### EXTENDED TO JUNE 17, 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 Internal Revenue Service

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

Open to Public Inspection

| <u>A</u>                | FOI LITE           | 2022 calendar year, or tax year beginning AUG 1, 2022 and er   | naing U     | <u>он эт, 202э</u>           |                               |
|-------------------------|--------------------|--|-------------|------------------------------|-------------------------------|
| В                       | Check if applicabl | C Name of organization   |             | D Employer identifi          | cation number                 |
|                         | Addre              | PURITAN REFORMED THEOLOGICAL SEMINARY  |             |                              |                               |
|                         | Name<br>chang      | Doing business as  |             | **-***43                     | 41                            |
|                         | Initial<br>return  | -  | oom/suite   | E Telephone numbe            | r                             |
|                         | Final return       | 2965 LEONARD NE  |             | 616-977-                     | 0599                          |
|                         | termin<br>ated     | City or town, state or province, country, and ZIP or foreign postal code   |             | G Gross receipts \$          | 6,699,047.                    |
|                         | Ameno<br>return    | GRAND RAPIDS, MI 49525   |             | H(a) Is this a group re      | eturn                         |
|                         | Application        | F Name and address of principal officer: ADRIAAN NEELE   |             | for subordinates             |                               |
|                         | pendir             | 9 2965 LEONARD NE, GRAND RAPIDS, MI 4952   | 5           | H(b) Are all subordinates in |                               |
| $\overline{}$           | Тах-ех             | empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or   | 527         | 1                            | list. See instructions        |
|                         | Websit             |  |             | H(c) Group exemptio          |                               |
|                         |                    | organization: X Corporation Trust Association Other  | I Vear      |                              | N State of legal domicile: MI |
|                         | art I              | Summary  | L roar (    | oriorination. 200 - N        | otate of logal dofficite, === |
|                         | T                  | Briefly describe the organization's mission or most significant activities: TO PR  | EPARE       | STUDENTS T                   | O SERVE                       |
| Activities & Governance | '                  | CHRIST AND HIS CHURCH THROUGH BIBLICAL, E.   | XDERT       | ENTIAL AND                   | DRACTTCAT.                    |
| nar                     |                    | Check this box if the organization discontinued its operations or dispose  |             |                              |                               |
| Ver                     | 2                  | ·  |             | ı                            | 10                            |
| Ĝ                       | 3                  |  |             | 3                            | 10                            |
| ∞                       | 4                  | Number of independent voting members of the governing body (Part VI, line 1b)  |             |                              | 55                            |
| ijes                    | 5                  | Total number of individuals employed in calendar year 2022 (Part V, line 2a)   |             |                              |                               |
| ΞΞ                      | 6                  | Total number of volunteers (estimate if necessary)   |             |                              | 46                            |
| Aci                     | 7 a                | Total unrelated business revenue from Part VIII, column (C), line 12   |             |                              | 0.                            |
|                         | b                  | Net unrelated business taxable income from Form 990-T, Part I, line 11   |             |                              | 0.                            |
|                         |                    |  |             | Prior Year                   | Current Year                  |
| ē                       | 8                  | Contributions and grants (Part VIII, line 1h)  |             | 6,745,017.                   | 6,004,024.                    |
| Revenue                 | 9                  | Program service revenue (Part VIII, line 2g)   |             | 513,450.                     | 578,226.                      |
