governing body of a supported organization?	11a		Х
b	b A family member of a person described on line 11a above?	11b		Х
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pr	rovide		
	detail in Part VI.	11c		Х
Sect	ction B. Type I Supporting Organizations			
			Yes	No
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations have the been additionable of the company			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organiz effectively operated, supervised, or controlled the organization's activities. If the organization had more than or			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocate			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	;		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pr	rior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of t	the		
	organization's governing documents in effect on the date of notification, to the extent not previously provide	ed? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	t l		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	e a		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).		
а				
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	c Light The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ental entity (see instruction	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1		
	that these activities constituted substantially all of its activities.	2a		
b	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement	nt,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain	in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e	each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard			

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

emergency temporary reduction (see instructions).

instructions).

Sche	dule A (Form 990) 2023 HOLLINGSWORTH FUNDS, IN			57-1003814 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

6

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

Schedule A (Form 990) 2023

	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	رد ۱	7 1003014 Page 7
	on D - Distributions	a)(o) oupporting orga	inzations (continu	jea) 	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	Current Tear
	Amounts paid to supported organizations to accomplish exemp			 	
_	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets	o or supported organizations	,	4	
.	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	SVIGE GETAILS III : 4.1 11)		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) Underdistribution Pre-2023	าร	(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-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	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				
8	and 4c. Breakdown of line 7:				
	Excess from 2019 Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A PART 1 LINE 12G EACH YEAR THE FUNDS TO BE DISTRIBUTED ARE FIRST DITRIBUTED TO FURMAN UNIVERSITY AND THE THE YMCA OF GREENVILLE COUNTY. AFTER THESE TWO DISTRIBUTIONS, PER THE ORGANIZING DOCUMENTS, THE REMAINING FUNDS ARE ALL DISTRIBUTED TO OTHER CHARITABLE ORGANIZATIONS IN GREENVILLE COUNTY. THE SPECIFIC CHARITABLE ORGANIZATIONS IN GREENVILLE COUNTY OTHER THAN COMMUNITY FOUNDATION OF GREENVILLE COUNTY ARE NOT SPECIFIED AND CAN CHANGE EACH YEAR.

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

HOLLINGSWORTH FUNDS, INC.

Employer identification number 57-1003814

Pa		ganizations Maintaining Donor Advise anization answered "Yes" on Form 990, Part IV, lin		r Funds or Ac	counts. Complete if the		
	org	anization answered fes on Form 990, Part IV, iii	(a) Donor advised fund	s ((b) Funds and other accounts		
4	Total numb	por at and of year	(a) Donor advisod fand	<u> </u>	b) i and and other accounts		
1 2		per at end of yearvalue of contributions to (during year)					
3		value of grants from (during year)					
4		value at end of year					
5		ganization inform all donors and donor advisors in	writing that the assets held in de	onor advised fund	de		
J	-	panization's property, subject to the organization's					
6		ganization inform all grantees, donors, and donor a					
Ū		ple purposes and not for the benefit of the donor o					
	impermissible private benefit?						
Pai		nservation Easements. Complete if the or					
1	Purpose(s)	of conservation easements held by the organization	on (check all that apply).				
	Pres	ervation of land for public use (for example, recrea	tion or education) Pres	ervation of a histo	orically important land area		
	Prot	ection of natural habitat	Pres	ervation of a certi	fied historic structure		
	Pres	ervation of open space					
2		lines 2a through 2d if the organization held a qualit	fied conservation contribution ir	the form of a co			
	day of the	tax year.			Held at the End of the Tax Year		
а	Total numb	per of conservation easements			2a		
b	Total acrea	age restricted by conservation easements			2b		
С	Number of	conservation easements on a certified historic stru	ucture included on line 2a		2c		
d		conservation easements included on line 2c acqu					
		ic structure listed in the National Register			2d		
3	Number of	conservation easements modified, transferred, rel	eased, extinguished, or termina	ted by the organi	zation during the tax		
	year						
4		states where property subject to conservation eas					
5		organization have a written policy regarding the per		andling of			
	•	and enforcement of the conservation easements it					
6	Staff and v	rolunteer hours devoted to monitoring, inspecting,	handling of violations, and enfo	rcing conservatio	n easements during the year		
7	Amount of	expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing	conservation eas	sements during the year		
8	Does each	conservation easement reported on line 2d above	satisfy the requirements of sec	tion 170(h)(4)(B)(i)		
	and sectio	n 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII	, describe how the organization reports conservation	on easements in its revenue and	d expense statem	ent and		
		eet, and include, if applicable, the text of the footr	note to the organization's financ	ial statements tha	at describes the		
Pai	organization	on's accounting for conservation easements. ganizations Maintaining Collections of	Art. Historical Treasure	s or Other S	imilar Assets		
		mplete if the organization answered "Yes" on Form		, o, o. o	mai 7.000to		
		nization elected, as permitted under FASB ASC 95		atement and bala	ance sheet works		
	ū	prical treasures, or other similar assets held for put	·				
	,	ovide in Part XIII the text of the footnote to its finar	· · · · ·		·		
b	· ·	nization elected, as permitted under FASB ASC 95			sheet works of		
	_	cal treasures, or other similar assets held for public					
	provide the	e following amounts relating to these items.					
	•	ue included on Form 990, Part VIII, line 1			\$		
2	If the organ	nization received or held works of art, historical tre			provide		
	-	ng amounts required to be reported under FASB A					
а		ncluded on Form 990, Part VIII, line 1			\$		
b		luded in Form 990, Part X					

Pai	rt III	Organizations Maintaining Coll	ections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	r Asse	ets	(contir	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its												
	collection items (check all that apply).												
а	a Public exhibition d Loan or exchange program												
b		Scholarly research	е	, 🔲	Other								
С		Preservation for future generations											
4	Provi	de a description of the organization's collec	ctions and explair	n how th	ey further th	ne organizatio	on's exem	pt purpo	se in Pa	art XII	l.		
5	Durin	g the year, did the organization solicit or re	eceive donations	of art, his	storical treas	sures, or othe	er similar a	assets					
	to be	sold to raise funds rather than to be maint	ained as part of the	he organ	ization's co	llection?			[,	Yes		No
Pai	rt IV	Escrow and Custodial Arrange								/, line	9, or		
		reported an amount on Form 990, Part X											
1a	Is the	e organization an agent, trustee, custodian,	or other intermed	diary for	contribution	s or other as	sets not i	ncluded					
	on Fo	orm 990, Part X?								•	Yes		No
b		es," explain the arrangement in Part XIII and											
			·	· ·						Α	moun	t	
С	Begir	nning balance						1c					
d		ions during the year											
е		butions during the year											
f		ng balance						1f					
2a		ne organization include an amount on Form						:v?		,	Yes		No
		es," explain the arrangement in Part XIII. Ch						•					
	rt V	Endowment Funds Complete if the											
			a) Current year		rior year	(c) Two yea		(d) Three	years ba	ck (e) Four	years	back
1a	Begir	nning of year balance											
b		ributions											
С		nvestment earnings, gains, and losses											
d		ts or scholarships											
е		r expenditures for facilities											
		programs											
f		nistrative expenses											
g		of year balance											
2		de the estimated percentage of the current	vear end balance	e (line 1a	ı. column (a)) held as:							
а		d designated or quasi-endowment	•	%	,,	,							
b		anent endowment	%	_									
С	Term	endowment %											
		percentages on lines 2a, 2b, and 2c should	egual 100%.										
За		nere endowment funds not in the possession	•	ation that	t are held ar	nd administer	red for the)					
		nization by:	3								ſ	Yes	No
	-	Jnrelated organizations?								ſ	3a(i)		
		Related organizations?								- 1	3a(ii)		
b		es" on line 3a(ii), are the related organization									3b		
4		ribe in Part XIII the intended uses of the org											
Pa	rt VI	Land, Buildings, and Equipmen											
		Complete if the organization answered "\	Yes" on Form 990), Part IV	, line 11a. S	See Form 990), Part X, I	ine 10.					
		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulat	ed	(c	l) Boo	k valu	<u>е</u>
		,	basis (investr			(other)	1 ' ′	reciation		•	•		
	Land		88,700,	823.						88	,70	0,8	23.
b		ings	12,942,				8,0	89,8	68.		,85		
С		ehold improvements	974,					74,0					93.
d		oment		850.	7	6,236.		85,0					0.
е		r						-					
		lines 1a through 1e. (Column (d) must equa	al Form 990. Part	X. line 10	Oc. column	(B))		<u></u>		93	, 55	3,6	63.

Part VII	Investments -	Other Securities

Part VII Investments - Other Securities									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.									
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
(1) Financial derivatives									
(2) Closely held equity interests	14,789,328.	COST							
(3) Other									
(A) PRIVATE EQUITY FUNDS	20,759,899.	END-OF-YEAR MARKET VALUE							
(B) HEDGE FUNDS	59,948,941.	END-OF-YEAR MARKET VALUE							
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	95,498,168.								
Part VIII Investments - Program Related.									
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.							
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTIES	19,334.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	19,334.

2. 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

	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	h Revenue per Re		1003814 Page
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12.				
1	Total revenue, gains, and other support per audited financial statements			1	35,594,745
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, , , , , , , , , , , , , , , , , , , ,
а	Net unrealized gains (losses) on investments	2a	23,701,380.		
b	Donated services and use of facilities		, ,		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		1,363,221.		
е	Add lines 2a through 2d			2e	25,064,601
3	Subtract line 2e from line 1			3	10,530,144
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			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	10,530,144
Pai	rt XII Reconciliation of Expenses per Audited Financial Statem	nents W	ith Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.			
1	Total expenses and losses per audited financial statements			1	17,650,335
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	1 .			
d	Other (Describe in Part XIII.)	2d	1,492,756.		
е	Add lines 2a through 2d			2e	1,492,756
3	Subtract line 2e from line 1			3	16,157,579
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			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5				5	16,157,579
	rt XIII Supplemental Information				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III,	rt 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 ad	ditional inf	ormation.		
n	om w time o				
PAF	RT X, LINE 2:				
				~=	~~~
HOI	LLINGSWORTH FUNDS IS QUALIFIED UNDER INTER	NAL R	EVENUE SERVI	CE	CODE

SECTION 501(C)(3) AND IS THEREFORE GENERALLY EXEMPT FROM INCOME TAXES, THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. HOLLINGSWORTH FUNDS HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. MANAGEMENT IS NOT AWARE OF ANY MATERIAL UNCERTAIN TAX POSITIONS, AND NO LIABILITY HAS BEEN RECOGNIZED AT DECEMBER 31, 2023. IF INCURRED, INTEREST AND PENALTIES ASSOCIATED WITH UNRECOGNIZED TAX BENEFITS

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

<u> HOLLINGSWORTH F</u>					57-100383	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
Form 990, Part I	V, line 14b.					
1 For grantmakers. Doe	s the organizatior	n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
the grantees' eligibility f	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2 For grantmakers. Desc	cribe in Part V the	e organization's	orocedures for monitoring the use of its	grants and otl	her assistance outs	side the
United States.			G	· ·		
	he following Part	I. line 3 table ca	an be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
., .	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a pro	gram service,	expenditures
	in the region	independent	gram services, investments, grants to	describe	specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
CENTRAL AMERICA AND		in the region				
THE CARIBBEAN -						
ANTIGUA & BARBUDA,			 INVESTMENTS - FOREIGN			
ARUBA, BAHAMAS,	0	0	PARTNERSHIPS/CORPS			61,636,800.
EUROPE (INCLUDING	-	0	AKINEKSIIII S/ COKI S			01,030,000.
ICELAND & GREENLAND)						
			TANKE GENERAL EODET GN			
- ALBANIA, ANDORRA,			INVESTMENTS - FOREIGN			11 262 006
AUSTRIA, BELGIUM	0	0	PARTNERSHIPS/CORPS			11,363,006.
		_				72 000 005
3 a Subtotal	0	0				72,999,806.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				72,999,806.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.											
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if ac	dditional space is needed	1.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

Schedule F (Form 990) 2023 I Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	ORTH FUND	S TNC					Employer identification number $57-1003814$
Part I General Information on Grants a		b, INC.					37 1003014
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's property of the property of	stance?ocedures for monit	oring the use of grant	funds in the United	l States.			X Yes No
recipient that received more than					ariization ariswered i	es on Form 990, Part	iv, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABUNDANCE CAPITAL 121 TRAFALGAR ROAD GREENVILLE, SC 29617	87-2850443	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
BARBARA STONE FOUNDATION P O BOX 26567 GREENVILLE, SC 29616	57-0933503	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT FOR GREENVILLECAN
CENTER FOR COMMUNITY SELF-HELP 301 W MAIN STREET DURHAM, NC 27701	56-1271685	501(C)(3)	10,000.	0.			SUPPORT FOR SC FAIR LENDING ALLIANCE
CENTER FOR COMMUNITY SERVICES 1102 HOWARD DRIVE SIMPSONVILLE, SC 29681	57-1059164	501(C)(3)	93,750.	0.			PROJECT SUPPORT FOR FINANCIAL STABILITY PROGRAM
COLLEGE UNBOUND 325 PUBLIC STREET PROVIDENCE, RI 02905	46-2470807	501(C)(3)	50,000.	0.			SUPPORT FOR SC LAUNCH
COMMUNITIES IN SCHOOLS P.O. BOX 10308 GREENVILLE, SC 29603	57-0931840		50,000.	0.			INCREASING PARENT ENGAGEMENT AND EXPANDING PLP NETWORK 39.
2 Enter total number of section 501(c)(3) a	ına gövernment örç	yanızatıons iisted in tr	еште гарте				

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
COMMUNITY FOUNDATION OF GREENVILLE 630 E. WASHINGTON STREET GREENVILLE, SC 29601	57-6019318	501(C)(3)	50,000.	0.			OPERATING SUPPORT FOR GREENVILLE HOMELESS ALLIANCE	
COMMUNITY FOUNDATION OF GREENVILLE 630 E. WASHINGTON STREET GREENVILLE, SC 29601	57-6019318	501(C)(3)	100,000.	0.			OPERATING SUPPORT FOR GREATER GOOD GREENVILLE	
COMMUNITY FOUNDATION OF GREENVILLE 630 E. WASHINGTON STREET GREENVILLE, SC 29601	57-6019318	501(C)(3)	125,000.	0.			PROJECT SUPPORT FOR PHILANTHROPIC LANDSCAPE STUDY, GOTV CAMPAIGN, AND LEADERSHIP DEVELOPMENT	
COMMUNITY FOUNDATION OF GREENVILLE 630 E. WASHINGTON STREET GREENVILLE, SC 29601	57-6019318	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT	
COMMUNITY FOUNDATION OF GREENVILLE 630 E. WASHINGTON STREET GREENVILLE, SC 29601	57-6019318	501(C)(3)	200,000.	0.			OPERATING SUPPORT FOR GREENVILLE CONNECTS	
COMMUNITY FOUNDATION OF GREENVILLE 630 E. WASHINGTON STREET GREENVILLE, SC 29601	57-6019318	501(C)(3)	56,432.	0.			PROJECT SUPPORT FOR ECONOMIC IMPACT STUDY AND POLLING DATA	
COMMUNITY FOUNDATION OF GREENVILLE 630 E. WASHINGTON STREET GREENVILLE, SC 29601	57-6019318	501(C)(3)	154,717.	0.			PROJECT SUPPORT FOR PHASE TWO OF SUNSET PLAN	
COMMUNITYWORKS CAROLINA 107 W. ANTRIM DRIVE GREENVILLE, SC 29607	26-0421563	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT	
COMMUNITYWORKS CAROLINA 107 W. ANTRIM DRIVE GREENVILLE, SC 29607	26-0421563	501(C)(3)	50,000.	0.			PROJECT SUPPORT FOR CAPACITY BUILDING	

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- Louis I ago
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOTHILLS FAMILY RESOURCES							
P.O. BOX 246							PROJECT SUPPORT FOR
SLATER, SC 29683	57-0823752	501(C)(3)	93,750.	0.			INTEGRATED SERVICES
FURMAN UNIVERSITY							
3300 POINSETT HIGHWAY							
GREENVILLE, SC 29613	57-0314395	501(C)(3)	5,181,139.	0.			GENERAL OPERATING SUPPORT
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				PROJECT SUPPORT FOR YOUTH
GOODWILL							ACCELERATOR COLLEGE &
115 HAYWOOD ROAD							CAREER PREPARATION
GREENVILLE, SC 29607	57-0564001	501(C)(3)	50,000.	0.			PROGRAM
GREENVILLE COUNTY CHAMBER							
FOUNDATION - 24 CLEVELAND STREET -							
GREENVILLE, SC 29601	23-7155502	501(C)(3)	75,000.	0.			NEXT UPSTATE - STARTUPGVL
an							
GREENVILLE COUNTY CHAMBER							DDO THOM GUDDODE HOD GOMY
FOUNDATION - 24 CLEVELAND STREET - GREENVILLE, SC 29601	23-7155502	501 (C) (3)	75,000.	0.			PROJECT SUPPORT FOR GOTV CAMPAIGN
GREENVILLE, SC 25001	23 /133302	501(0/(5/	73,000.	· ·			CARPAIGN
GREENVILLE COUNTY CHAMBER							
FOUNDATION - 24 CLEVELAND STREET -							
GREENVILLE, SC 29601	23-7155502	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
CDEENWILLE COUNTY CVINDED							DDO THOM GUDDODE HOD
GREENVILLE COUNTY CHAMBER FOUNDATION - 24 CLEVELAND STREET -							PROJECT SUPPORT FOR LAUNCHGVL AND DEI
GREENVILLE, SC 29601	23-7155502	501/0\/3\	102,500.	0.			CAPACITY BUILDING
GREENVILLE, SC 25001	23-7133302	501(0)(3)	102,300.	0.			CAFACIII BUILDING
GREENVILLE COUNTY HUMAN RELATIONS							PROJECT SUPPORT FOR
COMMISSION - 301 UNIVERSITY RIDGE,							HOUSING COUNSELING
SUITE 1600 - GREENVILLE, SC 29601	57-6000356	501(C)(3)	50,000.	0.			SERVICES
			,				
GREENVILLE HOUSING FUND							
101 W. ANTRIM DRIVE							
GREENVILLE, SC 29607	84-2931315	501(C)(3)	310,000.	0.			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE HOUSING FUND							
101 W. ANTRIM DRIVE							
GREENVILLE, SC 29607	84-2931315	501(C)(3)	283,000.	0.			IMPACT FUND
GREENVILLE HOUSING FUND							PROJECT SUPPORT FOR
101 W. ANTRIM DRIVE							GREENVILLE AFFORDABLE
GREENVILLE, SC 29607	84-2931315	501(C)(3)	60,000.	0.			HOUSING COALITION
GREENVILLE LITERACY ASSOCIATION							
225 S. PLEASANTBURG DR., SUITE C-10	F7 0F01414	E01/G\/2\	F0 000				
GREENVILLE, SC 29607	57-0521414	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
GREENVILLE TECHNICAL COLLEGE							PROGRAM SUPPORT FOR
FOUNDATION, INC - MAIL STOP 6002 P							AFRICAN AMERICAN MALE
O BOX 5616 - GREENVILLE, SC 29606	57-0565961	501(C)(3)	75,000.	0.			SCHOLARS INITIATIVE
,			,				
GREENVILLE TRANSIT AUTHORITY							
100 W. MCBEE AVENUE							GREENLINK: NO-LOW GRANT
GREENVILLE, SC 29601	57-0634283	501(C)(3)	100,000.	0.			SUPPORT
GREENVILLE TRANSIT AUTHORITY							GREENLINK: NEW WASHINGTON
100 W. MCBEE AVENUE							HEIGHTS ALUMNI
GREENVILLE, SC 29601	57-0634283	501(C)(3)	25,000.	0.			PARTNERSHIP
			,				
GREENVILLE TRANSIT AUTHORITY							
100 W. MCBEE AVENUE							
GREENVILLE, SC 29601	57-0634283	501(C)(3)	200,000.	0.			GREENLINK: TDP SUPPORT
HISPANIC ALLIANCE							
PO BOX 17934	27 1041624	E01/Q\/2\	150 000	_			DENIEDAL ODEDAMING CURROR
GREENVILLE, SC 29606	27-1041624	DOT(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
INSTITUTE FOR CHILD SUCCESS							
613 EAST MCBEE AVENUE							
GREENVILLE, SC 29601	27-1904900	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVEWELL GREENVILLE							
P.O. BOX 2284							
GREENVILLE, SC 29602	81-1376760	501(C)(3)	146,250.	0.			GENERAL OPERATING SUPPORT
MDC							
307 WEST MAIN STREET							PROJECT SUPPORT FOR ILOC
DURHAM, NC 27701	56-0894222	501(C)(3)	100,000.	0.			FELLOWSHIP
MILL COMMUNITY MINISTRIES							CAPITAL CAMPAIGN FOR
8 LOIS AVENUE							HEADQUARTER BUILDING AND
GREENVILLE, SC 29611	90-0854058	501(C)(3)	100,000.	0.			LAND
WILL GOIGHNIEW WINTERPING							
MILL COMMUNITY MINISTRIES 8 LOIS AVENUE							
GREENVILLE, SC 29611	90-0854058	501 (C) (3)	50,000.	0.			GENERAL OPERATING SUPPORT
OKERNYIHEE, BE 23011	30 0034030	301(0)(3)	30,000.	· ·			DENERTE OF ENTITING BOTTOKT
MOUNTAIN VIEW BAPTIST CHURCH							
PO BOX 2511							
GREENVILLE, SC 29602	57-0572445	501(C)(3)	100,000.	0.			PARISH HOUSE CDC
DI EAGAND VALLEY CONNEGUTON INC							
PLEASANT VALLEY CONNECTION INC 510 OLD AUGUSTA ROAD							
GREENVILLE, SC 29605	57-1127237	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
PUBLIC EDUCATION PARTNERS							
225 S. PLEASANTBURG DR. SUITE E6							
GREENVILLE, SC 29607	57-0769637	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
DEDUTED ITEMAME							GARTENI GURRORE FOR
REBUILD UPSTATE P.O. BOX 8693							CAPITAL SUPPORT FOR
GREENVILLE, SC 29604	20-8296408	501(C)(3)	69,000.	0.			OWNER-OCCUPIED REHAB PROJECTS
	20 3230400		35,000.				
ROOT & REBOUND							PROJECT SUPPORT FOR
1730 FRANKLIN ST. SUITE 300							SECOND CHANCE JUSTICE
OAKLAND, CA 94612	46-3876220	501(C)(3)	50,000.	0.			COLLABORATIVE