| ě                       | 10                 | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |             | -19,710.                     | 42,853.                       |
| _                       | 11                 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |             | 8,336.                       | 41,724.                       |
|                         | 12                 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |             | 7,247,093.                   | 6,666,827.                    |
|                         | 13                 | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |             | 209,749.                     | 239,770.                      |
|                         | 14                 | Benefits paid to or for members (Part IX, column (A), line 4)  |             | 0.                           | 0.                            |
| Se                      | 15                 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\dots$  |             | 2,547,683.                   | 2,832,722.                    |
| Expenses                | 16a                | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25) 436,58 |             | 0.                           | 0.                            |
| ğ                       | b                  | Total fundraising expenses (Part IX, column (D), line 25) 436,58   | 3.          |                              |                               |
| Ш                       | 17                 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |             | 1,593,161.                   | 1,664,720.                    |
|                         | 18                 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |             | 4,350,593.                   | 4,737,212.                    |
|                         | 19                 | Revenue less expenses. Subtract line 18 from line 12   |             | 2,896,500.                   | 1,929,615.                    |
| Jor<br>Sec              | 3                  | ·  | Be          | ginning of Current Year      | End of Year                   |
| Net Assets or           | 20                 | Total assets (Part X, line 16)   |             | 13,368,431.                  | 15,209,895.                   |
| ASS                     | 21                 | Total liabilities (Part X, line 26)  | ·····       | 277,225.                     | 189,074.                      |
| Net                     | 22                 | Net assets or fund balances. Subtract line 21 from line 20   |             | 13,091,206.                  | 15,020,821.                   |
| P                       | art II             | Signature Block  |             | · ·                          | , ,                           |
| Und                     | der pena           | lties of perjury, I declare that I have examined this return, including accompanying schedules a   | and stateme | ents, and to the best of m   | y knowledge and belief, it is |
|                         |                    | t, and complete. Declaration of preparer (other than officer) is based on all information of whic  |             |                              | ,                             |
| _                       | ,                  |  | <u> </u>    |                              |                               |
| Sig                     | ın                 | Signature of officer   |             | Date                         |                               |
| He                      |                    | ADRIAAN NEELE, PRESIDENT   |             |                              |                               |
|                         |                    | Type or print name and title   |             |                              |                               |
|                         |                    | Print/Type preparer's name Preparer's signature  | [           | Date Check                   | PTIN                          |
| Pai                     | d                  | STEVE JOHNSON STEVE JOHNSON  | n           | 2/22/24                      |                               |
|                         | parer              | Firm's name VANDERPLOEG, BERGAKKER & ASSOCIAT  |             |                              | *-***5537                     |
|                         | Only               | Firm's address 4145 EMBASSY DR SE  |             | I IIIII S LIIV               |                               |
| 030                     | Only               | GRAND RAPIDS, MI 49546   |             | Dhono no 61                  | 69570691                      |
| N/-                     | v the I            | -  |             | TEHOUS HO.OT                 |                               |
| ivia                    | y ule II           | RS discuss this return with the preparer shown above? See instructions   |             |                              | X Yes No                      |

| Pa | Statement of Program Service Accomplishments   |
|----|--|
|    | Check if Schedule O contains a response or note to any line in this Part III   |
| 1  | Briefly describe the organization's mission:   |
|    | TO PREPARE STUDENTS TO SERVE CHRIST AND HIS CHURCH THROUGH BIBLICAL,   |
|    | EXPERIENTIAL AND PRACTICAL MINISTRY. PRTS PROVIDES THEOLOGICAL   |
|    | TRAINING AND INSTRUCTION IN ACCORDANCE WITH THE SCRIPTURES AND THE   |
|    | HISTORIC REFORMED CREEDS FOR PROMOTION AND DEFENSE OF THE GOSPEL OF  |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the                                 |
|    | prior Form 990 or 990-EZ?  |
|    | If "Yes," describe these new services on Schedule O.   |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No                        |
|    | If "Yes," describe these changes on Schedule O.  |
| 4  | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |
|    | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
|    | revenue, if any, for each program service reported.  |
| 4a | (Code: ) (Expenses \$ 3,175,031. including grants of \$ 239,770.) (Revenue \$ 619,950.)  |
|    | TO EDUCATE AND TRAIN MINISTERS OF THE GOSPEL FOR MINISTRY, PURITAN   |
|    | REFORMED THEOLOGICAL SEMINARY OFFERS MASTERS AND DOCTORAL PROGRAMS FOR   |
|    | BOTH FULL-TIME AND PART-TIME STUDENTS. PRTS OFFERS BOTH ON-SITE  |
|    | CLASSROOMS AND DISTANCE LEARNING FOR INDIVIDUALS WHO ARE SERIOUS ABOUT   |
|    | STUDYING GOD'S WORD.   |
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| 4b | (Code:) (Expenses \$   |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  |
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| 4d | Other program services (Describe on Schedule O.)   |
| →u | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e | Total program service expenses 3,175,031.  |
|    | Form <b>990</b> (2022)   |
|    | 101111000 (2022)   |