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOTERIA COMMUNITY DEVELOPMENT CORP 210 SHAW STREET GREENVILLE, SC 29609	58-2475280	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
SOUTH CAROLINA LEGAL SERVICES 701 SOUTH MAIN STREET GREENVILLE, SC 29601	57-0485205	501(C)(3)	75,000.	0.			PROJECT SUPPORT TO MITIGATE HOMEOWNER FORECLOSURES
TEN AT THE TOP 125 VERDAE BLVD, SUITE 202 GREENVILLE, SC 29608	27-0503929	501(C)(3)	75,000.	0.			PROJECT SUPPORT FOR UPSTATE MOBILITY ALLIANCE
TRIUNE MERCY CENTER 222 RUTHERFORD STREET GREENVILLE, SC 29609	20-0503624	501(C)(3)	80,500.	0.			GENERAL OPERATING SUPPORT
UNITED MINISTRIES 606 PENDLETON STREET GREENVILLE, SC 29601	57-0511977	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF GREENVILLE COUNTY 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	501(C)(3)	500,000.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF GREENVILLE COUNTY 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
UPSTATE CIRCLE OF FRIENDS 29 RIDGEWAY DRIVE GREENVILLE, SC 29605	20-4593516	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
UPSTATE FOREVER 507 PETTIGRU ST. GREENVILLE, SC 29601	57-0856956	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JPSTATE SC EDUCATION FOUNDATION							
RESEARCH DRIVE, SUITE 230							
GREENVILLE, SC 29607	06-1690711	501(C)(3)	25,000.	0.			UPSTATE ALLIANCE
GREENVILLE, SC 23007	00 1030711	301(0)(3)	25,000.	· ·			OF STATE ADDITANCE
URBAN LEAGUE OF THE UPSTATE							
15 REGENCY HILL DRIVE							
GREENVILLE, SC 29607	57-0541039	501(C)(3)	80,000.	0.			GENERAL OPERATING SUPPORT
WOMEN'S RIGHTS AND EMPOWERMENT							
NETWORK - 1201 MAIN STREET, SUITE							
320 - COLUMBIA, SC 29201	81-0775184	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
YMCA OF GREENVILLE							
723 CLEVELAND STREET							
GREENVILLE, SC 29601	57-0314424	501(C)(3)	1,235,538.	0.			GENERAL OPERATING SUPPORT

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.	
PART I, LINE 2:					
HOLLINGSWORTH FUNDS, INC. REQUIRES	AN ANNUA	L REPORT F	ROM EACH G	RANTEE	
ORGANIZATION THAT PROVIDES AN EXPLA	ANATION C	F HOW GRAN	T FUNDS WE	RE USED TO	
ACHIEVE THE CHARITABLE OBJECTIVES A	AS WELL A	S CONFIRMA	ATION OF EX	EMPT STATUS	
WITHIN THE MEANING OF SECTION 501(C)(3) OF	THE INTERN	IAL REVENUE	CODE.	
DIRECTORS AND STAFF ALSO MONITOR TH	HE ACTIVI	TIES OF SE	LECTED GRA	NTEE	
ORGANIZATIONS VIA PERIODIC MEETINGS	S THROUGH	OUT THE GR	RANT PERIOD	•	

SCHEDULE J (Form 990)

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Attach to Form 990.

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

HOLLINGSWORTH FUNDS, INC.

 $Employer\ identification\ number \\ 57-1003814$

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments 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		
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	Х	
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.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
1	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:			
а	Receive a severance payment or change-of-control payment?	4a		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		X
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
3	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	6b		X
~	If "Yes" on line 6a or 6b, describe in Part III.	3.5		
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		x
3	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	–		
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
		. 0	Ī	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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	/-2 and/or 1099-MIS/ 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) B. GAGE WEEKES	(i)	379,500.	0.	0.	52,200.	27,553.	459,253.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TAMELA SPANN	(i)	173,250.	0.	0.	15,723.	28,385.	217,358.	0.
VP OF STRATEGIC INITIATIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAMELA PRASHAD	(i)	165,900.	0.	0.	15,022.	12,858.	193,780.	0.
VP OF FINANCE & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WILLIAM E. HENDERSON	(i)	5,000.	0.	0.	0.	0.	5,000.	0.
DIRECTOR	(ii)	140,348.	0.	0.	12,740.	0.	153,088.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

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

HOLLINGSWORTH FUNDS, INC.

Employer identification number 57-1003814

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

DISTRIBUTIONS ARE AWARDED TO FURMAN UNIVERSITY, APPROXIMATELY 10% TO

THE GREENVILLE YMCA, AND THE REMAINDER TO PUBLIC CHARITIES THAT OPERATE

OR CONDUCT AFFAIRS FOR THE BENEFIT OF GREENVILLE COUNTY.

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

BENEFIT OF GREENVILLE COUNTY.

FORM 990, PART VI, SECTION A, LINE 7A:

FURMAN UNIVERSITY, YMCA OF GREENVILLE, AND COMMUNITY FOUNDATION OF

GREENVILLE EACH HAVE THE ABILITY TO NOMINATE A CERTAIN NUMBER OF MEMBERS TO

OUR BOARD.

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

A COPY OF FORM 990 IS FIRST SENT TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL. AFTER APPROVED BY THE AUDIT COMMITTEE, A COPY OF THE FORM 990 IS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING THE RETURN. ANY COMMENTS ARE FORWARDED TO THE CFO AND CHANGES ARE MADE IF NECESSARY.

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

EACH YEAR, THE SECRETARY OF THE ORGANIZATION REVIEWS ALL DISCLOSURE

STATEMENTS WITH THE BOARD TO ENSURE COMPLIANCE. THE SECRETARY ALSO RECORDS

ANY POTENTIAL CONFLICTS OF INTEREST, AND ADVISES ANY POTENTIALLY AFFECTED

INDIVIDUAL OF THE NEED TO COMPLY WITH THE PROCEDURES OF THE POLICY. THE

CONFLICT OF INTEREST POLICY SETS FORTH PROCEDURES AS TO HOW ANY CONFLICTS

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

Schedule O (Form 990) 2023 Page **2**

Name of the organization HOLLTNGSWORTH FINDS TNG	Employer identification number 57-1003814
HOLLINGSWORTH FUNDS, INC.	37-1003014
OF INTEREST ARE TO BE HANDLED.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS A	NNUALLY TO REVIEW
THE COMPENSATION OF THE PRESIDENT. THE EXECUTIVE COMMITTE	E UTILIZES A
COMPENSATION STUDY (ORDERED ON AVERAGE EVERY THREE YEARS)	, ANNUAL
COMPENSATION SURVEYS, AND CPI CHANGES TO EVALUATE AND SET	COMPENSATION. THE
NOTES FROM THIS MEETING ARE CONTEMPORANEOUSLY DOCUMENTED.	
THE BOARD OF DIRECTORS RECEIVE NO COMPENSATION OTHER THAN	THE BOARD OF
DIRECTOR'S FEE. THIS AMOUNT WAS \$5,000 EACH (PRO-RATED IF	A FULL TERM WAS
NOT SERVED).	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQ	UEST
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER:	
PROGRAM SERVICE EXPENSES	8,250.
MANAGEMENT AND GENERAL EXPENSES	17,442.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,692.
LAND MANAGEMENT AND ADVISORY COSTS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,748,877.
FUNDRAISING EXPENSES	0.
332212 11-14-23	Schedule O (Form 990) 202

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization HOLLINGSWORTH FUNDS, INC.	Employer identification number 57-1003814
TOTAL EXPENSES	1,748,877.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,774,569.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS - WHOLLY-OWNED TAXABLE (C-CORP) SUBSIDIARY - JD HOW,	
INC.	-543,689.
INCOME - WHOLLY-OWNED TAXABLE (C-CORP) SUBSIDIARY - VERDAE	
DEVELOPMENT, INC	252,265.
ROUNDING	-1.
TOTAL TO FORM 990, PART XI, LINE 9	-291,425.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

57-1003814

Name of the organization

HOLLINGSWORTH FUNDS, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
BUCKFIELD PLANTATIONS, LLC - 57-1117457					
124 VERDAE BLVD, SUITE 502					HOLLINGSWORTH FUNDS,
GREENVILLE, SC 29607	REAL ESTATE HOLDINGS	SOUTH CAROLINA	0.	0.	INC.
VERDAE PROPERTIES, LLC - 57-1118009					
124 VERDAE BLVD, SUITE 502					HOLLINGSWORTH FUNDS,
GREENVILLE, SC 29607	REAL ESTATE HOLDINGS	SOUTH CAROLINA	1,389,395.	82,520,463.	INC.
BONAVENTURE I & II LLC - 47-0991350					
124 VERDAE BLVD, SUITE 502					
GREENVILLE, SC 29607	REAL ESTATE HOLDINGS	SOUTH CAROLINA	129,534.	5,600,995.	VERDAE PROPERTIES, LLC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FURMAN UNIVERSITY - 57-0314395							
3300 POINSETT HIGHWAY							
GREENVILLE, SC 29613	LIBERAL ARTS COLLEGE	SOUTH CAROLINA	501(C)(3)	LINE 7	N/A		X
YMCA OF GREENVILLE COUNTY - 57-0314424							
723 CLEVELAND ST	TO BUILD A HEALTHY MIND,						1
GREENVILLE, SC 29601	BODY, AND SPIRIT FOR ALL.	SOUTH CAROLINA	501(C)(3)	LINE 10	N/A		X
COMMUNITY FOUNDATION OF GREENVILLE -	TO ENHANCE THE QUALITY OF						
57-6019318, 630 E. WASHINGTON ST, SUITE A,	LIFE OF CITIZENS OF						l
GREENVILLE, SC 29601	GREATER GREENVILLE.	SOUTH CAROLINA	501(C)(3)	LINE 7	N/A		X
							l
							<u> </u>

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

Schedule R (Form 990) 2023

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

	Significance in duties as a partitioning state tarty can.													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	Percentage ownership			
		country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes N	<u></u> اد			
	1													
]													
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	1													
	1													
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	1													
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l contr ent	tion b)(13) rolled tity?
JOHN D. HOLLINGSWORTH ON WHEELS, INC 57-0468454, PO BOX 516, GREENVILLE, SC	RETIRED MANUFACTURING		HOLLINGSWORTH						
29602	CO - IN LIQUIDATION		FUNDS, INC.	C CORP	-543,689.	2,834,790.	100%	х	
VERDAE DEVELOPMENT, INC 20-1808028 340 ROCKY SLOPE ROAD, SUITE 300 GREENVILLE, SC 29607	REAL ESTATE SALES & DEVELOPMENT		HOLLINGSWORTH FUNDS, INC.	C CORP	252,265.	12,370,606.	100%	х	

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X			
					1b		Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		Х			
	d Loans or loan guarantees to or for related organization(s)				1d		Х			
	Loans or loan guarantees by related organization(s)				1e		Х			
f	f Dividends from related organization(s)				1f		X			
g	g Sale of assets to related organization(s)									
	n Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
-1	Performance of services or membership or fundraising solicitations for related organization(s	(s)			11		X			
n	m Performance of services or membership or fundraising solicitations by related organization(s	s)			1m	X				
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X			
o Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
r	Other transfer of cash or property to related organization(s)				1r		X			
s	S Other transfer of cash or property from related organization(s)				1s		Х			
	If the answer to any of the above is "Yes," see the instructions for information on who must									
	Name of related organization Trans	(b) nsaction pe (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
1)	VERDAE DEVELOPMENT, INC.	М	1,530,000.	CASH						
2)	VERDAE DEVELOPMENT, INC.	Q	84,912.	CASH						
3)										
4)										
5)										
6)										
0016	60, 00, 00, 00			Schodulo	D /Ear	~ aan	2022			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Form **990-W** (Worksheet)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

► Keep for your records. Do not send to the Internal Revenue Service.

(and on Investment Income for Private Foundations) FORM 990-T

2024

	Unrelated hypinose tayable income expected in the tay y		,				
'	Unrelated business taxable income expected in the tax y	eai				1	
2	Tax on the amount on line 1					2	
3	Alternative minimum tax for trusts					3	
	Total. Add lines 2 and 3					4	
	Estimated tax credits		5				
	Subtract line 5 from line 4					6	
	Other taxes					7	
	Total. Add lines 6 and 7		8				
	Credit for federal tax paid on fuels		9				
10a	Subtract line 9 from line 8. Note: If less than \$500, the continuated the suppose of the suppo						
b	estimated tax payments Enter the tax shown on the 2023 return. Caution: If zero or the tax year was for less than 12 months, skip th			10a			
				10b	67,335.		
C	2024 Estimated Tax. Enter the smaller of line 10a or lin			ired to skip line 10b, ente			
	from line 10a on line 10c			ADJUST	ED TO	10c	67,336.
			(a)	(b)	(c)		(d)
11	Installment due dates	11					12/16/24
40	Installer and a Fator OFO/ of the 400 in						
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12					38,836.
13	2023 Overpayment	13					23,473.
14	Payment due (Subtract line 13 from line 12)	14					15,363.
	. , , , , , , , , , , , , , , , , , , ,				•	ı	Form 990-W

ESTIMATED TAX 67,336.
AMOUNT PAID 28,500.
OVERPAYMENT APPLIED 23,473.
AMOUNT DUE 15,363.

EXTENDED TO NOVEMBER 15, 2024

Form	OMB No. 1545-0047									
			(and proxy tax under section 6033(e))		0000					
		For ca	lendar year 2023 or other tax year beginning , and ending		2023					
Departm	ent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection for 501(c)(3) Organizations Only					
A	Check box if		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Name of organization (Check box if name changed and see instructions.)		pployer identification number					
	address changed.		,		57-1003814					
	mpt under section									
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 124 VERDAE BLVD, 502	(se	oup exemption number e instructions)					
=	408(e) 220(e) 408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code	\dashv						
	529(a) 529A		GREENVILLE, SC 29607	F	Check box if					
Ш,	025(u)	C Bo	ok value of all assets at end of year	╣	an amended return.					
G Ch	neck organization t		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university					
	3	,,	6417(d)(1)(A) Applicable entity		,					
H Cł	neck if filing only to	claim	Credit from Form 8941 Refund shown on Form 2439 Elective paym	ent amo	ount from Form 3800					
I Cł	neck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		-					
			ed Schedules A (Form 990-T)		2					
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No					
			d identifying number of the parent corporation	061	-627-8306					
Part	e books are in car		BROOKE HARMON Telephone number d Business Taxable Income	004-	-027-0300					
1			ess taxable income computed from all unrelated trades or businesses (see instructions)	1	357,269.					
2			ess taxable income computed from all unrelated trades of businesses (see instructions)	2	337,203					
3				3	357,269.					
4	Charitable contrib		35,627.							
5	Total unrelated by		321,642.							
6	Deduction for net									
7	Total of unrelated	busin	ess taxable income before specific deduction and section 199A deduction.							
	Subtract line 6 fro	7	321,642.							
8	Specific deduction	erally \$1,000, but see instructions for exceptions)	. 8	1,000.						
9	Trusts. Section 1		1 000							
10			lines 8 and 9		1,000.					
11 Dart	Unrelated busine II Tax Com		table income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	. 11	320,642.					
			as corporations. Multiply Part I, line 11 by 21% (0.21)	1	67,335.					
1 2			rates. See instructions for tax computation. Income tax on the amount on	· - <u>'</u> -	07,333.					
_		_	Tax rate schedule or Schedule D (Form 1041)	2						
3			ons	3						
4			instructions							
5										
6	Tax on noncomp	oliant f	acility income. See instructions	6						
7	Total. Add lines 3	3 throu	gh 6 to line 1 or 2, whichever applies		67,335.					
Part	III Tax and	Payn	nents							
1a	Foreign tax credit	t (corpo	orations attach Form 1118; trusts attach Form 1116) 1a	_						
b	Other credits (see			_						
C			Attach Form 3800 (see instructions)	-						
d			mum tax (attach Form 8801 or 8827)	٠,						
e 2	Total credits. Ad		1a through 1d urt II, line 7	1e 2	67,335.					
2 3a	Amount due from		4055		07,333.					
ъа b	Amount due from									
C	Amount due from									
d	Amount due from									
e	Other amounts du									
f		•	lines 3a through 3e	3f	0.					
4			nd 3f (see instructions). Check if includes tax previously deferred under							
	section 1294. E	nter ta	x amount here	4	67,335.					
5			lity paid from Form 965-A, Part II, column (k)		0.					

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

endar year 2023, or fiscal year beginning	, 2023, and ending	, 20

For cal

OMB No. 1545-0047

Do not send to the IRS. Keep for your records.

Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer HOLLINGSWORTH FUNDS, INC. 57-1003814 Name and title of officer or person subject to tax PAMELA M PRASHAD VP OF FINANCE & OPERATIONS Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) _____ **1b** Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) Form 1120-POL check here 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 4b b Balance due (Form 8868, line 3c) Form 8868 check here 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a 6b Form 4720 check here 7a b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here **b Tax due** (Form 5330, Part II, line 19) Form 5330 check here 9a 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on the payment of the federal tax financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 57760629650 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** (2023)

Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** HOLLINGSWORTH FUNDS, INC. 57-1003814 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 124 VERDAE BLVD, 502 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREENVILLE, SC 29607 Enter the Return Code for the return that this application is for (file a separate application for each return) 07 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of BROOKE HARMON 124 VERDAE BLVD, SUITE 502 - GREENVILLE, SC 29607 Fax No. 864-627-8072Telephone No. 864-627-8306 If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ______. If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning ______, 20 ____, and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 990-T (2023) Page 2 Tax and Payments (continued) Part III Payments: Preceding year's overpayment credited to the current year 6a Current year's estimated tax payments. Check if section 643(g) election 91,599. 6b applies Tax deposited with Form 8868 60 С Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) 6e Credit for small employer health insurance premiums (attach Form 8941) Elective payment election amount from Form 3800 6g Payment from Form 2439 6h 6i i Credit from Form 4136 Other (see instructions) j 7 7 Total payments. Add lines 6a through 6j 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 23. 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 Enter the amount of line 10 you want: Credited to 2024 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a 2 X foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover 4 shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce 5 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. **Business Activity Code** Available post-2017 NOL carryover \$ \$ \$ Reserved for future use **b** Reserved for future use Part V Supplemental Information Provide any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

VP OF FINANCE &

May the IPS discuss this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return with Here **OPERATIONS** the preparer shown below (see Signature of officer Date instructions)? Yes Print/Type preparer's name Date PTIN Preparer's signature Check self-employed Paid **Preparer** Firm's EIN Firm's name **Use Only**

Form 990-T (2023)

Phone no.

Firm's address

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS CHARITABLE CONTRIBUTIONS - UBTI FROM K-1 - CORRUM CAPITAL REAL ASSETS FUND	N/A N/A	11,456,576.
CHARITABLE CONTRIBUTIONS - UBTI FROM K-1 - CORRUM CAPITAL REAL ASSETS FUND	N/A	2.
TOTAL TO FORM 990-T, PART I, LI	NE 4	11,456,598.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONT	RIBUTIONS SUBJECT TO 100% LIMIT RIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF P FOR TAX YEAR FOR TAX YEAR FOR TAX YEAR FOR TAX YEAR	2019 8,563,322 2020		
FOR TAX YEAR			
TOTAL CARRYOVE TOTAL CURRENT	R YEAR 10% CONTRIBUTIONS	19,363,723 11,456,598	
	TIONS AVAILABLE LIMITATION AS ADJUSTED	30,820,321 35,627	_
EXCESS CONTRIB	NTRIBUTIONS	30,784,694	_
TOTAL EXCESS C		30,784,694	_
ALLOWABLE CONT	RIBUTIONS DEDUCTION		35,627
TOTAL CONTRIBU	TION DEDUCTION		35,627

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A	Name of the organization HOLLINGSWORTH FUNDS, INC.		rer identification number L003814				
C	Unrelated business activity code (see instructions) 53112	20		D Sequence	: 1	of 2	
E I	Describe the unrelated trade or business DEBT-FINANCE	D CO	OMMERICAL REA	AL ESTATE	RENT	'AL	
	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense		(C) Net	
	Gross receipts or sales	I		.,.	-		
b		1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
	Capital gain net income (attach Schedule D (Form 1041 or Form	3					
4 a	. •	4a					
h	1120)). See instructions Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
		4c					
C	Income (loss) from a partnership or an S corporation (attach	40					
5	. ,	5					
6	statement)	6					
6 7	Rent income (Part IV) Unrelated debt-financed income (Part V)	7	790,527.	676,1	52	114,37	
8	Interest, annuities, royalties, and rents from a controlled	'	150,5216	070,1	52.	114,57	<u>. </u>
•	•	8					
0	organization (Part VI)	 					
9	Investment income of section 501(c)(7), (9), or (17)						
40	organizations (Part VII)	9			+		
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12	790,527.	676,1	5.2	114,37	
<u>13</u>	Total. Combine lines 3 through 12	13			•		<u>. </u>
Pa	Deductions Not Taken Elsewhere. See instructed directly connected with the unrelated business in	come					
1	Compensation of officers, directors, and trustees (Part X)				1	10,20	
2	Salaries and wages				2	1,74	<u>2.</u>
3	Repairs and maintenance				3		
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6	96	<u>/ .</u>
7	Depreciation (attach Form 4562). See instructions			213,902.			_
8	Less depreciation claimed in Part III and elsewhere on return		8a	213,902.	8b		0.
9	Depletion				9		
10	Contributions to deferred compensation plans				10	1,08	
11	Employee benefit programs	11	79	<u>l.</u>			
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		
14	Other deductions (attach statement)				14		
15	Total deductions. Add lines 1 through 14				15	14,79	<u>U.</u>
16	Unrelated business income before net operating loss deduction. S	ubtract	line 15 from Part I, line	13,		<u> </u>	_
	column (C)				16	99,58	<u>5 •</u>
17	Deduction for net operating loss. See instructions				17	0.0.7.5	<u>u .</u>
18	Unrelated husiness tayable income Subtract line 17 from line 1	6			18	99.58	ኃ -

Part	III Cost of Goods Sold Enter met	hod of inventory valuati	on		Page Z
1		iod of inventory valuati		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I				
9	Do the rules of section 263A (with respect to property)				Yes No
Part					
1	Description of property (property street address, city, s	•	-		
	A	tato, En oodoj. Onook	11 a addi addi. 000 11101		
	В				_
	c				_
	D				
		A	В	С	D
2	Rent received or accrued				
a	From personal property (if the percentage of				
u	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A	A through D. Enter here	and on Part I, line 6.	column (A)	0.
•	Deductions directly connected with the income	Tan Gagn 21 2 man nara	<u> </u>	J Granni V y	
4	in lines 2a and 2b (attach statement)				
-					
5	Total deductions. Add line 4, columns A through D. El	nter here and on Part I.	line 6. column (B)		0.
Part '		ee instructions)	,		
1	Description of debt-financed property (street address, of	city, state, ZIP code). Cl	heck if a dual-use. See	e instructions.	
	A OFFICE BUILDINGS	• • • • • • • • • • • • • • • • • • • •			
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property	989,866.			
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) STMT	3 259,637.			
b	Other deductions (attach statement) STMT 4	587,014.			
С	Total deductions (add lines 3a and 3b,				
	columns A through D)	846,651.			
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement) STMT	54,350,000.			
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement) STMT 6	5,446,892.			
6	Divide line 4 by line 5	79.862%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	790,527.			
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)		790,527.
9	Allocable deductions. Multiply line 3c by line 6	676,152.			
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	l on Part I, line 7, colu	mn (B)	676,152.
11	Total dividends-received deductions included in line	10			0.

Page 3

Part \	Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)										
	Exempt Controlled Organizations										
	1. Name of controlled	t	2. Employer	3. Net	unrelated	4. Tota	al of specified		art of colur		. Deductions directly
	organization		identification	1	ne (loss)	payn	nents made		included olling orga		connected with
			number	(see ins	structions)				gross inc		income in column 5
<u>(1)</u>											
(2)											
(3)											
(4)				<u> </u>							
	Tavabla lasans	0.1			Controlled Or		1	-£ l	0	44.5	Nadications discatles
7.	Taxable Income		Net unrelated come (loss)		otal of specifi yments mad		10. Part of that is inc				Deductions directly connected with
			e instructions)	pa;	yments mau	5	controlling	organiz	zation's		ome in column 10
(4)		(000					gross	incom	e		
(1) (2)											
(3)											
(4)											
(.)							Add colum	ıns 5 a	nd 10.	Add	columns 6 and 11.
							nter here and on Part I, Enter here and o			here and on Part I,	
line 8, column (A).							(A).	l lin	ie 8, column (B).		
Totals									0.		0.
Part \	/II Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)		
1. Description of income 2.					2. Amou		3. Deduction		4. Set-		5. Total deductions and set-asides
					incom	IE	directly conne (attach stater		(attach st	atement	(add cols 3 and 4)
(4)								,			
(1)											
(2) (3)											
(4)											
(1)					Add amou	ınts in					Add amounts in
					column 2.						column 5. Enter
					here and or line 9, colu	,					here and on Part I, line 9, column (B).
Totals						0.					0.
Part \	/III Exploited Exploited Exploited	xempt A	ctivity Income,	Other T	han Adve	rtisinç	g Income (see ins	structions)		
1	Description of exploite	d activity:									
2	Gross unrelated busine	ess incom	e from trade or busir	ness. Ente	r here and or	n Part I,	line 10, columi	n (A)		2	
3	Expenses directly conr	nected wit	h production of unre	elated busi	ness income	. Enter h	nere and on Pa	art I,			
	line 10, column (B)										
	Net income (loss) from					-	-				
	lines 5 through 7 4 5 Gross income from activity that is not unrelated business income 5										
										5	
	•									6	
	4. Enter here and on P	aπ II, line	12							7	

Schedule A (Form 990-T) 2023

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if repo	rtina two or i	more periodicals on a	consolidated basi	S.	
	A	· · · · · · · · · · · · · · · · · · ·				
	В 🗆					
	c					
	D					
Enter a	amounts for each periodical listed above in t	he correspor	nding column.			_
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and	on Part I, lin	e 11, column (A)			0.
а	· ·					
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and		e 11 column (R)	ı		0.
u	Add Coldmile At through D. Enter Here and	Offi are i, iiii	0 11, 00idi1ii1 (<i>b)</i>			
4	Advantising asia (loss) Subtract line 2 from	a lina				
4	Advertising gain (loss). Subtract line 3 from					
	2. For any column in line 4 showing a gain					
	complete lines 5 through 8. For any colum					
	line 4 showing a loss or zero, do not comp					
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less th					
	line 5, subtract line 6 from line 5. If line 5 is	s less				
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a ga	in on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the		he line 8a columns tot	al or -O- here and a	on	
а	Part II, line 13	-				0.
Part		Directors	and Trustops /-			<u> </u>
· uit	X Compensation of Officers,		did iidoteeo (S	ee iristructions)	0.0000000000000000000000000000000000000	4.0
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	11/E1 1 DD1/4/11D	770			to business	unrelated business
	AMELA PRASHAD	CFO			6.15%	10,209.
(2)					%	
(3)					%	
(4)					%	
Total	. Enter here and on Part II, line 1					10,209.
Part	XI Supplemental Information	(see instruct	ions)			_
		•	•			

FORM 990-T (A) PART V -	DEPRECIAT	ION DI	EDUCTION		STATEMENT 3
DESCRIPTION		ACTIV		AMOUNT	TOTAL
DEPRECIATION				213,902.	
AMORTIZATION - S	SUBTOTAL -		1	45,735.	259,637
TOTAL OF FORM 990-T, SCHEDULE A	A, PART V,	LINE	3(A)		259,637.
FORM 990-T (A) PART	V - OTHER	DEDUC	CTIONS		STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	Al	IOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
REPAIRS & MAINT			127,482		
PROPERTY MANG FEES & COMMISSIONS			34,645		
PROPERTY TAXES & LICENSES			113,722		
UTILITES & INSURANCE			137,104		
INTEREST EXPENSE			168,091		
MISCELLANEOUS - SUBTOTAL -	1		5,970. 587,014.		587,014
TOTAL OF FORM 990-T, SCHEDULE A	A, PART V,	LINE	3(B)		587,014
FORM 990-T (A) AVERAGE AC ALLOCABLE TO	CQUISITION DEBT-FIN			· · · · · · · · · · · · · · · · · · ·	STATEMENT 5
		ACTIV			
DESCRIPTION		NUME	BER 	AMOUNT	TOTAL
AVERAGE AQUISITION DEBT	SUBTOTAL -		1	4,350,000.	4,350,000
_ `	JODIOIAL -		_		
					4,350,000

FORM 990-T (A) AVERAGE ADJUSTS ALLOCABLE TO DEBT	STATEMENT 6		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS - SUBTOTAL	L - 1	5,446,892.	5,446,892.
TOTAL OF FORM 990-T, SCHEDULE A, PART	V, LINE 5		5,446,892.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only B Employer identification number Name of the organization HOLLINGSWORTH FUNDS, INC. 57-1003814 523000 Unrelated business activity code (see instructions) **D** Sequence: E Describe the unrelated trade or business UBTI FROM INVESTMENT PARTNERSHIPS Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a -38.276-38,276.b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) STATEMENT 7 299,569. 299,569. Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 261,293. 13 **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 425. Compensation of officers, directors, and trustees (Part X) 451. 2 2 Salaries and wages 3 Repairs and maintenance 3 4 4 Interest (attach statement). See instructions 5 5 154. Taxes and licenses 6 6 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 170. 10 10 Contributions to deferred compensation plans Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 1,376. Other deductions (attach statement) SEE STATEMENT 8 14 14 3,609. Total deductions. Add lines 1 through 14 15 15

For Paperwork Reduction Act Notice, see instructions.

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Unrelated business taxable income. Subtract line 17 from line 16

Deduction for net operating loss. See instructions

Schedule A (Form 990-T) 2023

16

257,684.

257,684.

16

17

		2 Page 2
]	Yes [No
	D	
		0.
	D	0.

	ule A (Form 990-T) 2023				Page 2
Part		hod of inventory valuat		Т.Т	
1					
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h			· · · · · · · · · · · · · · · · · · ·	
9	Do the rules of section 263A (with respect to property p				Yes No
Part	`				
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instr	uctions.	
	<u>A</u>				
	B				
	<u> </u>				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					0
3	Total rents received or accrued. Add line 2c, columns A	A through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
_	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
_					0
5 Part	Total deductions. Add line 4, columns A through D. Er V Unrelated Debt-Financed Income (so	nter here and on Part I,	line 6, column (B)		0.
			h - 1 - 1		
1	Description of debt-financed property (street address, o	city, state, ZIP code). C	neck it a dual-use. See	instructions.	
	A				
	B				
	D		В	0	
•	Output in a company output by the plant finance of	Α	В	С	<u>D</u>
2	Gross income from or allocable to debt-financed				
•	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)	······	0.
			Т	T	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				0.
11	Total dividends-received deductions included in line	10			0.

Page 3

Part \	/I Interest, Annu	ities, Ro	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (se	ee instruct	ions)	
						E	xempt Contro	lled Or	ganization	ıs	
	 Name of controlled 		2. Employer	3. Net unrelated 4. Total of		I of specified 5. Part of colu					
	organization		identification	1	ne (loss)	payn	payments made		included olling orga		connected with
			number	(see ins	structions)				gross inc		income in column 5
<u>(1)</u>											
(2)											
(3)											
(4)						<u> </u>					
	Tavabla lasares	0.1			Controlled Or	-		-£ l		44.5	Nadicakiana dinaski.
7.	Taxable Income		Net unrelated come (loss)		otal of specifi yments mad		10. Part of that is inc				Deductions directly connected with
			e instructions)	pa;	yments mau	-	controlling	organiz	zation's		ome in column 10
(4)		(000					gross	incom	ie		
(1) (2)											
(3)											
(4)											
(.)							Add colum	ns 5 a	nd 10.	Add	columns 6 and 11.
							Enter here		,	Enter here and on Part I,	
							line 8, c	olumn	(A).	l lin	ie 8, column (B).
Totals									0.		0.
Part \	/II Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)		
	1. Desc	ription of	income		2. Amou		3. Deduction		4. Set-		5. Total deductions and set-asides
					incom	ie	directly conne (attach state)		(attach st	atement	(add cols 3 and 4)
(4)								,			
(1)											
(2) (3)											
(4)											
(1)					Add amou	ınts in					Add amounts in
					column 2.						column 5. Enter
					here and or line 9, colu	,					here and on Part I, line 9, column (B).
Totals						0.					0.
Part \	/III Exploited E	xempt A	ctivity Income,	Other T	han Adve	rtisinç	g Income	see ins	structions)		
1	Description of exploite	d activity:									
2	Gross unrelated busine	ess incom	e from trade or busir	ness. Ente	r here and or	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly conr	nected wit	h production of unre	elated busi	ness income	. Enter l	here and on Pa	art I,			
	line 10, column (B)							3			
	lines 5 through 7 Gross income from activity that is not unrelated business income								4		
										5	
	Expenses attributable									6	
	Excess exempt expens									,	
	4. Enter here and on P	aπ II, line	12							7	

Schedule A (Form 990-T) 2023

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if report	tina two or i	more periodicals on a	consolidated basi	S.	
	A 🗀	J	•			
	B					
	c					
	D					
Enter a	amounts for each periodical listed above in the	ne correspor	nding column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and		e 11 column (A)	•	•	0.
_	rida delamine ri ambagir B. Emier nere ana	o	5 11, GOIGITHT (1 1)			
a	Diversity and control of the control					
3			44 1 (5)			0.
а	Add columns A through D. Enter here and	on Part I, IIn	e 11, column (B)			
				ı		
4	Advertising gain (loss). Subtract line 3 from	line				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	n in				
	line 4 showing a loss or zero, do not compl	ete				
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less that					
•	•					
	line 5, subtract line 6 from line 5. If line 5 is					
•	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gai					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the	greater of t	he line 8a columns tot	al or -0- here and	on	
	Part II, line 13					0.
Part	X Compensation of Officers, I	Directors,	and Trustees (s	ee instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1) P	AMELA PRASHAD	CFO			.50%	425.
(2)		1020			%	
		+			<u> </u>	
(3)		+			%	
<u>(4)</u>					%	
						40-
	Enter here and on Part II, line 1					425.
Part	XI Supplemental Information	(see instruct	ions)			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7
DESCRIPTION	NET INCOME OR (LOSS)
UBTI FROM K-1 - CORRUM CAPITAL REAL ASSETS FUND - ORDINARY BUSINESS INCOME (UBTI FROM K-1 - CORRUM CAPITAL REAL ASSETS FUND - OTHER NET RENTAL INCOME (L UBTI FROM K-1 - CORRUM CAPITAL REAL ASSETS FUND - INTEREST INCOME UBTI FROM K-1 - CORRUM CAPITAL REAL ASSETS FUND - ROYALTIES UBTI FROM K-1 - CORRUM CAPITAL REAL ASSETS FUND - OTHER PORTFOLIO INCOME (LO UBTI FROM K-1 - CORRUM CAPITAL REAL ASSETS FUND - OTHER INCOME (LOSS) UBTI FROM K-1 - MEDPROPERTIES LP III - NET RENTAL REAL ESTATE INCOME UBTI FROM K-1 - STEPSTONE VC SECONDARIES FUND IV-D LP - ORDINARY BUSINESS IN UBTI FROM K-1 - STEPSTONE VC SECONDARIES FUND IV-D LP - OTHER INCOME (LOSS) UBTI FROM K-1 - MEDCORE REALTY - NET RENTAL REAL ESTATE INCOME UBTI FROM K-1 - WISTA EQUITY PARTNERS FUNDS VI-A LP - OTHER INCOME (LOSS)	367,9294,452. 252. 1,238. 149,842. 16,8811,6611325,1905,574.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	299,569.
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION	AMOUNT
OTHER DEDUCTIONS - PORTFOLIO FROM UBTI FROM K-1 - CORRUM CAPITAL REAL ASSETS	1,376.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,376.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

HOLLINGSWORTH FUNDS		57-1003814			
Did the corporation dispose of any investmer	nt(s) in a qualified opportun	ity fund during the tax y	ear?		Yes X No
If "Yes," attach Form 8949 and see its instruc	ctions for additional require	ments for reporting you	r gain or loss.		
Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g) 	result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					-9.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	,		4	
5 Short-term capital gain or (loss) from like-kind	l exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	tion)			6	(
7 Net short-term capital gain or (loss). Combine				7	-9.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					-96.
44 Fatan asia fasas Fasas 4707 lina 7 as 0				11	
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind				13	
44.0 9.1 1 9.19.19	oxenanges nem rem eez r			14	
15 Net long-term capital gain or (loss). Combine				15	-96.
	lines 8a through 14 in column	າ h			
Part III Summary of Parts I and		1 h			
Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (lir	III			16	
	l II e 7) over net long-term capita	l loss (line 15)			
16 Enter excess of net short-term capital gain (lir	I II e 7) over net long-term capita capital gain (line 15) over net	l loss (line 15)short-term capital loss (lin	e 7)	16	0.