### Part IV Checklist of Required Schedules

|     |  |            | Yes | No               |
|-----|--|------------|-----|------------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |            |     |                  |
|     | If "Yes," complete Schedule A  | 1          | X   |                  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2          | 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          |     | X                |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |            |     | ا ۔۔             |
|     | 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,  |            |     | \ <sub>3,7</sub> |
| _   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7          |     | Х                |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   | _          |     | <b>.</b>         |
| _   | Schedule D, Part III   | 8          |     | X                |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |            |     |                  |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |            |     | 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   | 40         | Х   |                  |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10         | Λ   |                  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,  |            |     |                  |
| _   | as applicable.   |            |     |                  |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a        | Х   |                  |
| h   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   | Ha         | -25 |                  |
| b   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b        |     | X                |
| _   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  | 110        |     |                  |
| ·   | 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  | - 110      |     |                  |
| _   | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d        |     | х                |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e        |     | Х                |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |            |     |                  |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f        |     | Х                |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |            |     |                  |
|     | Schedule D, Parts XI and XII   | 12a        |     | Х                |
| 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        | Х   |                  |
| 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        |     | X                |
| 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  |            |     | ٦,               |
|     | 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   |            |     | <b>.</b>         |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16         |     | X                |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |            |     | <sub>V</sub>     |
| 40  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | 17         |     | X                |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | 40         |     | X                |
| 10  | 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  | 18         |     | <u> </u>         |
| 19  |  | 19         |     | Х                |
| 20a | complete Schedule G, Part III  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?   | 20a<br>20b |     | <del></del>      |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  | 200        |     |                  |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         |     | X                |
|     | G contract and a second of About a contract of the contract of |            |     |                  |

### Part IV Checklist of Required Schedules (continued)

|      |  |      | Yes | No     |
|------|--|------|-----|--------|
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |      |     | 1.10   |
|      | 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   |      |     | 177    |
| 04-  | Schedule J   | 23   |     | X      |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete       |      |     |        |
|      | Schedule K. If "No," go to line 25a  | 24a  |     | х      |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b  |     |        |
| С    | 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  |     |        |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |      |     | 177    |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a  |     | X      |
| D    | 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 |      |     |        |
|      |  | 25b  |     | x      |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  | 200  |     |        |
|      | 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  |      |     | l      |
|      | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27   |     | X      |
| 28   | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,   |      |     |        |
| _    | instructions for applicable filing thresholds, conditions, and exceptions):  |      |     |        |
| а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   | 28a  |     | x      |
| h    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b  |     | X      |
|      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f   | 200  |     |        |
|      | "Yes, " complete Schedule L, Part IV   | 28c  |     | Х      |
| 29   | Did the organization receive more than \$25,000 in non-cash 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? If "Yes," complete   | 00   |     | x      |
| 22   | Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  | 32   |     |        |
| 33   | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33   |     | x      |
| 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   |        |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  | X   |        |
| b    | 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?   |      |     |        |
| 07   | 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?   | - 57 |     |        |
| •    |  | 38   | Х   |        |
| Pai  | Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance   | -    |     | _      |
|      | Check if Schedule O contains a response or note to any line in this Part V   |      |     | $\Box$ |
|      |  |      | Yes | No     |
|      | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   |      |     |        |
| b    |  |      |     |        |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   | 1-   | Х   |        |
|      | (gambling) winnings to prize winners?  | 1c   | 41  |        |