LHA

Form **8949**Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074
2023

Attachment

Social security number or taxpayer identification no.

57-1003814

HOLLINGSWORTH FUNDS, INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of combine the result see *Column (e*) ir Code(s) with column (g) the instructions adjustment UBTI FROM K-1 STEPSTONE VC SECONDARIES -9. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

-9.

above is checked), or line 3 (if Box C above is checked)

Attachment Sequence No. 12A

Form 8949 (2023)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

57-1003814 HOLLINGSWORTH FUNDS, INC. Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) see *Column (*e) ir combine the result Amount of Code(s) with column (g) the instructions adjustment UBTI FROM K-1 -CORRUM CAPITAL REAL ASSE -110UBTI FROM K-1 STEPSTONE VC SECONDARIES 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E -96.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked)

Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment 2

Identifying number

HOLLINGSWORTH FUNDS, INC. 57-1003814 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (C) Date sold (d) Gross sales basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) SEE STATEMENT acquisition expense of sale Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -38,276.7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 38,276 Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 -38,276. 17 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1

18b

(Form 1040), Part I, line 4

(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			(b) Date acqu (mo., day, y		(c) Date sold (mo., day, yr.)
.							
1							
)							
These columns relate to the properties on lines 19A through 19D.		Property A	Property	В	Property	C	Property [
Gross sales price (Note: See line 1a before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable \dots	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property: a Depreciation allowed or allowable from line 22	25a						
Enter the smaller of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
Line 27a multiplied by applicable percentage	27b						
Enter the smaller of line 24 or 27b	27c						
If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
Enter the smaller of line 24 or 28a	28b						
If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
Enter the smaller of line 24 or 29a. See instructions	29b						
mmary of Part III Gains. Complete property of	ممسام	A through D through	lina 20h hafara	aoina	to line 20		
Complete property of	Joiuitiis	A through b through	i iii le 29b belore	gonig	to line 30.		
Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter he	re and on line 13	3		31	
Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	884, line 33. Ente	er the	oortion		
from other than casualty or theft on Form 4797, line	6					32	
art IV Recapture Amounts Under Section (see instructions)	ns 179	9 and 280F(b)(2)	When Busin	ess l	Jse Drops to	50% c	or Less
					(a) Sectio 179	n	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wable ir	n prior vears		33			

FORM 4797	PRO	PERTY HELD	MORE THAN	ONE YEAR	STA	ATEMENT 9
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
UBTI FROM K-1 - MEDPROPERTIES INVESTMENT UBTI FROM K-1 -						-14,578.
CORRUM CAPITAL REAL ASSE						-23,698.
TOTAL TO 4797, PA	RT I, LINE	2				-38,276.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

HOLLINGSWORTH FUNDS	S, INC.			57-	1003814
Did the corporation dispose of any investmer	nt(s) in a qualified opportun	ity fund during the tax ye	ear?		Yes X No
If "Yes," attach Form 8949 and see its instruc	ctions for additional require	ements for reporting your	r gain or loss.		
Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g) 	result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					-9.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa				6	()
7 Net short-term capital gain or (loss). Combine				7	-9.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year		T
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					-96.
44 Fatan asia fasas Fasas 4707 lina 7 an 0			•	11	
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind				13	
44.0 9.1 1 9.19.19				14	
15 Net long-term capital gain or (loss). Combine				15	-96.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lir	<u> </u>				
		l loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	e 7) over net long-term capita			16 17	
17 Net capital gain. Enter excess of net long-term18 Add lines 16 and 17. Enter here and on Form	e 7) over net long-term capita capital gain (line 15) over net	short-term capital loss (line	e 7)		0.

LHA

Form **8949**Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

2023

Attachment

Social security number or taxpayer identification no.

57-1003814

HOLLINGSWORTH FUNDS, INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of combine the result see *Column (e*) ir Code(s) with column (g) the instructions adjustment UBTI FROM K-1 STEPSTONE VC SECONDARIES 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B <9.> above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2023) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

57-1003814 HOLLINGSWORTH FUNDS, INC. Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) see *Column (*e) ir combine the result Amount of Code(s) with column (g) the instructions adjustment UBTI FROM K-1 -CORRUM CAPITAL REAL ASSE <110. UBTI FROM K-1 STEPSTONE VC SECONDARIES 14 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (q) in the separate instructions for how to figure the amount of the adjustment.

Form **2220**Department of the Treasury Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. FOR Go to www.irs.gov/Form2220 for instructions and the latest information.

FORM 990-T

OMB No. 1545-0123

Nama

Employer identification number 57-1003814

HOLLINGSWORTH FUNDS, INC.

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

_	intaced tax perialty line of the corporation 3 income tax i	Ctuii	i, but uo not attaon i	01111 2220.				
_ [Part I Required Annual Payment							
1	Total tax (see instructions)						1	67,335.
2 :	a Personal holding company tax (Schedule PH (Form 1120), line	e 26)	included on line 1	2a	1			
	b Look-back interest included on line 1 under section 460(b)(2)							
	contracts or section 167(g) for depreciation under the income			2b				
(Credit for federal tax paid on fuels (see instructions)			2c				
(Total. Add lines 2a through 2c						2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do	not c	omplete or file this form.	The corporation				
	does not owe the penalty						3	67,335.
4	Enter the tax shown on the corporation's 2022 income tax retu							== 000
	or the tax year was for less than 12 months, skip this line and	enter	the amount from line 3 o	on line 5			4	77,829.
5	Required annual payment. Enter the smaller of line 3 or line							67 225
	enter the amount from line 3 Part II Reasons for Filing - Check the boxes belo					t file Faure (5	67,335.
	even if it does not owe a penalty. See instructions.	w tha	it apply. If any boxes are t	checked, the cor	poration	must file Form 2	2220	
_		mont	mathad					
6	The corporation is using the adjusted seasonal installr The corporation is using the annualized income install							
7	The corporation is using the annualized income install The corporation is a "large corporation" figuring its first			n the prior year!	a tov			
ů	Part III Figuring the Underpayment	streq	uireu iiistaiiiileitt baseu oi	ii iiie prior year	s lax.			
_	unt iii 1 igai iii g und dinadipayiii ant	П	(a)	(b)		(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the	П	(a)	(6)		(6)		(u)
9	15th day of the 4th (Form 990-PF filers : Use 5th month),							
	6th, 9th, and 12th months of the corporation's tax year	9	04/15/23	06/15	/23	09/15/	/23	12/15/23
10	Required installments. If the box on line 6 and/or line 7	1	01/10/10	00, 20		03,123,		
	above is checked, enter the amounts from Sch A, line 38. If							
	the box on line 8 (but not 6 or 7) is checked, see instructions							
	for the amounts to enter. If none of these boxes are checked,							
	enter 25% (0.25) of line 5 above in each column	10	16,834.	16,	334.	16,8	333.	16,834.
11	Estimated tax paid or credited for each period. For		-			-		-
	column (a) only, enter the amount from line 11 on line 15.							
	See instructions	11				91,5	599.	
	Complete lines 12 through 18 of one column							
	before going to the next column.							
12	Enter amount, if any, from line 18 of the preceding column	12						41,098.
13	Add lines 11 and 12	13				91,5		41,098.
14	Add amounts on lines 16 and 17 of the preceding column	14		16,	334.	33,6		
15	Subtract line 14 from line 13. If zero or less, enter -0	15	0.		0.	57,9	931.	41,098.
16	If the amount on line 15 is zero, subtract line 13 from line							
	14. Otherwise, enter -0-	16		16,	334.		0.	
17	Underpayment. If line 15 is less than or equal to line 10,							
	subtract line 15 from line 10. Then go to line 12 of the next		4					
	column. Otherwise, go to line 18	17	16,834.	16,	334.			
18	Overpayment. If line 10 is less than line 15, subtract line 10						, ,	
	from line 15. Then go to line 12 of the next column	18				41,0	798.	

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

Part IV Figuring the Penalty

			(a)	(b)	(c)		(d)	
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19						
20	Number of days from due date of installment on line 9 to the							
	date shown on line 19	20						
21	Number of days on line 20 after 4/15/2023 and before 7/1/2023	21						
22	Underpayment on line 17 x Number of days on line 21 x 7% (0.07)	22	\$	\$	\$		\$	
23	Number of days on line 20 after 6/30/2023 and before 10/1/2023	23						
24	Underpayment on line 17 x Number of days on line 23 x 7% (0.07)	24	\$	\$	\$		\$	
25	Number of days on line 20 after 9/30/2023 and before 1/1/2024	25						
26	Underpayment on line 17 x Number of days on line 25 x 8% (0.08)	26	\$	\$	\$		\$	
27	Number of days on line 20 after 12/31/2023 and before 4/1/2024	27	SEE	ATTACHED W	ORKSHEET			
28	Underpayment on line 17 x Number of days on line 27 x 8% (0.08)	28	\$	\$	\$		\$	
29	Number of days on line 20 after 3/31/2024 and before 7/1/2024	29						
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$	
31	Number of days on line 20 after 6/30/2024 and before 10/1/2024	31						
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$	
33	Number of days on line 20 after 9/30/2024 and before 1/1/2025	33						
34	Underpayment on line 17 x Number of days on line 33 x *% 366	34	\$	\$	\$		\$	
35	Number of days on line 20 after 12/31/2024 and before 3/16/2025	35						
36	Underpayment on line 17 x Number of days on line 35 x *% 365	36	\$	\$	\$		\$	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$	
38	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal he	ere and on Form 1120, lin	e 34; or the comparable		20	¢	791.

Form **2220** (2023)

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

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Num	ber
HOLLINGSWOR	TH FUNDS, INC			57-1003	8814
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
04/15/23	16,834.	16,834.	61	.000191781	197
06/15/23	16,834.	33,668.	92	.000191781	594
09/15/23	16,833.	50,501.			
09/15/23	-91,599.	-41,098.			
09/30/23	0.	-41,098.	76	.000219178	
12/15/23	16,834.	-24,264.			
12/31/23	0.	-24,264.	136	.000218579	
enalty Due (Sum of Colur	nn F).				791

^{*} Date of estimated tax payment, withholding credit date or installment due date.

Depreciation and Amortization (Including Information on Listed Property)

A DEBT Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179**

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

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

Business or activity to which this form relates Identifying number

1

HO	LLINGSWORTH FUNDS, I					ILDINGS		57-1003814
Pa	art I Election To Expense Certain Property	y Under Section 17	'9 Note: If yo	u have any lis	ted property	, complete Part	V before y	ou complete Part I.
1	Maximum amount (see instructions)						1	1,160,000.
2	Total cost of section 179 property placed	d in service (see i	instructions)				2	
3	Threshold cost of section 179 property b	pefore reduction i	in limitation				3	2,890,000.
4	Reduction in limitation. Subtract line 3 fr	om line 2. If zero	or less, ente	r -0-			4	
5	Dollar limitation for tax year. Subtract line 4 from line 1	. If zero or less, enter -	0 If married filin	g separately, see in	structions		5	
6	(a) Description of prop	perty		(b) Cost (busine	ess use only)	(c) Elected	cost	
								-
								-
								-
_					<u> </u>			
	Listed property. Enter the amount from I Total elected cost of section 179 property			\ linco 6 and ⁻			8	
	Tentative deduction. Enter the smaller of							
	Carryover of disallowed deduction from							
	Business income limitation. Enter the sm							
	Section 179 expense deduction. Add line		•		•			
	Carryover of disallowed deduction to 20							
Not	e: Don't use Part II or Part III below for lis	sted property. In:	stead, use P	art V.				
Pa	art II Special Depreciation Allowan	ce and Other De	epreciation	Don't include	e listed prop	erty.)		
14	Special depreciation allowance for qualif	fied property (oth	er than listed	d property) pla	ced in servic	ce during		
	the tax year						14	
15	Property subject to section 168(f)(1) elec	tion					15	
							16	
Ра	art III MACRS Depreciation (Don't i	nclude listed pro						
				ection A				207 256
	MACRS deductions for assets placed in	service in tax yes	ars beginnin	g before 2023			17	207,356.
18	If you are electing to group any assets placed in service					noral Danracia	tion Syste	
18	If you are electing to group any assets placed in service Section B - Assets F	Placed in Service	e During 20	23 Tax Year U	Ising the Ge		tion Syste	em
<u>18</u>			e During 202 (c) Basis fo (business/ir				tion Syste	(g) Depreciation deduction
18 	Section B - Assets F (a) Classification of property	(b) Month and year placed	e During 202 (c) Basis fo (business/ir	23 Tax Year Urdepreciation avestment use	Ising the Ge	,		
	Section B - Assets F (a) Classification of property 3-year property	(b) Month and year placed	e During 202 (c) Basis fo (business/ir	23 Tax Year Urdepreciation avestment use	Ising the Ge	,		
19a b	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property	(b) Month and year placed	e During 202 (c) Basis fo (business/ir	23 Tax Year Urdepreciation avestment use	Ising the Ge	,		
19a b	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property	(b) Month and year placed	e During 20: (c) Basis fo (business/ir only - see	23 Tax Year U r depreciation restment use instructions)	(d) Recover period	y (e) Convention	(f) Method	(g) Depreciation deduction
19a b c d	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	(b) Month and year placed	e During 20: (c) Basis fo (business/ir only - see	23 Tax Year Urdepreciation avestment use	Ising the Ge	y (e) Convention		
19a b c d e	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	(b) Month and year placed	e During 20: (c) Basis fo (business/ir only - see	23 Tax Year U r depreciation restment use instructions)	(d) Recover period	y (e) Convention	(f) Method	(g) Depreciation deduction
19a b c d	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	(b) Month and year placed	e During 20: (c) Basis fo (business/ir only - see	23 Tax Year U r depreciation restment use instructions)	(d) Recover period 15 YR 25 yrs.	(e) Convention	(f) Method	(g) Depreciation deduction
19a b c d e	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed	e During 20: (c) Basis fo (business/ir only - see	23 Tax Year U r depreciation restment use instructions)	(d) Recover period 15 YR 25 yrs. 27.5 yrs.	S MQ	(f) Method SL S/L S/L	(g) Depreciation deduction
19a b c d e f	Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed	e During 20: (c) Basis fo (business/ir only - see	23 Tax Year U r depreciation restment use instructions)	15 YR 25 yrs. 27.5 yrs.	S MQ MM MM	(f) Method SL S/L S/L S/L S/L	(g) Depreciation deduction
19a b c d e f	Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	Placed in Service (b) Month and year placed in service / / / /	e During 20: (c) Basis for (business/ii only - see	23 Tax Year U r depreciation rivestment use instructions)	(d) Recover period 15 YR 25 yrs. 27.5 yrs.	S MQ MM MM MM	SL S/L S/L S/L S/L S/L	(g) Depreciation deduction 1,303.
19a b c d e f g	Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	Placed in Service (b) Month and year placed in service / / / SEE S	e During 20: (c) Basis for (business/ii only - see	23 Tax Year Ur depreciation exestment use instructions) 69,538.	15 YR 25 yrs. 27.5 yrs. 39 yrs.	S MQ MM MM MM MM	SL S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction 1,303.
19a b c d e f g h	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl	Placed in Service (b) Month and year placed in service / / / SEE S	e During 20: (c) Basis for (business/ii only - see	23 Tax Year Ur depreciation exestment use instructions) 69,538.	15 YR 25 yrs. 27.5 yrs. 39 yrs.	S MQ MM MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction 1,303.
19a b c d e f g	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Place	Placed in Service (b) Month and year placed in service / / / SEE S	e During 20: (c) Basis for (business/ii only - see	23 Tax Year Ur depreciation exestment use instructions) 69,538.	15 YR 25 yrs. 27.5 yrs. 39 yrs.	S MQ MM MM MM MM	SL S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction 1,303.
19a b c d e f g h	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Place 12-year	Placed in Service (b) Month and year placed in service / / / SEE S	e During 20: (c) Basis for (business/ii only - see	23 Tax Year Ur depreciation exestment use instructions) 69,538.	15 YR 25 yrs. 27.5 yrs. 39 yrs.	S MQ MM MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction 1,303.
19a b c d e f g h i	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl Class life 12-year 30-year 40-year	Placed in Service (b) Month and year placed in service / / / SEE S	e During 20: (c) Basis for (business/ii only - see	23 Tax Year Ur depreciation exestment use instructions) 69,538.	15 YR 25 yrs. 27.5 yrs. 39 yrs. ing the Alte	S MQ MM MM MM MM MM rnative Deprec	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction 1,303.
19a b c d e f g h i	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Place Class life 12-year 30-year	Placed in Service (b) Month and year placed in service / / / SEE S	e During 20: (c) Basis for (business/ii only - see	23 Tax Year Ur depreciation exestment use instructions) 69,538.	15 YR 25 yrs. 27.5 yrs. 39 yrs. ing the Alte	S MQ MM MM MM MM MM MM MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction 1,303.
19a b c d e f g h i	Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl. Class life 12-year 30-year	Placed in Service (b) Month and year placed in Service / / / SEE Second in Service	e During 20: (c) Basis for (business/ir only - see	23 Tax Year Ur depreciation exestment use instructions) 69,538.	15 YR 25 yrs. 27.5 yrs. 39 yrs. ing the Alte 12 yrs. 30 yrs. 40 yrs.	S MQ MM MM MM MM MM MM MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction 1,303.
19a b c d Pa 21 22	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Plant Class life 12-year 30-year 40-year Art IV Summary (See instructions.) Listed property. Enter amount from line at Total. Add amounts from line 12, lines 1	Placed in Service (b) Month and year placed in Service / / / SEE Saced in Service / / / state of the service / / / SEE Saced in Service	c) Basis for (business/ii only - see	23 Tax Year Us depreciation exestment use instructions) 69,538. NT 10 B Tax Year Us in column (g)	15 YR 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ing the Alte 12 yrs. 30 yrs. 40 yrs.	S MQ MM MM MM MM MM MM MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction 1,303. 5,243. tem
19a b c d e f g h i 20a b c d Pa	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Plant Class life 12-year 30-year 40-year Art IV Summary (See instructions.) Listed property. Enter amount from line of the content of the property in the content of t	Claced in Service (b) Month and year placed in Service / / / SEE Service / / / saced in Service / / / / symmetric of your return. Page 128	c) Basis for (business/ii only - see	23 Tax Year Ur depreciation restment use instructions) 69,538. NT 10 B Tax Year Us D in column (g) and S corporati	15 YR 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ing the Alte 12 yrs. 30 yrs. 40 yrs.	S MQ MM MM MM MM MM MM MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction 1,303.
19a b c d e f g h i 20a b c d Pa	Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Plant Class life 12-year 30-year 40-year Art IV Summary (See instructions.) Listed property. Enter amount from line at Total. Add amounts from line 12, lines 1	/ // SEE Saced in Service // // SEE Saced in Service // // // SEE Saced in Service	c) Basis for (business/ii only - see	23 Tax Year User depreciation investment use instructions) 69,538. NT 10 B Tax Year User depreciation in column (g) and S corporation, enter the	15 YR 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ing the Alte 12 yrs. 30 yrs. 40 yrs.	S MQ MM MM MM MM MM MM MM MM MM	SL S/L S/L	(g) Depreciation deduction 1,303. 5,243. tem

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	240, Columns (a) till ough (c) of Section	A, all Ol C	DECLIOIT L	, and c	ection o	ιι αρρι	icabic.						
	Section A -	Depreciation	n and Oth	er Informa	ation (Ca	aution:	See the	instruc	tions for li	mits for	passeng	ger autor	nobiles.)	
248	Do you have evidence to s	support the bu	siness/invest	ment use c	laimed?		Yes	No	24b If "Y	es," is th	ne evide	nce writ	ten?	Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busines investm use percer	ent ,	(d) Cost or other basis	l (h	(e) asis for deprousiness/involuse on	estment	(f) Recovery period	Me	(g) thod/ vention	Depr	(h) eciation uction	Elec sectio	(i) cted in 179 ost
25	Special depreciation allo	wance for q	ualified liste	d propert	y placed	in servi	ice durino	g the ta	ax year and	t c					
	used more than 50% in	a qualified bu	usiness use							<u></u>	25				
<u>26</u>	Property used more than	n 50% in a q	ualified bus	iness use:											
		: :		%											
		1 1		%											
		: :		%											
<u>27</u>	Property used 50% or le	ss in a qualit	ied busines	s use:					1	_					
		1 1		%						S/L -		1			
		1 1		%						S/L -		1			
		1 :		%						S/L -		1			
	Add amounts in column												1		
<u>29</u>	Add amounts in column	(i), line 26. E	nter here a				n on Use						29		
	mplete this section for ve your employees, first ans													ehicles/	
30	Total business/investment		•	Ve	(a) hicle 1	Ve	(b) hicle 2	V	(c) ehicle 3	1	d) icle 4	1	e) icle 5	(f Vehic	
	year (don't include commu											1			
	Total commuting miles of														
32	Total other personal (no driven														
33	Total miles driven during														
	Add lines 30 through 32			I			1				Ι	-	Т		
34	Was the vehicle available	•		Yes	No_	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?					1						+	 		
35	Was the vehicle used pr														
	than 5% owner or relate			.	-				_			+	 		
36	Is another vehicle availa use?	•													
		Section C			oloyers V	Vho Pro	ovide Ve	hicles	for Use by	/ Their E	mploye	es			
Ans	swer these questions to o	determine if y	ou meet ar	exceptio	n to com	pleting	Section I	B for ve	ehicles use	ed by em	ployees	who a	ren't		
mo	re than 5% owners or rela	ated persons	i.												
37	Do you maintain a writte employees?	en policy stat		=	=				-	-				Yes	No
38	Do you maintain a writte employees? See the ins			-	-			-							
39	Do you treat all use of ve	ehicles by en	nployees as	personal	use? .										
40	Do you provide more that														
	the use of the vehicles,	and retain th	e informatio	n receive	d?										
41	Do you meet the require														
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "	Yes," don	't comple	ete Sec	tion B fo	r the co	overed veh	icles.					
Pa	art VI Amortization														
	(a) Description of	costs		(b) Date amortizatio begins	n	(c) Amortiz amou	able		(d) Code section		(e) Amortiza period or pe	ation	Ai fo	(f) mortization or this year	
<u>42</u>	Amortization of costs th	at begins du	ring your 20	023 tax ye	ar:										
				: :	1			\perp							
	SEE STATEMENT	11		1 1											071.
	Amortization of costs th											43			664.
<u>44</u>	Total. Add amounts in o	column (f). Se	ee the instru	ictions for	where to	o report	<u>:</u>					44		45,	735.

Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment 2

Identifying number

HOLLINGSWORTH FUNDS, INC. 57-1003814 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (C) Date sold (d) Gross sales basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) SEE STATEMENT 12 acquisition expense of sale Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -38,276.7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 38,276 Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 -38,276. 17 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

					(b) Data acqui	irad	(a) Data cold
(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			(b) Date acqu (mo., day, y		(c) Date sold (mo., day, yr.)
<u> </u>							
3							
3							
	Т		T				
These columns relate to the properties on lines 19A through 19D.		Property A	Property	В	Property	С	Property D
Gross sales price (Note: See line 1a before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable \dots	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b Enter the smaller of line 24 or 28a	28b						
If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b Enter the smaller of line 24 or 29a. See instructions	29b						
ummary of Part III Gains. Complete property of	columns	A through D through	i line 29b before	going	to line 30.		
Total gains for all properties. Add property columns	A throu	igh D, line 24				30	
Add property columns A through D, lines 25b, 26g,		*				31	
Subtract line 31 from line 30. Enter the portion from		y or theft on Form 46	584, line 33. Ente	er the p	portion		
from other than casualty or theft on Form 4797, line rart IV Recapture Amounts Under Section	6 ns 179	9 and 280F(b)(2)	When Busin	ess l	Jse Drops to	32 50% (or Less
(see instructions)							
					(a) Sectio 179	n	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wable ir	nrior vears		33			
		i piloi yeara					

	NONE	RESIDENTIAL 1	REAL PROI	PERTY	STATEMENT 10		
(B) MONTH/YEAR	(C) BASIS	(D RECOVER) Y PERIOD	DEPREC:	(G) IATION DEDUCTION		
01/23 01/23 12/23 06/23 12/23 07/23	120,492 2,856 138,146 63,759 98,919 91,241	. 39 YI . 39 YI . 39 YI . 39 YI	RS RS RS		2,961. 70. 148. 886. 106. 1,072.		
TOTALS 4562 L191	515,413	- • =		=	5,243.		
FORM 4562 TOTALS		AMORTI:	ZATION		STATEMENT 11		
(A) DESCRIPTION	(B) DATE	(C) AMORTTE	(D) TPC	/E/ DEDIOD	/E) 3160DETG3ETON		
OF COSTS	BEGAN	AMOUNT		OR PERCENT	(F) AMORTIZATION THIS YEAR		
COMMISSIONS PARK NATIONAL BANK	BEGAN 01/01/23						
COMMISSIONS PARK NATIONAL BANK COMMISSIONS HAZEN & SAYER	BEGAN 01/01/23 01/01/23	AMOUNT		OR PERCENT	THIS YEAR		
COMMISSIONS PARK NATIONAL BANK COMMISSIONS HAZEN & SAYER COMMISSIONS BURNS & MCDONNELL COMMISSIONS FINTRUST COMMISSIONS RITEWAY	BEGAN 01/01/23 01/01/23 01/01/23 01/01/23 06/01/23	AMOUNT 52,936.		OR PERCENT 120	THIS YEAR 5,294.		
COMMISSIONS PARK NATIONAL BANK COMMISSIONS HAZEN & SAYER COMMISSIONS BURNS & MCDONNELL COMMISSIONS FINTRUST	BEGAN 01/01/23 01/01/23 01/01/23 01/01/23 06/01/23 07/01/23	52,936. 13,815. 310. 1,950.		120 73 2 24	5,294. 2,271. 310. 975.		
COMMISSIONS PARK NATIONAL BANK COMMISSIONS HAZEN & SAYER COMMISSIONS BURNS & MCDONNELL COMMISSIONS FINTRUST COMMISSIONS RITEWAY COMMISSIONS TRIBE 513 COMMISSIONS CAP CITY FINANCIAL	BEGAN 01/01/23 01/01/23 01/01/23 01/01/23 06/01/23 07/01/23	52,936. 13,815. 310. 1,950. 7,340.		120 73 2 24 60	5,294. 2,271. 310. 975. 856.		

FORM 4797	PROI	PERTY HELD	MORE THAN	ONE YEAR	ST	ATEMENT 12
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
UBTI FROM K-1 - MEDPROPERTIES INVESTMENT UBTI FROM K-1 -						-14,578.
CORRUM CAPITAL REAL ASSE						-23,698.
TOTAL TO 4797, PA	RT I, LINE	2				-38,276.

Form **5471**

(Rev. December 2023)

Department of the Treasury

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning JAN 1 2023 and ending DEC 31 2023

OMB No. 1545-0123

Attachment Sequence No. **121**

Section 898) (See Institu	ctions) beginning UA	7TA T	, ZUZJ, and endin	g DEC 3	<u>1, 202</u>	J		
Name of person filing this return			A Identifying num	ber				
HOLLINGSWORTH FUNDS, INC.			57-1003	814				
Number, street, and room or suite no. (or P.O. box number if mail is	not delivered to street addre	ess)	B Category of filer	(See instruct	ions. Check		— ` <i>'</i> ' —	- –
124 VERDAE BLVD, 502			1a 1b 1	c 2	3	4 5a	X 5b	5c
City or town, state, and ZIP code GREENVILLE, SC 29607			C Enter the total p you owned at th					ock • 0 7 %
Filer's tax year beginning JAN 1	,2023 , and er	ndina]	DEC 31	.20		itting period		70
D Check box if this is a final Form 5471 for the foreign								
E Check if any excepted specified foreign financial asse	•							🔲
F Check the box if this Form 5471 has been completed	using "Alternative Infor	mation"	under Rev. Proc. 2019-4	0				
${\bf G}$ If the box on line F is checked, enter the correspondi	ng code for "Alternative	Informa	tion" (see instructions)					
${\color{red}{\mathbf{H}}}$ Person(s) on whose behalf this information return is	filed:			T				
(1) Name	(2) Ado	dress		(3) Identifyii	na number		k applicabl	- ` ′
(1) Hallie	(=) / (=)			(0) (0)		Shareholder	Officer	Director
Important: Fill in all applicable lines and sched	lulas All information	muet /	as in English All amou	nto must be	atatad in	LLC delle		
unless otherwise indicated.	iules. All Illioithation	must į	de in English. All amou	ilis iliast pe	stateu III	U.S. UUIIAI	S	
1a Name and address of foreign corporation				b(1) Emp	oyer identif	ication num	ber, if any	
					-0000		, ,	
					rence ID nui			
ASPECT US INSTITUTIONAL	FUND LIMIT	тғD			ous referen			
PO BOX 309 UGLAND HOUSE			STREET	b(o) Fiev	ous referen	ce ib numbe	er(s), ii arry	(See mistr.)
GEORGE TOWN GRAND CAYMA				c Cour	itry under w	hose laws i	ncorporate	
CAYMAN ISLANDS					YMAN		-	
d Date of e Principal place of business	f Principal	g Prin	ncipal business activity	•	h Function	nal currency	/ code	
incorporation GEORGE TOWN	business activity code number	II	NVESTMENT M	GT				
04/16/03CAYMAN ISLANDS	523900					US	D	
2 Provide the following information for the foreign corp								
a Name, address, and identifying number of branch off	ice or agent (if any) in t	he Unite	d States	b If a U.S. ii	ncome tax re			
				(i) Taxable ir	come or (lo		U.S. incom (after all cr	
					-		(4.10. 4 0.	
c Name and address of foreign corporation's statutory	or resident agent	T	d Name and address (in	ııcludina corpo	rate departi	ment, if ann	licable) of	
in country of incorporation	or rootdone agone		person (or persons) v corporation, and the l	vith custody o	f the books	and records	s of thể fore	eign
MAPLES CORPORATE SERVIC	ביכ דיייי		US BANK G	T \ D \ T	י רואוים	2501777	ים כי	מיז
PO BOX 309, UGLAND HOUS			24-26 CIT		FOND !	2FK AT	ър п	עז
GEORGE TOWN GRAND CAYMA			DUBLIN 2	I QUAI				
CAYMAN ISLANDS	IN INII IIOI		IRELAND					
Schedule A Stock of the Foreign Co	orporation							
				(b) Nu	mber of sha	res issued a	and outstar	nding
(a) Description of	each class of stock				ng of annua		(ii) End of a	
				account	ing period	a	ccounting	period
				l		- 1		

Form 5471 (Rev. 12-2023) Page **2**

Schedule B Shareholders of Foreign			
Part I U.S. Shareholders of Foreign	Corporation (see instructions)		
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a). (c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
			-
Part II Direct Shareholders of Fore	ign Corporation (see instructions)	•	<u> </u>
(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
HOLLINGSWORTH FUNDS, INC		32,679	32,679
124 VERDAE BLVD, STE 502			
GREENVILLE SC 29607			
57-1003814 MD ANDERSON FOUNDATION		20,460	20,460
4605 POST OAK PLACE, STE		20,400	20,400
HOUSTON TX 77027			
30-0129656			
BLUE RIDGE HEALTHCARE HO		16,982	11,037
2201 SOUTH STERLING ST MORGANTON NC 28655			
56-0529976			
30 0323370			
		 	
		+	

Form **5471** (Rev. 12-2023)

Form 5471 (Rev. 12-2023) Page **3**

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

		Ĺ	Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
Income	b Returns and allowances			
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold			
	3 Gross profit (subtract line 2 from line 1c)	3		
	4 Dividends			
	5 Interest	1 _ 1		
	6a Gross rents			
	b Gross royalties and license fees			
	7 Net gain or (loss) on sale of capital assets			
	8a Foreign currency transaction gain or loss - unrealized	ا ما		
	b Foreign currency transaction gain or loss - realized			
	9 Other income (attach statement)			
	10 Total income (add lines 3 through 9)			
Deductions	11 Compensation not deducted elsewhere			
	12a Rents	1		
	b Royalties and license fees			
	13 Interest			
	14 Depreciation not deducted elsewhere			
	15 Depletion			
Ď	16 Taxes (exclude income tax expense (benefit))	16		
	17 Other deductions (attach statement - exclude income tax expense			
	(benefit))	17		
	18 Total deductions (add lines 11 through 17)			
	19 Net income or (loss) before unusual or infrequently occurring items, and			
<u>e</u>	income tax expense (benefit) (subtract line 18 from line 10)	19		
Net Income	20 Unusual or infrequently occurring items			
<u>=</u>	21a Income tax expense (benefit) - current			
Net	b Income tax expense (benefit) - deferred			
	22 Current year net income or (loss) per books (combine lines 19 through 21b)			
	23a Foreign currency translation adjustments			
sive	b Other			
prehens ncome	c Income tax expense (benefit) related to other comprehensive income			
Comprehensive Income	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less			
ဝိ	line 23c)	24		

Form **5471** (Rev. 12-2023)

Form 5471 (Rev. 12-2023)

Schedule F	Balance Sheet
Scriedule F	Dalance Sneet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets	(a) Beginning of annual	(b) End of annual	
1	Cash	1	accounting period	accounting period
і 2а				
2a b	lrade notes and accounts receivable Less allowance for bad debts		(1
3				
4	Derivatives Inventories	·····		
5	Other current assets (attach statement)			
6	Loans to shareholders and other related persons			
7	Investment in subsidiaries (attach statement)			
8	Other investments (attach statement)			
9a	Buildings and other depreciable assets	۱ ۵		
b	Less accumulated depreciation		((
10a	Depletable assets			
b	Less accumulated depletion		((
11	Land (net of any amortization)			
12	Intangible assets:			
а	Goodwill	12a		
b	Organization costs			
C	Patents, trademarks, and other intangible assets	1		
d	Less accumulated amortization for lines 12a, 12b, and 12c		(()
13	Other assets (attach statement)			
14	Total assets			
	Liabilities and Shareholders' Equity			
15	Accounts payable	15		
16	Other current liabilities (attach statement)	16		
17	Derivatives			
18	Loans from shareholders and other related persons			
19	Other liabilities (attach statement)	19		
20	Capital stock:			
а	Preferred stock	20a		
b	Common stock	20b		
21	Paid-in or capital surplus (attach reconciliation)			
22	Retained earnings			
23	Less cost of treasury stock		(()
24	Total liabilities and shareholders' equity	24		
Scl	hedule G Other Information			

			Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign			
	partnership?			Х
	If "Yes," see the instructions for required statement.			
2	During the tax year, did the foreign corporation own an interest in any trust?			Х
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from			
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign			
	branches (see instructions)?			X
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).			
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign			
	corporation or did the filer have a base erosion tax benefit under section $59A(c)(2)$ with respect to a base erosion			
	payment made or accrued to the foreign corporation (see instructions)?			X
	If "Yes," complete lines 4b and 4c.			
b	Enter the total amount of the base erosion payments	\$	_	
C	Enter the total amount of the base erosion tax benefits	\$	_	
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not			
	allowed under section 267A?			X
	If "Yes," complete line 5b.			
b	Enter the total amount of the disallowed deductions (see instructions)	\$		
31233	01-05-24	Earm 547	1 (Day 12	2022

FORM 5471	AMOUNT AND TYPE OF INDEBTEDNESS OF FOREIGN CORPORATION TO THE RELATED PERSONS DESCRIBED IN REGULATIONS SECTION 1.6046-1(B)(11)	STATEMENT 13
AMOUNT	DESCRIPTION	
0.	NONE	

Form 5471 (Rev. 12-2023) Schedule G Other Information (continued) Yes No 6a Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? Х If "Yes," complete lines 6b, 6c, and 6d. See instructions. Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) Enter the amount of gross receipts derived from all sales of intangible property to the foreign corporation that the filer included in its computation of FDDEI Enter the amount of gross receipts derived from all services provided to the foreign corporation that the filer included in \$_ X During the tax year, was the foreign corporation a participant in any cost sharing arrangement? If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year. From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations Х section 1.358-6(b)(2))? Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the tax year? Х If "Yes," go to line 9b. Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d) During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section X 1.7874-12(a)(9)? If "Yes," see instructions and attach statement. During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations Х If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G). During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under X section 901(m)? During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? X X Did you answer "Yes" to any of the questions in the instructions for line 14? If "Yes," enter the corresponding code(s) from the instructions and attach statement Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? Х If "Yes," enter the amount Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward Х to the current tax year (see instructions)? If "Yes," enter the amount \$ _ 17a Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year Х If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)? Did the filer have any loan to or from the foreign corporation to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the filer used a rate of interest within the relevant safehaven range (100% to 130% of the applicable Federal rate (AFR) for the relevant term)? Х Did the filer have any loan to or from the foreign corporation to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the filer used a rate of interest outside the relevant safehaven Х range (100% to 130% of the applicable Federal rate (AFR) for the relevant term)? 19a Did the filer issue a covered debt instrument in any of the transactions described in Regulations section 1.385-3(b) (2) with respect to the foreign corporation during the tax year, or, did the filer issue or refinance indebtedness owed to the foreign corporation during the 36 months before or after the date of a distribution or acquisition described in Regulations section 1.385-3(b)(3)(i) made by the filer of this Form 5471, and either the issuance or Х refinance of indebtedness, or the distribution or acquisition, occurred during the tax year?

If the answer to question 19a is "Yes," provide the following.

(1) The amount of such transaction(s), distribution(s), and acquisition(s) \$ _

(2) The amount of such related party indebtedness \$______

Form 5471 (Rev. 12-2023) Page **6**

Schedule I	Su	mmary of Shareholder's Income From Foreign Corporatior	(see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name o	of U.S. shareholder HOLLINGSWORTH FUNDS, INC Identifying number 57-1003814				
1 a	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation				
	(see instructions)	1a			
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions)	1b			
C	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception				
	under section 954(c)(6)	1c			
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception				
	under section 954(c)(6)	1d			
е	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	1e	11	0,4	98.
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f			
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g			
h	Other subpart F income (enter result from Worksheet A)	1h			
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2			
3	Reserved for future use	3			
4	Factoring income	4			
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.				
5 a	Section 245A eligible dividends (see instructions)	5a			
b	Extraordinary disposition amounts (see instructions)	5b			
C	Extraordinary reduction amounts (see instructions)	5c			
d	Section 245A(e) dividends (see instructions)	5d			
е	Dividends not reported on line 5a, 5b, 5c, or 5d	5e			
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6			
				Yes	No
7 a	Was any income of the foreign corporation blocked?				
b	Did any such income become unblocked during the tax year (see section 964(b))?				
If the ar	nswer to either question is "Yes," attach an explanation.				
8 a	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at				
	any time during the tax year (see instructions)?				X
b	If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year				
	\$ and at the end of the tax year \$ Provide an attachment detailing any change	es from	the		
	beginning to the ending balances.				
C	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year				
	\$ and at the end of the tax year \$ Provide an attachment detailing any change	es from	the		
	beginning to the ending balances.				
9	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions)	. \$			

SCHEDULE H (Form 5471) (Rev. December 2021)

Current Earnings and Profits

➤ Attach to Form 5471.