232004 12-13-22

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

|  |   |                              |            | Yes | No |  |  |  |  |  |  |
|--|---|------------------------------|------------|-----|----|--|--|--|--|--|--|
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |                              |            |     |    |  |  |  |  |  |  |
|  | filed for the calendar year ending with or within the year covered by this return   | 2a 55                        |            |     |    |  |  |  |  |  |  |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax return  | ns?                          | <b>2</b> b | Х   |    |  |  |  |  |  |  |
| За   | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |                              | За         |     | X  |  |  |  |  |  |  |
| b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule   | 0                            | 3b         |     |    |  |  |  |  |  |  |
|  | At any time during the calendar year, did the organization have an interest in, or a signature or other a   |                              |            |     |    |  |  |  |  |  |  |
|  | financial account in a foreign country (such as a bank account, securities account, or other financial a  | account)?                    | 4a         | Х   |    |  |  |  |  |  |  |
| b  | If "Yes," enter the name of the foreign country CANADA  |                              |            |     |    |  |  |  |  |  |  |
|  | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ar   | ccounts (FBAR).              |            |     |    |  |  |  |  |  |  |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |                              | 5a         |     | Х  |  |  |  |  |  |  |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction   |                              | 5b         |     | X  |  |  |  |  |  |  |
| С  |   |                              |            |     |    |  |  |  |  |  |  |
|  | 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |                              |            |     |    |  |  |  |  |  |  |
|  | any contributions that were not tax deductible as charitable contributions?   |                              | 6a         |     | Х  |  |  |  |  |  |  |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contribution  | ons or gifts                 |            |     |    |  |  |  |  |  |  |
|  | were not tax deductible?  |                              | 6b         |     |    |  |  |  |  |  |  |
| 7  | Organizations that may receive deductible contributions under section 170(c).   |                              |            |     |    |  |  |  |  |  |  |
| а  | $ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ and \ and \ services \ and \ servi$ | 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  | •                            |            |     |    |  |  |  |  |  |  |
|  | to file Form 8282?  | 1                            | 7с         |     | X  |  |  |  |  |  |  |
| d  |   | 7d                           |            |     |    |  |  |  |  |  |  |
| е  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of  |                              | 7e<br>7f   |     | X  |  |  |  |  |  |  |
| f  | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |                              |            |     |    |  |  |  |  |  |  |
| g  |   |                              |            |     |    |  |  |  |  |  |  |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization  |                              | 7h         |     |    |  |  |  |  |  |  |
| 8  | ,   |                              |            |     |    |  |  |  |  |  |  |
| sponsoring organization have excess business holdings at any time during the year? |   |                              |            |     |    |  |  |  |  |  |  |
| 9 Sponsoring organizations maintaining donor advised funds.                        |   |                              |            |     |    |  |  |  |  |  |  |
| _  | a Did the sponsoring organization make any taxable distributions under section 4966?  |                              |            |     |    |  |  |  |  |  |  |
| 10   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:   |                              | 9b         |     |    |  |  |  |  |  |  |
| 10   | Initiation fees and capital contributions included on Part VIII, line 12  | 10a                          |            |     |    |  |  |  |  |  |  |
| a<br>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:  | 100                          |            |     |    |  |  |  |  |  |  |
|  | Gross income from members or shareholders   | 11a                          |            |     |    |  |  |  |  |  |  |
| b  | Gross income from other sources. (Do not net amounts due or paid to other sources against   | 114                          |            |     |    |  |  |  |  |  |  |
| ~  | amounts due or received from them.)   | 11b                          |            |     |    |  |  |  |  |  |  |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  |                              | 12a        |     |    |  |  |  |  |  |  |
|  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b                          |            |     |    |  |  |  |  |  |  |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  | <u> </u>                     |            |     |    |  |  |  |  |  |  |
| а  | Is the organization licensed to issue qualified health plans in more than one state?  |                              | 13a        |     |    |  |  |  |  |  |  |
|  | Note: See the instructions for additional information the organization must report on Schedule O.   |                              |            |     |    |  |  |  |  |  |  |
| b  | Enter the amount of reserves the organization is required to maintain by the states in which the  |                              |            |     |    |  |  |  |  |  |  |
|  | organization is licensed to issue qualified health plans  | 13b                          |            |     |    |  |  |  |  |  |  |
| С  | Enter the amount of reserves on hand  | 13c                          |            |     |    |  |  |  |  |  |  |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year?  |                              | 14a        |     | Х  |  |  |  |  |  |  |
| b  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul  |                              | 14b        |     |    |  |  |  |  |  |  |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than $$1,000,000$ in remune   |                              |            |     | Х  |  |  |  |  |  |  |
|  | excess parachute payment(s) during the year?  |                              |            |     |    |  |  |  |  |  |  |
| 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   | t 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 ac   |                              |            |     |    |  |  |  |  |  |  |
|  | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  |                              | 17         |     |    |  |  |  |  |  |  |
|  | If "Yes," complete Form 6069.   |                              |            |     |    |  |  |  |  |  |  |

232005 12-13-22

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

|          |  |                            |         |         |        | Λ    |  |  |  |  |  |
|----------|--|----------------------------|---------|---------|--------|------|--|--|--|--|--|
| Sec      | tion A. Governing Body and Management  |                            |         |         |        |      |  |  |  |  |  |
|          |  | 1 1                        | 1 AF    |         | Yes    | No   |  |  |  |  |  |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year  | 1a                         | 10      |         |        |      |  |  |  |  |  |
|          | 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                         | 10      |         |        |      |  |  |  |  |  |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh  | ip with any other          |         |         |        |      |  |  |  |  |  |
|          | officer, director, trustee, or key employee?   |                            | L       | 2       |        | X    |  |  |  |  |  |
| 3        | Did the organization delegate control over management duties customarily performed by or under the   | ne direct supervision      |         |         |        |      |  |  |  |  |  |
|          | of officers, directors, trustees, or key employees to a management company or other person?  |                            | L       | 3       |        | Х    |  |  |  |  |  |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form  | 990 was filed?             | L       | 4       |        | Х    |  |  |  |  |  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's as  | sets?                      | Г       | 5       |        | X    |  |  |  |  |  |
| 6        | 6 Did the organization have members or stockholders?   |                            |         |         |        |      |  |  |  |  |  |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or a  |                            |         |         |        |      |  |  |  |  |  |
|          | more members of the governing body?  |                            |         | 7a      |        | X    |  |  |  |  |  |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |                            | ┈ ┌     |         |        |      |  |  |  |  |  |
|          | persons other than the governing body?   |                            |         | 7b      |        | X    |  |  |  |  |  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye  |                            |         |         |        |      |  |  |  |  |  |
| а        | The governing body?  |                            |         | 8a      | х      |      |  |  |  |  |  |
| b        | Each committee with authority to act on behalf of the governing body?  |                            |         | 8b      | Х      |      |  |  |  |  |  |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea  |                            | ···     |         |        |      |  |  |  |  |  |
| •        | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  |                            |         | 9       |        | Х    |  |  |  |  |  |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Fi   |                            |         |         |        |      |  |  |  |  |  |
|          |  |                            |         |         | Yes    | No   |  |  |  |  |  |
| 10a      | Did the organization have local chapters, branches, or affiliates?   |                            |         | 10a     |        | X    |  |  |  |  |  |
|          | If "Yes," did the organization have written policies and procedures governing the activities of such or  |                            | ··· ├   |         |        |      |  |  |  |  |  |
| ~        | and branches to ensure their operations are consistent with the organization's exempt purposes?  |                            |         | 10b     |        |      |  |  |  |  |  |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing boo   |                            |         | 11a     | Х      |      |  |  |  |  |  |
| b        | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  | ay before filling the form | ·       | 114     |        |      |  |  |  |  |  |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13  |                            |         | 12a     | х      |      |  |  |  |  |  |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise  |                            |         | 12b     | X      |      |  |  |  |  |  |
|          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "   |                            | ··· ├   | 120     |        |      |  |  |  |  |  |
| ·        |  |                            |         | 12c     | х      |      |  |  |  |  |  |
| 13       |  |                            | ··· ⊢   | 13      | X      |      |  |  |  |  |  |
|          | •  |                            |         | 14      |        | Х    |  |  |  |  |  |
| 14<br>15 | Did the organization have a written document retention and destruction policy?   |                            | ⊦       | 14      |        |      |  |  |  |  |  |
| 15       |  | * .                        |         |         |        |      |  |  |  |  |  |
| _        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |                            |         | 15-     | х      |      |  |  |  |  |  |
|          | The organization's CEO, Executive Director, or top management official   |                            |         | 15a     | -25    | Х    |  |  |  |  |  |
| D        | Other officers or key employees of the organization  |                            | ···     | 15b     |        | 22   |  |  |  |  |  |
| 16-      | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   | mont with a                |         |         |        |      |  |  |  |  |  |
| ıoa      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   |                            |         | 16-     |        | Х    |  |  |  |  |  |
| L        | taxable entity during the year?  |                            | ···     | 16a     |        | -22  |  |  |  |  |  |
| D        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluating in injury continuous and the organization follows applied to the organization of the organization | •                          |         |         |        |      |  |  |  |  |  |
|          | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga   |                            |         | 401-    |        |      |  |  |  |  |  |
| 800      | exempt status with respect to such arrangements? tion C. Disclosure  |                            |         | 16b     |        |      |  |  |  |  |  |
|          |  |                            |         |         |        |      |  |  |  |  |  |
| 17<br>10 |  | and 000 T (                | 2)(O) - | 0.51. \ | 01:51  | .bl- |  |  |  |  |  |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a   | ind 990-1 (section 501(    | S(ک)(ز  | only)   | avalla | anie |  |  |  |  |  |
|          | for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain   | on Cobstille O             |         |         |        |      |  |  |  |  |  |
| 40       |  | on Schedule O)             |         | e:      |        |      |  |  |  |  |  |
| 19       | Describe on Schedule O whether (and if so, how) the organization made its governing documents, c   | onflict of interest policy | , and   | tınar   | icial  |      |  |  |  |  |  |
|          | 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 bo  | ooks and records           |         |         |        |      |  |  |  |  |  |
|          | ANN DYKEMA - (616)977-0599   |                            |         |         |        |      |  |  |  |  |  |
|          | 2965 LEONARD NE, GRAND RAPIDS, MI 49525  |                            |         |         |        |      |  |  |  |  |  |