Department of the Treasury Internal Revenue Service

Name of person filing Form 5471

HOLLINGSWORTH FUNDS, INC.

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

57-1003814

Identifying number

Name of foreign corporation EIN (if any) Reference ID number (see instr.) ASPECT US INSTITUTIONAL FUND LIMI 00 - 0000000**ASPECTUSINTLFUN** IMPORTANT: Enter the amounts on lines 1 through 5c in functional currency. -202,583. Current year net income or (loss) per foreign books of account 2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax **Net Additions Net Subtractions** accounting standards (see instructions): 437,355. 2a Capital gains or losses Depreciation and amortization 2b 2c Depletion Investment or incentive allowance 2d Charges to statutory reserves 2e Inventory adjustments 2f Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i)) 2g 2h Foreign currency gains or losses h Other (attach statement) 2i 437,355. 3 Total net additions 3 Total net subtractions 4 234,772. Current earnings and profits (line 1 plus line 3 minus line 4) 5a DASTM gain or (loss) for foreign corporations that use DASTM (see instructions) 5b Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown 234,772. on those lines 5c (i) General category (enter amount on applicable Schedule J, Part I, 5c(i) line 3, column (a)) (ii) Passive category (enter amount on applicable Schedule J, Part I, 234,772. line 3, column (a)) 5c(ii) (iii) Section 901(i) category: (A) Enter the country code of the sanctioned country and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a) (B) Enter the country code of the sanctioned country and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a) 5c(iii)(B) (C) Enter the country code of the sanctioned country and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, 5c(iii)(C) Part I, line 3, column (a) (D) Enter the country code of the sanctioned country and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a) 5c(iii)(D) Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as 234,772. defined in section 989(b)(3) and the related regulations (see instructions)) 5d e Enter exchange rate used for line 5d

SCHEDULE I-1 (Form 5471)

Information for Global Intangible Low-Taxed Income

(Rev. December 2021)

Department of the Treasury Internal Revenue Service

► Attach to Form 5471.

OMB No. 1545-0123

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

HOLLINGSWORTH FUNDS, INC.

57-1003814

Name of foreign corporation

ASPECT US INSTITUTIONAL FUND LIMITE 00-000000

Separate Category (Enter code - see instructions)

PAS

	Separate Category (Enter code - see instructions))	PAS
					Functional Currency	Conversion Rate	U.S. Dollars
1	Gross income (see instructions if cost of goods so receipts)		· ·	1	817,054.		
2	Exclusions (see instructions if cost of goods sold e	xceed	gross receipts)				
а	Effectively connected income	2a					
b	Subpart F income	2 b	234,772.				
С	High-tax exception income per section 954(b)(4)	2c					
d	Related party dividends	2d					
е	Foreign oil and gas extraction income	2e					
3	Total exclusions (combine lines 2a through 2e)			3	234,772.		
4	Gross income less total exclusions (line 1 minus line 3) (see instructions)				582,282.		
5	Deductions properly allocable to amount on line 4				582,282.		
6	Tested income (loss) (line 4 minus line 5)			6	0.	1.000000	
7	Tested foreign income taxes			7		1.000000	
8	Qualified business asset investment (QBAI)	η······	······	8		1.000000	
9a	Interest expense included on line 5	9a					
b	Qualified interest expense	9b					
С	Tested loss QBAI amount	9с					
d	Tested interest expense (line 9a minus the sum of	line 9b	and line				
	9c). If zero or less, enter -0-	······	·····	9d		1.000000	
10a	Interest income included in line 4	10a					
b	Qualified interest income	10b					
С	Tested interest income (line 10a minus line 10b). If	zero c	or less,				
	enter -0-			10c		1.000000	
HA I	or Panerwork Reduction Act Notice, see instruc-	tione				Schodula I 1 (Form	E471\ (Dov. 12.2021\

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

SCHEDULE J (Form 5471) (Rev. December 2020)

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

► Attach to Form 5471.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Identifying number

HOLLINGSWORTH FUNDS, INC. 57-1003814									
Name of foreign corporation EIN (if any) Reference ID number									
ASP	ECT US INSTITUTIONAL FUND LIMITE	ED			00-000000 ASPECTUSINTLFUNDI			UNDLTD	
а 3	>	PAS	<u> </u>						
	f code 901j is entered on line a, enter the country code for the s		e instructions))		
	t I Accumulated E&P of Controlled Foreign Co	•							
X	Check the box if person filing return does not have all U.S. sha			t in colu		tructions).			
Impo	rtant: Enter amounts in functional currency.	(a) Post-2017 E&P Not	(b) Post-1986	Dro 10	(c) 987 E&P Not	(d) Hoverina Deficit		Taxed	E&P (see instructions)
		Previously Taxed	Undistributed Earnings		ously Taxed	and Deduction	(i) Reclassi	fied	(ii) Reclassified
		(post-2017 section	(post-1986 and pre-2018 section	(pre-1	987 section	for Suspended	section 965(a		
		959(c)(3) balance)	959(c)(3) balance)	959(c)(3) balance)	Taxes			
1a	Dalaires at Degiming 51 year (as reported 511 pile)								
	year Schedule J)	55,102.	-53,316.						
b	Beginning balance adjustments (attach statement)								
c	Adjusted beginning balance (combine lines 1a and 1b)	55,102.	-53,316.						
2a	Reduction for taxes unsuspended under anti-splitter rules								
b	Disallowed deduction for taxes suspended under								
	anti-splitter rules								
3	Current year E&P (or deficit in E&P) (enter amount								
	from applicable line 5c of Schedule H)	234,772.							
4	E&P attributable to distributions of previously taxed								
	E&P from lower-tier foreign corporation								
_5a	E&P carried over in nonrecognition transaction								
b	Reclassify deficit in E&P as hovering deficit after								
	nonrecognition transaction								
6_	Other adjustments (attach statement)								
7	Total current and accumulated E&P (combine lines								
	1c through 6)	289,874.	-53,316.						
8	Amounts reclassified to section 959(c)(2) E&P from								
	section 959(c)(3) E&P	-217,000.							
9_	Actual distributions								
10	Amounts reclassified to section 959(c)(1) E&P								
	from section 959(c)(2) E&P								
11	Amounts included as earnings invested in U.S. property								
	and reclassified to section 959(c)(1) E&P (see instructions)								
12	Other adjustments (attach statement)								
13	Hovering deficit offset of undistributed post-								

-53,316.

72,874.

Balance at beginning of next year (combine lines 7 through 13)

transaction E&P (see instructions)

Schedule J	(Form 5471) (Rev. 12-2020) Accumulated E&P of Con	trolled F	oreign Cornoration					Page 2
raiti	Accumulated Lar of Con	u oneu i			d F&D (see instructions)	<u> </u>		
	(iii) General section 959(c)(1) PTEP	(e) Previously Taxed E&P (see instructions) (iii) General section 959(c)(1) PTEP (iv) Reclassified section 951A PTEP (v) Reclassified section 245A(d) PTEP (vi) Section 965(a) PTEP		PTEP	(vii) Section 965(b) PTEP			
1a								
b								
_ с								
2a								
b								
3								
4								
<u>5a</u> b								
6								
7								
8								
9								
10								
11								
12								
13								
14			(e) Previously Taxed E&P (see instructions)			T	(f)
	(viii) Section 951A PTEP		(ix) Section 245A((x) Section 9	051(a)(1)(A) PTEP		Total Section 964(a) E&P ombine columns (a), (b), (c), and (e)(i) through (e)(x))
1a					5,	350,513.		5,352,299.
b								
_ с					5,	350,513.		5,352,299.
2a								
b								024 770
3								234,772.
4 5a								
b								
-								
6 7					5,	350,513.		5,587,071.
8						350,513. 217,000.		0.
9								
10 11								
11								
12							1	
13 14					5	567,513.		5,587,071.
					J 3,	55, 1525.	1	5,55,,0,1.

Part	II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))			
Import	ant: Enter amounts in functional currency.			
1	Balance at beginning of year	•	1	
2	Additions (amounts subject to future recapture)	•	2	
3	Subtractions (amounts recaptured in current year)	•	3	
Ū	Cabactonic (amounts recaptance in canonic year)			
4	Balance at end of year (combine lines 1 through 3)		4	

Schedule J (Form 5471) (Rev. 12-2020)

SCHEDULE P (Form 5471)

(Rev. December 2020)

Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations

► Attach to Form 5471.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form5471 for instructions and the latest information. Name of person filing Form 5471 Identifying number 57-1003814 HOLLINGSWORTH FUNDS, INC. Name of U.S. shareholder Identifying number 57-1003814 HOLLINGSWORTH FUNDS, EIN (if any) Reference ID number (see instructions) Name of foreign corporation 00-000000 ASPECTUSINTLFUNDLTD ASPECT US INSTITUTIONAL FUND LIMITED a Separate Category (Enter code - see instructions.) PAS **b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) Part I Previously Taxed E&P in Functional Currency (see instructions) (a) (b) (c) Reclassified section Reclassified section General section 959(c)(1) PTEP 965(a) PTEP 965(b) PTEP Balance at beginning of year (see instructions) Beginning balance adjustments (attach statement) Adjusted beginning balance (combine lines 1a and 1b) Reduction for taxes unsuspended under anti-splitter rules Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation 3 Previously taxed E&P carried over in nonrecognition transaction 5 Other adjustments (attach statement) Total previously taxed E&P (combine lines 1c through 5) Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P Actual distributions of previously taxed E&P Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) 11 Other adjustments (attach statement) Balance at beginning of next year (combine lines 6 through 11)

OMB No. 1545-0123

Schedule P (Form 5471) (Rev. 12-2020)

				instructions) <i>(contin</i>		(i)	(j)	(k)
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a							2,493,531.	2,493,531.
b								
С							2,493,531.	2,493,531.
2								
3								
4								
5								
6							2,493,531.	2,493,531.
7							110,498.	110,498.
8								
9								
10								
11								
12							2,604,029.	2,604,029.

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Par	t II Previously Taxed E&P in U.S. Dollars			
		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
с	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
_4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
_ 7_	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)
Page **4**

Part	Part II Previously Taxed E&P in U.S. Dollars (continued)											
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total				
1a							2,493,531.	2,493,531.				
b												
c							2,493,531.	2,493,531.				
2												
_3												
_4												
_5												
6							2,493,531.	2,493,531.				
7							110,498.	110,498.				
_8												
9												
10												
11												
12							2,604,029.	2,604,029.				

Schedule P (Form 5471) (Rev. 12-2020)

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning JAN 1 , 2023, and ending $\,DEC\,$ $\,31\,$, $\,2023\,$

Attachment Sequence No. 865

VISTA EQUITY PARTNERS FUND VI-A, LP 1111 BROADWAY, SUITE 1980 OAKLAND, CA 94607 3 Country under whose laws organized CAYMAN ISLANDS 4 Date of organization of business of principal place of deactivity code number of activity code number of activity solutions of business of foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 3 Name and address of foreign partnership's agent in country of organization, if any 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different	Name of person filing this return				Filer	's identificat	tion number	•			
Filer's address (if you aren't filing this form with your tax return) A Category of the pice chapters of versor in exercisations or chose agreeable becomes Filer's share of liabilities; Nonrecourse \$ Oualfied nonrecourse financing \$ Other \$					5	7-100	3814				
C Filer's share of liabilities; Nonrecourse \$ Outstried nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent. Name	HOLLINGSWORTH FUNDS	S, INC.									
State of liabilities: Nomecourse S Qualified nonrecourse financing S Other S	Filer's address (if you aren't filing this form wi	ith your tax return)	A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):								
C Filer's share of liabilities; Norrecourse S Qualified nonrecourse intending \$ Other \$ If ther is a member of a consolidated group but not the parent, enter the following information about the parent. Name Address E Check if any excepted specified foreign financial assets are reported on this form. See instructions [1] Name Address E Check if any excepted specified foreign financial assets are reported on this form. See instructions [1] Name Address E Check if any excepted specified foreign financial assets are reported on this form. See instructions [1] Name Address [2] Name and address of foreign partnership VISTA EQUITY PARTNERS FUND VI-A, LP [3] Seefence ID number 1111 BROADWAY, SUITE 1980 OAKLAND, CA 94607 3 Country under whose laws organized CAYMAN ISLANDS 5 Principal business [5] Seefence ID number 1 Name, address, and identification number of agent (if any) in the United States 1 Name, address, and identification number of agent (if any) in the United States ADD CALDER AND CALDER NAME AND CALDER No BERGETOWN, GRAND CAYMAN CAYMAN ISLAN OAKLAND, CA 94607 Service Center where Form 1055 is like: — FILE No BORDAWAY, SUITE 1980 OAKLAND, CA 94607 Service Center where Form 1055 is like: — FILE No BORDAWAY, SUITE 1980 OAKLAND, CA 94607 No BORDAWAY,			1	2 [3	X	4				
Itilier is a member of a consolidated group but not the parent, enter the following information about the parent: Rame				^{/ear} JAN 1	_ ,202	3 , and end	ing DEC	31,2023			
Address EIN Address Check if any excepted specified foreign financial assets are reported on this form. See instructions	C Filer's share of liabilities: Nonrecourse \$	Qualified nonre	ecourse financii	ng \$		Other	\$				
Address E Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (1) Name	D If filer is a member of a consolidated group	but not the parent, enter the following	information abo	out the parent:							
E Check if any excepted specified foreign financial assets are reported on this form. See instructions (1) Name (2) Address (3) Genefication number (4) Check applicable bookers) (4) Check applicable bookers) (5) Reference ID number (1) Reference ID number (1) Reference ID number (1) Reference ID number (1) Date of a business of	Name				EIN						
Findomation about certain other partners (see instructions) (2) Address (2) Identification number (3) Identification number (4) Iden	Address										
(1) Name (2) Address (3) Identification number (4) Category 1 Category 2 Constructive owner Category 1 Category 2 Constructive owner (4) Category 1 Category 2 Constructive owner (5) Reference ID number (7) PARTNERS FUND VI—A, LP (7) Reference ID number (7) Part EQUITY PARTNERS FUND VI—A, LP (7) Reference ID number (7	E Check if any excepted specified foreign fina	ancial assets are reported on this form. S	See instructions	3							
G1 Name and address of foreign partnership VISTA EQUITY PARTNERS FUND VI—A, LP 2(a) EIN (if any) 98—1283005 2(b) Reference ID number 2(a) EIN (if any) 98—1283005 2(b) Reference ID number 1111 BROADWAY, SUITE 1980 OAKLAND, CA 94607 4 Date of Ayana is Landon 5 Principal business 6 activity code number 5 23900 INVESTMENTS US DOLLAR 1 Name, address, and identification number of agent (if any) in the United States 1 Name, address, and identification number of agent (if any) in the United States 1 Name, address, and identification number of agent (if any) in the United States 1 Name and address of foreign partnership's agent in country of organization, if any 3 Name and address of foreign partnership's agent in country of organization, if any APLES AND CALDER PO BOX 309 GEORGETOWN, GRAND CAYMAN CAYMAN ISLAND (ANADAY, SUITE 1980) GEORGETOWN, GRAND CAYMAN CAYMAN ISLAND (ANADAY), SUITE 1980 OAKLAND, CA 94607 5 Uning the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If 'Yes,' enter the total amount of the foreign partnership, as defined in Regulations section 1.721(c)-1(b)(14)? 8 Enter the number of Forms 8865, Information Return of U.S. Persons With Respect to Foreign Disreparded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 1 New any special allocations made by the foreign partnership? 2 No 8 Enter the number of Forms 8865, Information Return of U.S. Persons With Respect to Foreign Disreparded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 0 LIMITED PARTNERSHI 0 a Does the filer have an interest in the foreign partnership, or an interest in directly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) (r) Tho', skip question 10b 1 If 'Yes,' does the separate unit under Regulations section 1.1503(d)-1(b)(4) (r) Tho', skip question 10b 2 The value of the partnership's total assets a	F Information about certain other partners (s	see instructions)									
Category	60.1 1	0.4.1		(8) 1.1		(4)	Check applica	ble box(es)			
VISTA EQUITY PARTNERS FUND VI—A, LP 11111 BROADWAY, SUITE 1980 OAKLAND, CA 94607 4 Organization 5 Principal place of activity code number 7 Principal business of 17 Principal business 80 Country under whose laws organized 80 Country 80 Countr	(1) Name	(2) Address		(3) Identificatio	n number	Category 1	Category 2	Constructive owner			
VISTA EQUITY PARTNERS FUND VI—A, LP 11111 BROADWAY, SUITE 1980 OAKLAND, CA 94607 4 Organization 5 Principal place of activity code number 7 Principal business of 17 Principal business 80 Country under whose laws organized 80 Country 80 Countr											
VISTA EQUITY PARTNERS FUND VI—A, LP 11111 BROADWAY, SUITE 1980 OAKLAND, CA 94607 4 Organization 5 Principal place of activity code number 7 Principal business of 17 Principal business 80 Country under whose laws organized 80 Country 80 Countr											
2(b) Reference ID number 1111 BROADWAY, SUITE 1980 3 Country under whose laws organized CAYMAN ISLANDS 4 Date of organization 5 Principal place 5 Princi	G1 Name and address of foreign partnership					1 ' '	,				
1111 BROADWAY, SUITE 1980 OAKLAND, CA 94607 4 Date of organization of principal place organization of organization of principal business of organization of principal business of organization of the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 1 Name and address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: Form 1042 Form 8804 X Form 1065	VISTA EQUITY PARTNERS	S FUND VI-A, LP									
A Date of A Date of O1/08/2016 CAYMAN ISLANDS B Principal business activity code number of activity in the activity of activity of activity of activity of activity of the books and records of the foreign and because of persone) with custody of the books and records of the foreign activity of t						2(b) Refe	rence ID nu	mber			
Cayman Saland S		1980									
A Date of organization 5 Principal place 6 Principal business 10 1/08 / 2016 (CAYMAN ISLANDS 5 2 3 9 0 0 TNVESTMENTS 8	OAKLAND, CA 94607					1 *		•			
Provide the following information for the foreign partnership's tax year: Name, address, and identification number of agent (if any) in the United States	Datast	Discipal business	Dain aire al la co		T ====						
Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file; Form 1042 Form 8804 X Form 1065 Service Center where Form 1065 is filed: E-FILE Form 1045 Service Center where Form 1065 is filed: E-FILE A Name and address of foreign partnership's agent in country of organization, if any A Partnership, and the location of such books and records, it different VISTA EQUITY PARTNERS The partnership and the location of such books and records, it different VISTA EQUITY PARTNERS VISTA EQUITY	4 organization 5 of business 01/08/2016 CAYMAN ISL	ANDS 6 activity code number 523900	activity		8a curre	ency	8b (see in	inge rate istructions)			
Service Center where Form 1042 Form 8804 Form 1065 Service Center where Form 1065 is filled: B - FILE 3 Name and address of foreign partnership's agent in country of organization, if any MAPLES AND CALDER PO BOX 309 GEORGETOWN, GRAND CAYMAN CAYMAN ISLAN OAKLAND, CA 94607 5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions 8 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? 9 Were any special allocations made by the foreign partnership? No Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? LIMITED PARTNERSHI 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 10 Does this partnership rest both of the following requirements? 1. The partnership's total assets at the end of the tax year ware less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.		•			•		•				
Service Center where Form 1065 is filed: FILE 3 Name and address of foreign partnership's agent in country of organization, if any MAPLES AND CALDER VISTA EQUITY PARTNERS PO BOX 309 GEORGETOWN, GRAND CAYMAN CAYMAN ISLAN During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Were any special allocations made by the foreign partnership? In the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions O How is this partnership classified under the law of the country in which it's organized? LIMITED PARTNERSHI 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.	1 Name, address, and identification number	of agent (if any) in the United States	2 Check if th	e foreign partner	ship must fi	le:					
Name and address of foreign partnership's agent in country of organization, if any the partnership and the location of such books and records of the foreign partnership's and the location of such books and records, if different to the foreign partnership and the location of such books and records, if different to the foreign partnership and the location of such books and records, if different to the following requirements? In the partnership and the location of such books and records, if different to the following requirements? In the partnership and the location of such books and records, if different to the following requirements? In the partnership and the location of such books and records, if different to the following requirements? In the partnership and the location of such books and records, if different to the following requirements? In the partnership and the location of such books and records, if different to the following requirements? In the partnership and the location of such books and records, if different to the following requirements? In the location of such books and records, if different to the following requirements? In the location of such books and records, if different to the location of such books and records, if different to the following requirements? In the location of such books and records, if different to the following requirements? In the location of such books and records, if different to the following requirements? In the location of such books and records, if different to the following requirements? In the location of such books and records, if different to the following requirements? In the partnership and the coardinate of such books and records, if different to the following requirements? In the value of the partnership to total receipts for the tax year were less than \$250,000. In the value of the partnership is total assets at the end of the tax year was less than \$1 million.			☐ Fo	rm 1042	Form 88	304 X] Form 106	55			
3 Name and address of foreign partnership's agent in country of organization, if any MAPLES AND CALDER MAPLES AND CALDER PO BOX 309 GEORGETOWN, GRAND CAYMAN CAYMAN ISLAN During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Yes X No There are yspecial allocations made by the foreign partnership? How is this partnership classified under the law of the country in which it's organized? LIMITED PARTNERSHI 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b I most his partnership is total receipts for the tax year were less than \$250,000. The value of the partnership's total assets at the end of the tax year was less than \$1 million.			Service Ce	nter where Form	1065 is file	d:					
MAPLES AND CALDER PO BOX 309 GEORGETOWN, GRAND CAYMAN CAYMAN ISLAN During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Were any special allocations made by the foreign partnership? Interest the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions How is this partnership classified under the law of the country in which it's organized? LIMITED PARTNERSHI Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10. If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? Tyes No The partnership's total receipts for the tax year were less than \$250,000. The value of the partnership's total assets at the end of the tax year was less than \$1 million.											
PO BOX 309 GEORGETOWN, GRAND CAYMAN CAYMAN ISLAN OAKLAND, CA 94607 5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions	3 Name and address of foreign partnership's	s agent in country of organization, if any	4 Name and a partnership,	ddress of person(s) v and the location of s	vith custody of uch books and	the books and d records, if dif	records of the ferent	e toreign			
S During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions Yes," enter the total amount of the disallowed deductions \$\$\$ Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Yes X No Were any special allocations made by the foreign partnership? Yes X No B Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. Yes No	MAPLES AND CALDER						_				
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If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Were any special allocations made by the foreign partnership? Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions How is this partnership classified under the law of the country in which it's organized? Da Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? Tyes No Does this partnership meet both of the following requirements? The partnership's total receipts for the tax year were less than \$250,000. The value of the partnership's total assets at the end of the tax year was less than \$1 million.	5 During the tax year, did the foreign partr	nership pay or accrue any interest or roy	alty for which t	he deduction is n	ot						
6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? 7 Were any special allocations made by the foreign partnership? 8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b 9 If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 10 Does this partnership meet both of the following requirements? 11 The partnership's total receipts for the tax year were less than \$250,000. 22 The value of the partnership's total assets at the end of the tax year was less than \$1 million. 17 Yes No							Yes	X No			
7 Were any special allocations made by the foreign partnership? 8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b 1 If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 1 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.	· ·						\$				
8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes X No b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 10 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.			n 1.721(c)-1(b)	(14)?							
(FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b 1 If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 1 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.							Yes	X No			
9 How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b								^			
10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b											
separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.						ГТИТЛ.	ED PA	RINERSHI			
1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.											
b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.								37			
section 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. Yes No	1.1503(d)-1(b)(4)(ii)? If "No," skip quest	tion 10b					Yes	⊥X No			
11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. Yes No											
 The partnership's total receipts for the tax year were less than \$250,000. The value of the partnership's total assets at the end of the tax year was less than \$1 million. 							∟ Yes	∟∟ No			
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.											
	·	•	than (11 millia-	}			v.				
		-	uidii ф i IIIIIIIIII	•			Yes	NO			