## 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.

| (A)                              | (B)                    | T                  | rganization compensat<br>(C)                         |         |              |                              |       | (D)             | (E)                           | (F)                          |
|----------------------------------|------------------------|--------------------|--|---------|--------------|------------------------------|-------|-----------------|-------------------------------|------------------------------|
| Name and title                   | Average                | (do                | Position (do not check more than on                  |         |              |                              | one   | Reportable      | Reportable                    | Estimated                    |
|                                  | hours per              | box                | box, unless person is a<br>officer and a director/to |         |              | is bot                       | h an  | compensation    | compensation                  | amount of                    |
|                                  | week<br>(list any      | tor                |  |         |              |                              |       | from<br>the     | from related<br>organizations | other compensation           |
|                                  | hours for              | r director         |  |         |              | pa:                          |       | organization    | (W-2/1099-MISC/               | from the                     |
|                                  | related                | stee or            | rustee   |         |              | ensat                        |       | (W-2/1099-MISC/ | 1099-NEC)                     | organization                 |
|                                  | organizations<br>below | nal tru            | onal t   |         | ploye        | t com                        |       | 1099-NEC)       |                               | and related<br>organizations |
|                                  | line)                  | Individual trustee | Institutional trustee                                | Officer | Key employee | Highest compensated employee | ormer |                 |                               | Organizations                |
| (1) ADRIAAN NEELE                | 40.00                  | <del>  -</del>     |  |         | _            |                              |       |                 |                               |                              |
| PRESIDENT                        |                        |                    |  | Х       |              |                              |       | 144,186.        | 0.                            | 0.                           |
| (2) DANIEL TIMMER                | 40.00                  |                    |  |         |              |                              |       |                 | _                             | _                            |
| EMPLOYEE                         |                        |                    |  |         |              | Х                            |       | 142,757.        | 0.                            | 0.                           |
| (3) JONATHON BEEKE               | 40.00                  | 1                  |  |         |              |                              |       | 100 050         |                               |                              |
| EMPLOYEE                         | 40.00                  |                    |  |         |              | Х                            |       | 129,262.        | 0.                            | 0.                           |
| (4) ZACHARY ASH                  | 40.00                  | 1                  |  |         |              | 3,7                          |       | 105 266         | 0                             | 2 026                        |
| EMPLOYEE                         | 40.00                  | _                  |  |         |              | X                            |       | 125,366.        | 0.                            | 2,936.                       |
| (5) DR GERALD BILKES             | 40.00                  | 1                  |  | x       |              |                              |       | 123,588.        | 0.                            | 0.                           |
| VICE PRESIDENT (6) STEPHAN MYERS | 40.00                  | -                  |  | ₽       |              |                              |       | 123,300.        | 0.                            | 0.                           |
| EMPLOYEE                         | 40.00                  |                    |  |         |              | x                            |       | 121,254.        | 0.                            | 0.                           |
| (7) KARLA SOULE                  | 40.00                  |                    |  |         |              |                              |       | 121/231         |                               |                              |
| EMPLOYEE                         |                        | 1                  |  |         |              | x                            |       | 114,417.        | 0.                            | 2,936.                       |
| (8) DR JOEL BEEKE                | 40.00                  |                    |  |         |              |                              |       | ,               |                               | ,                            |
| CHANCELLOR                       |                        | 1                  |  | х       |              |                              |       | 101,737.        | 0.                            | 0.                           |
| (9) PAUL GREENDYK                | 1.00                   |                    |  |         |              |                              |       |                 |                               |                              |
| TREASURER                        |                        | Х                  |  | Х       |              |                              |       | 0.              | 0.                            | 0.                           |
| (10) REV ERIC MOERDYK            | 1.00                   |                    |  |         |              |                              |       | _               | _                             | _                            |
| TRUSTEE                          |                        | Х                  |  |         |              |                              |       | 0.              | 0.                            | 0.                           |
| (11) CONNOR KEUNING              | 1.00                   | ļ                  |  |         |              |                              |       | •               | •                             |                              |
| TRUSTEE                          |                        | Х                  |  |         |              |                              |       | 0.              | 0.                            | 0.                           |
| (12) KEVIN ASH                   | 2.00                   | <b>.</b> ,         |  | \<br>\  |              |                              |       | 0               | 0                             | _                            |
| CHAIRMAN (13) TAN MAGLEOR        | 1.00                   | Х                  |  | Х       |              |                              |       | 0.              | 0.                            | 0.                           |
| (13) IAN MACLEOD<br>TRUSTEE      | 1.00                   | X                  |  |         |              |                              |       | 0.              | 0.                            | 0.                           |
| (14) REV DAVID LIPSY             | 1.00                   | ^                  |  |         |              |                              |       | 0.              | 0.                            | 0.                           |
| TRUSTEE                          | 1.00                   | X                  |  |         |              |                              |       | 0.              | 0.                            | 0.                           |
| (15) JAMES BEEKE                 | 2.00                   |                    |  |         |              |                              |       |                 |                               |                              |
| SECRETARY                        |                        | x                  |  | x       |              |                              |       | 0.              | 0.                            | 0.                           |
| (16) BART ELSHOUT                | 1.00                   | T                  |  |         |              |                              |       |                 |                               |                              |
| TRUSTEE                          |                        | X                  |  |         |              |                              |       | 0.              | 0.                            | 0.                           |
| (17) GARY POSTMA                 | 1.00                   |                    |  |         |              |                              |       |                 |                               |                              |
| TRUSTEE                          |                        | X                  | 1  | ı       | I            | ı                            | 1 1   | 0.              | 0.                            | 0.                           |