Form 886	65 (2	023)	HOL	LING	SWC	DRTH	FU	NDS,	IN	c.							57	-100	381	4	Page 2
b	12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions										Ye	:S	X	□ No							
		r the amo		-	-				-			oreign partner									
	its co	omputatio	on of FI	DDEI		derived 1	from al	II services	s provid	ded to the for	reign par	tnership that t	he filer in	nclude	ed in						
	the p	oartnersh	ip or of	f receivin	g a dis	stribution	from	the partn	ership			ring all or a po									
		-	-	-		-						ners subject to						Y6	s	X	No
Sign Here if You're F This Form Separately Not With Y	iling and our	correct, a	and comp	plete. Decl	laration (of prepare	er (other	than genera	al partne			edules and state any member) is b							knowle	edge.	
Tax Return	١.				partner	or limited	liability	company n					D-t-					PTIN	Date	•	
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Prepa	rer																oloyed				
Use		Firm's n	name					Firm's							Firm's I	EIN					
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Sched			box inte a	k b , enterest yo	ter the	e name	e, ado tively	dress, a	nd U.	S. taxpayestructions.	er iden	eck the bo tification no Owns a		if an	y) of th	ne p	erso	on(s) wh	OSE Cho	eck if reign rson	Check if direct partner
																					pai iiioi
Sched	dule	A-1		rtain Pa	artne	ers of F	orei	gn Part	nersl		nstruct	ions)			Ider	ntifica	ition nu	ımber (if an	<i>(</i>)		Check if foreign
																					person
Sched	عابية	Δ-2	For	reian D	artne	are of G	Secti	n 721	(c) Pa	artnership	(999	instruction	e)	L							
			1-01	GIGII P	ai ti it	J13 U1 (Jecui	JII 12 I	(<i>0)</i> F 6	Country of	1300	U.S. tax			01	-1		Perc	entage	interes	st
Name o par	tner	gn			Ad	ddress				organization (if any)		identification (if ar	number		Check if re U.S. trai			Capital			ofits
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Sched			Affi	iliation	Sche	edule.	List	•	nersh	ips (foreigi % interest.		mestic) in	which t	he fo	oreign	par		Yes ship ow	ns		_ No
Name														l ordina ne or lo		Check i foreign partner ship					
AVAI	LA:	BLE	UPO	N RE	QUE	ST								AP:	PLIE	DF	'OR				

Form **8865** (2023)

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 8865. See the Instructions for Form 8865.
 ▶ Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transferor Filer's identifying number HOLLINGSWORTH FUNDS, INC. 57-1003814 EIN (if any) Name of foreign partnership VISTA EQUITY PARTNERS FUND VI-A, Reference ID number (see instr) 98-1283005 1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions No Yes b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? No Yes Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes Nο Transfers Reportable Under Section 6038B Part I (b) (d) (e) (f) (g) Date of Description Fair market value Cost or other Recovery period Section 704(c) Gain recognized Type of property transfer of property on date of transfer basis allocation method on transfer 34,376 Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals 34,376. Enter the transferor's percentage interest in the partnership; (a) Before the transfer % (b) After the transfer % Supplemental Information Required To Be Reported (see instructions): Dispositions Reportable Under Section 6038B Part II (f) Depreciation (b) (d) (g) Type of Date of Date of Manner of Gain Gain allocated Depreciation recapture recognized by partnership recognized by partnership property original disposition disposition to partner recapture allocated transfer to partner Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

Information (coo instructions)

OMB No. 1545-0026

Attachment Sequence No. **128**

Pa	(ti 0.5. Transferor information (see instructions)							
	e of transferor	Ide	ntifying numbe	r (see instructions)				
H	DLLINGSWORTH FUNDS, INC.	_	FF 1000014					
		5	7-10038	314				
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		X Yes	No				
2	If the transferor was a corporation, complete questions 2a through 2d.							
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by							
	five or fewer domestic corporations?		Yes	No				
b	Did the transferor remain in existence after the transfer?		Yes	☐ No				
	If not, list the controlling shareholder(s) and their identifying number(s).							
	Controlling shareholder	Identify	Identifying number					
				-				
		0						
С	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporat	on?	Yes	└── No				
	If not, list the name and employer identification number (EIN) of the parent corporation.							
	Name of parent corporation	EIN of pare	nt corporation	on				
ــــــــــــــــــــــــــــــــــــــ	House books adjustments under costion 267(s)(4) been made?		Yes	No				
u	Have basis adjustments under section 367(a)(4) been made?		res	NO				
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such und	for coction 36	7\					
3		ier section so	7),					
_	complete questions 3a through 3d.							
a	List the name and EIN of the transferor's partnership.							
	Name of partnership	EIN of p	EIN of partnership					
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Yes	No				
			Yes	□ No				
			res	NO				
a	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established							
Pa	securities market? rt II Transferee Foreign Corporation Information (see instructions)		Yes	No				
		T						
4	Name of transferee (foreign corporation)	5a Ident	ifying numbe	er, if any				
177	om then a continuing to /No. 1) tion coop							
	OT INFRASTRUCTURE V (NO. 1) USD SCSP	 						
6 ことで	Address (including country)	5b Refer	5b Reference ID number					
	A, BOULEVARD ROYAL	EOM?						
	KEMBOURG, N4 L-2449 LUXEMBOURG	EQTV						
7	Country code of country of incorporation or organization							
Lī								
8	Foreign law characterization (see instructions)							
SI	PECIAL LIMITED PARTNERSHIP							
9	Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No				

Page 2

	Regarding Tran	sfer of Property (see	instructi	ons)		
Section A - Cash	(-)	(1.)		(-)	(-1)	(-)
Type of	(a) Date of	(b) Description of		(c) arket value on	(d) Cost or other	(e) Gain recognized on
property	transfer	property	dat	e of transfer	basis	transfer
Cash STMT 14	•					
10 Was cash the only pro-	• •	go to Part IV.			[X Yes No
Section B - Other Pro	perty (other tha	n intangible property	subiect	to section 36	67(d))	
Type of	(a)	(b)		(c)	(d)	(e)
property	Date of transfer	Description of property		arket value on e of transfer	Cost or other basis	Gain recognized on transfer
Stock and		, ,				
securities						
Inventory						
Other property						
(not listed under						
another category)						
Property with						
built-in loss						
Totals				L		
recognition agreement 12 a Were any assets of a foreign corporation? If "Yes," go to line 12th b Was the transferor and (including a branch that If "Yes," continue to line c Immediately after the transferee foreign corput f "Yes," continue to line d Enter the transferred left 13 Did the transferor transif "No," skip Section Company	t was filed? foreign branch (include) foreign branch (include) foreign branch (include) foreign disregation at is a foreign disregation at is a foreign disregation at 12c. If "No," skip that stansfer, was the done for at 12d. If "No," skip to	line 12d, and go to line 13. in gross income as required led in section 367(d)(4)?	n disregard / all of the 0%-owned line 13. areholder v	assets of a foreign corporativith respect to the	gn branch on?	Yes No Yes No Yes No Yes No Yes No
Section C - Intangible	Property Subje	ect to Section 367(d)		Ī	T	1
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length pri on date of trans		(f) Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form	926 (Rev. 11-2018) HOLLINGSWORTH FUNDS, INC.	57-1003814	Page 3
	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		No No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	☐ No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) \$\bigsim \frac{\pi}{2} =		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	☐ No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
_			
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\underline{045}$ % (b) After $\underline{043}$ %		
17	Type of nonrecognition transaction (see instructions) ▶ SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		₹
_	Gain recognition under section 904(f)(3)		X No
b	Gain recognition under section 904(f)(5)(F)		X No
۲ C	Recapture under section 1503(d)		X No
19	Exchange gain under section 987 Did this transfer result from a change in entity classification?		X No
		Yes	X No
	If "Yes," complete lines 20b and 20c.		

 ${\bf c} \quad \hbox{\rm Did the domestic corporation not recognize gain or loss on the distribution of property because the} \\$

covered by section 367(e)(1)? See instructions

property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation

Form **926** (Rev. 11-2018)

Yes

No

X No

____ Yes

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Pa	C.S. Transferor information (see instructions)			
Nam	e of transferor	ld	entifying numbe	er (see instructions)
H	OLLINGSWORTH FUNDS, INC.			
		!	57-10038	314
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		Yes	X No
2	If the transferor was a corporation, complete questions 2a through 2d.			
ŭ			Yes	X No
L			X Yes	No
D	Did the transferor remain in existence after the transfer?		A fes	□ NO
	If not, list the controlling shareholder(s) and their identifying number(s).			
	Controlling shareholder	Identif	ying number	
С	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation If not, list the name and employer identification number (EIN) of the parent corporation.	n?	X Yes	No
	Name of parent corporation	EIN of par	ent corporati	on
d	Have basis adjustments under section 367(a)(4) been made?		Yes	X No
_			.07\	
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such unde	r section 3	367),	
	complete questions 3a through 3d.			
а	List the name and EIN of the transferor's partnership.			
	Name of partnership	EIN of	partnership	
	· ·			
				77
b	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		└── Yes	X No
С	Is the partner disposing of its entire interest in the partnership?		Yes	X No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established			
	securities market?		Yes	X No
Pa	rt II Transferee Foreign Corporation Information (see instructions)			
4	Name of transferee (foreign corporation)	5a Ide	ntifying numb	er , if any
S'.	repstone vc secondaries fund v (cayman), lp			
6	Address (including country)	5b Ref	erence ID num	ber
	25 EXECUTIVE SQUARE, SUITE 1600		~~~~	
LĀ	JOLLA, CA 92037	STE	STONE	
7 Ci	Country code of country of incorporation or organization T			
8	Foreign law characterization (see instructions)			
	ARTNERSHIP			
9	Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No

Part III Information	Regarding Tran	ster of Property (see I	nstruction	ons)		
Section A - Cash						
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) arket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash STMT 15		property	date	7 GT	Daoio	transisi
10 Was cash the only pro If "Yes," skip the rema	perty transferred?	go to Part IV.				X Yes No
Section B - Other Pro	perty (other tha	n intangible property s	subject	to section 367	7(d))	
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) arket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities						
nventory						
Tivomory						
Other property not listed under another category)						
Property with						
ouilt-in loss						
 Were any assets of a f foreign corporation? If "Yes," go to line 12b Was the transferor a d (including a branch that If "Yes," continue to ling transferee foreign corporations. If "Yes," continue to ling the transferee foreign corporation. If "Yes," continue to ling the transferred led Interpretation of the transferred led Interpret	oreign branch (included) omestic corporation at is a foreign disregate 12c. If "No," skip bransfer, was the donoration? ne 12d. If "No," skip bess amount included after property describ	that transferred substantially arded entity) to a specified 10 ines 12c and 12d, and go to nestic corporation a U.S. shalline 12d, and go to line 13. in gross income as required ed in section 367(d)(4)?	all of the allowed line 13.	led entity) transfer assets of a foreign foreign corporation with respect to the	red to a	Yes No Yes No Yes No Yes No Yes No
Section C - Intangible	Property Subje	ect to Section 367(d)				_
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfe		(f) Income inclusion for year of transfer
Property described n sec. 367(d)(4)						
Totals						

Forn	n 926 (Rev. 11-2018) HOLLINGSWORTH FUNDS, INC.	57-1003814	Page 3
b	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable	Yes	No No No
15	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) \$\bigslim \subset \text{} \text{\text{} \text{} \text{} \text{} \text{} \text{\text{} \text{} \text{} \text{} \text{\text{} \text{} \text{} \text{\text{} \text{} \text{\text{} \text{\text{} \text{\text{} \text{} \text{\text{} \text{\text{} \text{} \text{\text{} \text{} \text{\text{} \text{} \text{\text{} \text{} \text{\text{} \text{} \text{\text{} \text{} \text{\text{} \qu	Yes [◯ No
Sup	pplemental Part III Information Required To Be Reported (see instructions)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $.184 \%$ (b) After $.184 \%$		
17	Type of nonrecognition transaction (see instructions)		
18	Indicate whether any transfer reported in Part III is subject to any of the following.	_	
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С			X No
d	Exchange gain under section 987	Yes	X No
19		Yes [X No X No X No

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ______ **>** \$ _

 ${f c}$ Did the domestic corporation not recognize gain or loss on the distribution of property because the

covered by section 367(e)(1)? See instructions

property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation

Form **926** (Rev. 11-2018)

Yes

No

X No

____ Yes

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Pa	rt I U.S. Transferor Information (see instructions)		· ·	
Nam	e of transferor	I	dentifying numb	Der (see instructions)
HC	OLLINGSWORTH FUNDS, INC.			
			<u>57-1003</u>	
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		Yes	X No
2	If the transferor was a corporation, complete questions 2a through 2d.			
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by			
	five or fewer domestic corporations?		Yes	└── No
b			Yes	∟ No
	If not, list the controlling shareholder(s) and their identifying number(s).			
	Controlling shareholder	ldent	ifying number	
	If the transferor was a member of an affiliated group filing a consolidated return was used if the parent comparation	<u> </u>	Vee	□ No
С	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation If not, list the name and employer identification number (EIN) of the parent corporation.	<i>'</i>	. L Yes	No
	in not, list the name and employer identification number (Em) of the parent corporation.			
	Name of parent corporation E	IN of pa	arent corporat	tion
d	Have basis adjustments under section 367(a)(4) been made?		Yes	☐ No
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	section	367),	
	complete questions 3a through 3d.			
а	List the name and EIN of the transferor's partnership.			
	Name of partnership	EIN c	of partnership	
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Yes	No
				☐ No
	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established			
_	securities market?		Yes	No
Pai	rt II Transferee Foreign Corporation Information (see instructions)			
4	Name of transferee (foreign corporation)	5a Ide	entifying numl	per , if any
_CZ	ARLYLE PRIVATE EQUITY ACCESS FUND IV (PARALLEL), L.P.	98-	1424120	
6	Address (including country)	5b Re	ference ID nur	nber
	01 PENNSYLVANIA AVE NW STE 220 SOUTH			
WAS	SHINGTON, DC 20004			
7	Country code of country of incorporation or organization			
_Ci				
8	Foreign law characterization (see instructions)			
	ARTNERSHIP			V
9	Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No

Part III Information	Regarding Tran	sfer of Property (see in	nstructions)				
Section A - Cash							
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer		
CENTER 1.0		property	date of transfer	Dasis	liansiei		
Cash STMT 16 Was cash the only pro If "Yes," skip the rema	perty transferred?			<u></u>	X Yes No		
Section B - Other Pro	perty (other tha	n intangible property s	subject to section 3	67(d))			
Type of	(a) Date of	(b) Description of	(c) Fair market value on	(d) Cost or other	(e) Gain recognized on		
property	transfer	property	date of transfer	basis	transfer		
Stock and securities							
Inventory							
,							
Other property							
(not listed under							
another category)							
and the category,							
Property with							
built-in loss							
Totals							
recognition agreement 12 a Were any assets of a foreign corporation? If "Yes," go to line 12b b Was the transferor a d (including a branch that If "Yes," continue to ling c Immediately after the t transferee foreign corp If "Yes," continue to ling d Enter the transferred to 13 Did the transferor trans	If "Yes," go to line 12b. b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. d Enter the transferred loss amount included in gross income as required under section 91						
Section C - Intangible	Property Subje	ect to Section 367(d)	T	T	T		
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's length point on date of trans		(f) Income inclusion for year of transfer		
Property described							
in sec. 367(d)(4)							
Totals							

Form	926 (Rev. 11-2018) HOLLINGSWORTH FUNDS, INC.	57-1003814	Page 3
b c	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable	Yes	No No No
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) > \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	☐ No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Pa	t IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $.472\%$ (b) After $.471\%$		
17	Type of nonrecognition transaction (see instructions) > SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)		X No
С	Recapture under section 1503(d)		X No
	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
20 a			X No
	If "Voc " complete lines 20h and 20c		

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ______ **>** \$ _

 ${f c}$ Did the domestic corporation not recognize gain or loss on the distribution of property because the

covered by section 367(e)(1)? See instructions

property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation

Form **926** (Rev. 11-2018)

Yes

No

X No

____ Yes

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Pai	rt I U.S. Transferor Information (see instructions)				
Nam	e of transferor		Identifying n	umbei	(see instructions)
HC	OLLINGSWORTH FUNDS, INC.				
			<u> 57-100</u>	<u> 38</u>	
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		Ye	s	X No
2	If the transferor was a corporation, complete questions 2a through 2d.				
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by				
	five or fewer domestic corporations?		Ye		☐ No
b			Ye	S	└─ No
	If not, list the controlling shareholder(s) and their identifying number(s).				
	Controlling shareholder	lden	tifying num	ber	
	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation	n?	Ye		No
·	If not, list the name and employer identification number (EIN) of the parent corporation.			3	140
	Thou, list the name and omployer domainoution number (Env) of the parent objectation.				
	Name of parent corporation	EIN of p	arent corpo	oratio	n
d	Have basis adjustments under section 367(a)(4) been made?		Ye	s	No
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	r sectior	า 367),		
	complete questions 3a through 3d.				
a	List the name and EIN of the transferor's partnership.				
	Name of partnership	EIN	of partners	hip	
b	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Ye	s	☐ No
	Is the partner disposing of its entire interest in the partnership?			s	☐ No
	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established				
	securities market?		Ye	s	☐ No
Pai	rt II Transferee Foreign Corporation Information (see instructions)				
4	Name of transferee (foreign corporation)	5a Id	lentifying nu	ımbe	r , if any
			12506		
	E GLOBAL SELECT FUND VII INTERNATIONAL LP		-135260		
6 (m)	Address (including country)	5b R	eference ID	numb	er
	JARTS CORPORATE SERVICES LTD. P.O. BOX 2510				
	AND CAYMAN, CAYMAN ISLANDS KY1-1104 CAYMAN ISLANDS				
7 Cü	Country code of country of incorporation or organization T				
8	Foreign law characterization (see instructions)				
	ARTNERSHIP				
9	Is the transferee foreign corporation a controlled foreign corporation?		Ye	s	X No

Part III Information	Regarding Tran	ster of Property (see I	nstructio	ns)			
Section A - Cash							
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) urket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer	
Cash STMT 17		property				ii di ii oi oi	
10 Was cash the only pro If "Yes," skip the rema	perty transferred?	go to Part IV.				K Yes No	
Section B - Other Pro	perty (other tha	n intangible property	subject t	to section 367	(d))		
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) arket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer	
Stock and securities							
Inventory							
Other property (not listed under another category)							
Property with							
built-in loss							
Totals							
recognition agreement 12 a Were any assets of a froreign corporation? If "Yes," go to line 12b b Was the transferor a d (including a branch that If "Yes," continue to ling c Immediately after the the transferee foreign corp If "Yes," continue to ling d Enter the transferred to 13 Did the transferor trans If "No," skip Section Company of the section Company 14 Were any assets of a front of the transferor trans 15 Were any assets of a front of the transferor trans 16 Were any assets of a front of the transferor trans 17 Were any assets of a front of the transferor trans 18 Were any assets of a front of the transferor trans 19 Were any assets of a front of the transferor trans 19 Were any assets of a front of the transferor trans 10 Were any assets of a front of the transferor trans 11 Were any assets of a front of the transferor trans 12 Were any assets of a front of the transferor trans 13 Were any assets of a front of the transferor trans 14 Were any assets of a front of the transferor trans 15 Were any assets of a front of the transferor trans 16 Were any assets of a front of the transferor trans 17 Were any assets of a front of the transferor trans 18 Were any assets of a front of the transferor trans 19 Were any assets of a front of the transferor tran	recognition agreement was filed? Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? If "Yes," go to line 12b. Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.						
Section C - Intangible	Property Subje	ect to Section 367(d)					
Type of property	(a) Date of transfer	(b) Description of property		(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer	
Property described in sec. 367(d)(4)							
Totals					<u> </u>		

Form	926 (Rev. 11-2018) HOLLINGSWORTH FUNDS, INC.	57-1003814	Page 3
b	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No No No
	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) **Section 1.367(d)-1(c)(3)(ii) **Section 1.367(d		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	☐ No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
	5 5 1 7 (************************************		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\underline{12.950}$ % (b) After $\underline{12.929}$ %		
17	Type of nonrecognition transaction (see instructions) ▶ SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)		X No
С	Recapture under section 1503(d)		X No
d	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Vac " complete lines 20h and 20a		

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ______ **>** \$ _

 ${f c}$ Did the domestic corporation not recognize gain or loss on the distribution of property because the

covered by section 367(e)(1)? See instructions

property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation

Form **926** (Rev. 11-2018)

Yes

No

X No

____ Yes

Return by a U.S. Transferor of Property

to a Foreign Corporation

• Go to www.irs.gov/Form926 for instructions and the latest information.

Part I U.S. Transferor Information (see instructions)

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

ı a	C.S. Transferor information (See instructions)	1		
	e of transferor	Identifying number (see instructions)		
HC	DLLINGSWORTH FUNDS, INC.			
		57-1003814		
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?	Yes X No		
2	If the transferor was a corporation, complete questions 2a through 2d.			
	·			
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by			
	five or fewer domestic corporations?			
b	Did the transferor remain in existence after the transfer?	Yes No		
	If not, list the controlling shareholder(s) and their identifying number(s).			
	Controlling shareholder	Identifying number		
С	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporat	tion? Yes No		
	If not, list the name and employer identification number (EIN) of the parent corporation.			
Name of parent corporation EIN of parent c				
d	Have basis adjustments under section 367(a)(4) been made?	Yes No		
_				
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such un	der section 367),		
	complete questions 3a through 3d.			
а	List the name and EIN of the transferor's partnership.			
	Name of partnership	EIN of partnership		
	Name of partite ship	Elia oi partilei silip		
b	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes No		
	Is the partner disposing of its entire interest in the partnership?			
	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established			
u		□ v □ N.		
Do	securities market? rt II Transferee Foreign Corporation Information (see instructions)	Yes No		
		T		
4	Name of transferee (foreign corporation)	5a Identifying number, if any		
Сī	JMMIT GROWTH EQUITY X ACCESS FUND (INTL) LP	83-2951127		
6 ст	Address (including country)	5b Reference ID number		
	JARTS CORPORATE SERVICES LTD. P.O. BOX 2510			
<u>GR</u> Z	AND CAYMAN, CAYMAN ISLANDS KY1-1104 CAYMAN ISLANDS			
7	Country code of country of incorporation or organization			
Ci	· · · · · · · · · · · · · · · · · · ·			
8	Foreign law characterization (see instructions)			
	ARTNERSHIP			
9	Is the transferee foreign corporation a controlled foreign corporation?	Yes X No		

Part III Information	Regarding Tran	ster of Property (see II	nstructio	ons)		
Section A - Cash						
Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
	09/18/2023	property	date	60,000.	Dusis	transici
10 Was cash the only pro If "Yes," skip the rema	pperty transferred?	go to Part IV.			C	X Yes No
Section B - Other Pro	perty (other tha	n intangible property s	subject	to section 367	(d))	
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) arket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities						
nventory						
Other property not listed under another category)						
Property with						
ouilt-in loss						
 Were any assets of a f foreign corporation? If "Yes," go to line 12b Was the transferor a d (including a branch that If "Yes," continue to line transferee foreign corput f "Yes," continue to line d Enter the transferred let 	foreign branch (included) continued to the component of	that transferred substantially traded entity) to a specified 10 ines 12c and 12d, and go to hestic corporation a U.S. shart ine 12d, and go to line 13. in gross income as required the ed in section 367(d)(4)?	all of the a %-owned f line 13. reholder w	ed entity) transferronsessets of a foreign foreign corporation ith respect to the	ed to a	Yes No Yes No Yes No Yes No Yes No
Section C - Intangible	Property Subje	ct to Section 367(d)				_
Type of property	(a) Date of transfer	(b) Description of property		(d) Arm's length price on date of transfer		(f) Income inclusion for year of transfer
Property described n sec. 367(d)(4)						
Γotals					<u> </u>	<u> </u>

Form	926 (Rev. 11-2018) HOLLINGSWORTH FUNDS, INC.	57-1	.003814	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?	[Yes	☐ No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Г	Yes	☐ No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section			
	1.367(d)-1(c)(3)(ii) for any intangible property?	[Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable			
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in			
	Regulations section 1.367(d)-1(c)(3)(ii) \$\bigsim \\$			
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any			
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	l	Yes	No
	plane and all Doub III Information Demoired To De Demoired (
Sup	plemental Part III Information Required To Be Reported (see instructions)			
Dai	rt IV Additional Information Regarding Transfer of Property (see instructions)			
I a	Additional information regarding transfer of troperty (see instructions)			
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 33.333% (b) After 33.333%			
17	Type of nonrecognition transaction (see instructions) ▶ SECTION 351			
18	Indicate whether any transfer reported in Part III is subject to any of the following.			
а		[Yes	X No
b	Gain recognition under section 904(f)(5)(F)		Yes	X No
С	Recapture under section 1503(d)		Yes	X No
d			Yes	X No
19	Did this transfer result from a change in entity classification?	Г	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	[Yes	X No
	If "Yes " complete lines 20b and 20c		-	

 ${\bf c} \quad \hbox{\rm Did the domestic corporation not recognize gain or loss on the distribution of property because the} \\$

covered by section 367(e)(1)? See instructions

property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation

Form **926** (Rev. 11-2018)

Yes

No

X No

____ Yes

FORM 926	PART III - INFORMATION REGARDING TRANSFER OF PROPERTY	STATEMENT 14
	CASH	
(A) DATE OF TRANSFER	(C) FAIR MARKET VALUE ON DATE OF TRANSFER	
03/01/2023 04/01/2023 06/01/2023 08/01/2023 12/01/2023	224,877. 122,775. 21,296. 172,298. 232,627.	
	773,873.	

FORM 926	PART III - INFORMATION REGARDING TRANSFER OF PROPERTY	STATEMENT 15
	CASH	
(A) DATE OF TRANSFER	(C) FAIR MARKET VALUE ON DATE OF TRANSFER	
01/26/2023 06/05/2023 11/06/2023	44,010. 60,000. 150,000.	
	254,010.	

FORM 926	PART III - INFORMATION REGARDING TRANSFER OF PROPERTY	STATEMENT 16
	CASH	
(A) DATE OF TRANSFER	(C) FAIR MARKET VALUE ON DATE OF TRANSFER	
07/31/2023 12/18/2023	59,394. 167,507.	
	226,901.	

FORM 926	PART III - INFORMATION REGARDING TRANSFER OF PROPERTY	STATEMENT 17
	CASH	
(A) DATE OF TRANSFER	(C) FAIR MARKET VALUE ON DATE OF TRANSFER	
02/23/2023 03/21/2023 07/13/2023 10/25/2023 12/14/2023	378,547. 3,321. 5,027. 4,542. 4,978.	
	396,415.	

Forms included in Electronic Filing

Form 990/990-EZ/990-PF Form 990-T				
EXPORTED ON 11/12/2024 08:55:27	EXPORTED ON 11/12/2024 08:56:39			
Form 990/990-EZ/990-PF EXPORTED ON 11/12/2024 08:55:27 FORM 990	FORM 990-T FORM 990-T FORM 926(5) SCHEDULE D (1120) FORM 4562 (TOTALS)(1) FORM 4797 FORM 5471(1) FORM 8865(1) FORM 8949			

1019



SC 990-T STATE OF SOUTH CAROLINA **EXEMPT ORGANIZATION BUSINESS TAX RETURN** (Rev. 6/6/23) dor.sc.gov Due by the 15th day of the fifth month following the close of the taxable year. 3315 County or counties in SC where property is located Income Tax period ending DECEMBER 31, 2023 GREENVILLE FEIN 57-1003814 Audit location: Street address Name HOLLINGSWORTH FUNDS, INC. SAME Mailing address 124 VERDAE BLVD City State 710 City GREENVILLE State SC ZIP 29607 Audit contact Phone number PAMELA PRASHAD 864 627 8306 ► Address Check if: ▶ Initial Return Amended Return Accounting Period Change of X Check if you filed a federal or state extension. Check if: Merged ▶ Reorganized Final Attach complete copy of federal return. 320,642 00 1. Federal unrelated business taxable income from federal tax returns 1. 2. Net adjustment from Schedule A and B, line 12 00 2. 3. Total net income as reconciled (add line 1 and line 2) 320,642 00 3. 4. If multi-state organization, enter amount from Schedule G, line 6; otherwise, enter amount from line 3 320,642 00 4 158,891 00 161,751 00 5. South Carolina net operating loss carryover, if applicable 5. South Carolina net income subject to tax (subtract line 5 from line 4) 6. 8,08800 7. Tax (multiply line 6 by 5%) 00 8. Nonrefundable credits from Schedule C, line 5 (attach SC1120-TC) 8.088 00 9. Balance of tax (subtract line 8 from line 7) 00 10. Payments: (a) Tax withheld (attach 1099s or I-290s) 00 (b) Paid by declaration 10b. 00 (c) Paid with extension 00 10d. (d) Reserved for future use 00 11. Total payments (add line 10a through line 10c) 11. 8,088 00 12. Balance of tax (subtract line 11 from line 9) **12.** 325 00 13a. 13. (a) Interest 243 00 (b) Late file/pay penalty 13b. 00 (c) Declaration penalty (attach SC2220) ▶ 13c. 568 00 Total (add line 13a through line 13c) See penalty and interest instructions 8,656 00 14. Total Income Tax, interest, and penalty (add line 12 and line 13) BALANCE DUE 14.

00

| 00 | To be applied as follows:

(b) REFUND

00

15. Overpayment (subtract line 9 from line 11)

(a) Estimated Tax



SC990-T			4 V 4 D 1 E	1110	0115	Page 2
	ULE A AND B ADDITIONS TO FEDE					
	on or measured by income			1		_
	al net operating loss					-
4						
	additions (attach schedule)					
6. Total a	additions (add line 1 through line 5)				***************************************	6
	DEDUCTIONS FROM FE	DERAL	_ TAXAB	LE II	NCOME	- -
7. Interes	st on US obligations			7		-
8				-		_
9				9		_
10. Other	deductions (attach schedule)					
11. Total d	deductions (add line 7 through line 10)					11
12. Net ad	ljustment (subtract line 11 from line 6) Also enter on SC990-T, pa	age 1, lir	ne 2			12
SCHEDU						
1. Credit	carryover from previous year's SC990-T, Schedule C (should ma	atch SC	1120TC, C	olumn	A, line 13)	, 1, <u></u>
2. Enter t	total credits from SC1120TC, Column B, line 13. (attach SC1120	TC and	tax credit :	sched	ules)	2.
3. Total c	credits (add line 1 and line 2)				***************************************	3.
4. Tax fro	om SC990-T, line 7					
	r of line 3 or line 4 (enter on SC990-T, line 8; should match SC11					
6. Enter d	credits lost due to statute (should match SC1120TC, Column D,	line 13)				6
7. Credit	carryover (subtract line 5 and line 6 from line 3; should match S	C1120T	C, Column	E, line	e 13)	7
SCHEDU	<u></u>					
SCHED	ULE E RESERV	ED				
Sign	Under penalty of law, I certify that I have examined this return and it is true and complete to the best of my knowledge.	ı, includi	ing accomp	oanyin	ig annual report, stater	ments, and schedules,
Here						
nere	Fished	4 —	- W	NAN	ICE & OP	
	Signature of officer	Office	er's title	1 1	Email	
	PAMELA M PRASHAD	1/	11/24			
	Print officer's name	Date			Phone number	
	I authorize the Director of the SCDOR or delegate to discuss this return attachments, and related tax matters with the preparer.	n, Ye	s No		Print preparer's nam	е
	Preparer's		Date		Check if	Preparer's phone number
Paid	signature				self-employed	
	s Firm's name (or				PTIN or FEI	N
Use Only	yours if self-employed)					
000 0,	and address				ZIP	
	n organization's final return, signing here authorizes the SCDOR of State (SCSOS). You must close with the SCSOS and the SCI		se that info	ormati	-	olina
Taxpayer's	s signature				Date	

377822 08-11-23 PFX

57-1003814

SC990-T

Only multi-state organizations must complete Schedules F, G, and H

Page 3

		1	TION	NI-A 0	
	Gross Amounts 1	Less: Related Expenses 2	Net Amounts Allocated Directly to SC and Other States 3	Net Amounts Allocated Directly to SC 4	
Interest not connected with business				•	
2. Dividends received				<u>.</u> .	
3. Rents					
Gains/losses on real property					
5. Gains/losses on intangible personal property					
Investment income directly allocated					
7. Total income directly allocated			100		
B. Income directly allocated to SC		formers a soller	West was a serious was		
SCHEDULE G COMPUTATION OF 1 1. Total net income as reconciled from SC990-T, page 2. Income subject to direct allocation to SC and other subjects to subject to direct allocation to SC and other subjects to subject to subj	ge 1, line 3		1. 2.		
Total net income subject to apportionment (subt	ract line 2 from line 1)		3.		
 Multiply line 3 by appropriate ratio from Schedule 	H-1, H-2, or H-3		4.		
Income subject to direct allocation to SC from S	chedule F, line 8		5.		
5. Total SC net income (add line 4 and line 5). Also	enter on SC990-T, page	1, line 4	6.		
SCHEDULE H-1	COMPUTATION	OF SALES RATIO	Ameunt	Ratio	
Total sales within South Carolina (see SC1120 in	etnuctions)		Amount	natio	
Total sales everywhere (see SC1120 instructions					
Sales ratio (line 1 divided by line 2)				.0000	
	Eas Off Courts Courties		f husiness		
	1 line 3 if South Carolina	a is the principal place o	i Dusiness.		
Enter U% on II		a is the principal place on the control of the cont			
	ne 3 if the principal plac	e of business is outside	of South Carolina.		
	ne 3 if the principal plac		of South Carolina.	Ratio	
SCHEDULE H-2 COM	ne 3 if the principal plac	e of business is outside	of South Carolina.	Ratio	
SCHEDULE H-2 COM	ne 3 if the principal place	e of business is outside	of South Carolina.	Ratio	
SCHEDULE H-2 COM 1. South Carolina gross receipts 2. Amounts allocated to South Carolina on Schedu	ne 3 if the principal place PUTATION OF GR	e of business is outside	ATIO Amount	Ratio	
1. South Carolina gross receipts 2. Amounts allocated to South Carolina on Schedu 3. South Carolina adjusted gross receipts (subtract	ne 3 if the principal place PUTATION OF GR	e of business is outside	ATIO Amount	Ratio	
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SCHEDULE H-2 COM South Carolina gross receipts Amounts allocated to South Carolina on Schedu South Carolina adjusted gross receipts (subtract Total gross receipts Total amounts allocated on Schedule F	ne 3 if the principal place PUTATION OF GR le F line 2 from line 1)	e of business is outside	ATIO Amount	Ratio	
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