232007 12-13-22

| Part VII Section A. Officers, Directors, Trus   | tees, Key Em   | ploy   | ees                   | , an    | d Hi  | ighe                         | st C        | Compensated Employe   | <b>es</b> (continued)                                       |          |                        |   |                |
|---|--|--|-----------------------|---------|-------|------------------------------|-------------|---|---|----------|------------------------|---|----------------|
| (A)<br>Name and title   | (B) Average hours per week   | Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |       |                              |             | <b>(D)</b> Reportable compensation                          | <b>(E)</b><br>Reportable<br>compensatio                     | n        | an                     | (F)<br>stimate<br>nount                                 |                |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | tee or director  | Institutional trustee | Officer |       | Highest compensated employee |             | from<br>the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | from related<br>organization:<br>(W-2/1099-MIS<br>1099-NEC) | s<br>SC/ | com<br>fr<br>org<br>an | other opensation opensation display anization anization | e<br>ion<br>ed |
| (18) JONATHON ENGELSMA VICE CHAIRMAN  | 2.00   | х  |                       | х       |       |                              |             | 0.  |   | 0.       |                        |   | 0.             |
|   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |
|   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |
|   |  |  |                       |         |       |                              |             |   |   |          | -                      |   |                |
|   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |
|   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |
|   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |
|   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |
|   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |
|   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |
|   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |
| 1b Subtotal   |  |  |                       |         |       |                              |             | 1,002,567.  |   | 0.       |                        | 5,8   |                |
| c Total from continuation sheets to Part VI<br>d Total (add lines 1b and 1c)  |  |  |                       |         |       |                              |             | 0.<br>1,002,567.  |   | 0.       |                        | 5,8   | 0.<br>72.      |
| Total number of individuals (including but no compensation from the organization                                    |  |  |                       |         |       |                              |             |   | 0,000 of reportable   | le       |                        |   | 8              |
| -   |  |  |                       |         |       |                              |             |   |   | -        |                        | Yes   | No             |
| <b>3</b> Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s          |  |  |                       |         |       |                              |             | ghest compensated emp                                       |   |          | 3                      |   | X              |
| 4 For any individual listed on line 1a, is the su   | •  | le co  | omp                   | ensa    | atior | n and                        | d ot        | her compensation from                                       | the organization  |          |                        |   | Х              |
| <ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or a</li></ul> |  |  |                       |         |       |                              |             |   |   |          | 4                      |   |                |
| rendered to the organization? If "Yes," com<br>Section B. Independent Contractors                                   | plete Schedul  | e J t  | or st                 | uch     | pers  | son .                        |             |   |   |          | 5                      |   | Х              |
| Complete this table for your five highest co  | mpensated in   | depe   | ende                  | ent c   | conti | racto                        | ors t       | that received more than                                     | \$100,000 of com  | npens    | ation                  | from  |                |
| the organization. Report compensation for (A)   | the calendar y   | ear  | endi                  | ng v    | with  | or w                         | rithir<br>I | n the organization's tax (B)                                | year.   |          |                        | <b>C)</b>   |                |
| Name and business   | address  | N  | INC                   | 3       |       |                              |             | Description of s  | ervices   | C        |                        | nsatio  | n              |
|   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |
|   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |
|   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |
|   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |
|   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |
| 2 Total number of independent contractors (i \$100,000 of compensation from the organi                              | -  | ot li  | mite                  | d to    | tho ( | se li:                       | stec        | d above) who received m                                     | nore than   |          |                        |   |                |
| , ,   |  |  |                       |         |       |                              |             |   |   |          |                        |   |                |

PURITAN REFORMED THEOLOGICAL SEMINARY

| Table   Tabl    | Pa        | וני | / |                               |                 |          |                    |            |                   |           |                  |
|---|-----------|-----|---|-------------------------------|-----------------|----------|--------------------|------------|-------------------|-----------|------------------|
| Total revenue   Feletated or exampts   Currelated   Cur    |           |     |   | Check if Schedule O           | contains a resp | onse     | or note to any lir |            |                   | (C)       | <u> </u>         |
| 1 a Federated campaigns   1a   1a   1a   1a   1a   1a   1a   1  |           |     |   |                               |                 |          |                    |            | Related or exempt | Unrelated | Revenue excluded |
| STUDENT HOUSING   | ants      | 1   |   |                               |                 |          |                    |            |                   |           |                  |
| Business Code   | ٦٥        |     |   |                               |                 |          |                    |            |                   |           |                  |
| STUDENT HOUSING   | ifts      |     |   |                               |                 |          | 800                |            |                   |           |                  |
| STUDENT HOUSING   | nila      |     |   |                               |                 |          | 000.               |            |                   |           |                  |
| STUDENT HOUSING   | Sir       |     |   | ,                             | · · ·           |          |                    |            |                   |           |                  |
| STUDENT HOUSING   | her       |     | • |                               | -               | 6.       | 003.224.           |            |                   |           |                  |
| STUDENT HOUSING   | d di      |     | a |                               |                 |          |                    |            |                   |           |                  |
| STUDENT HOUSING   | Cor       |     | - |                               | IIII 19         | Ψ        |                    | 6,004,024. |                   |           |                  |
| STUDENT HOUSING   721310   251,979    |           |     |   |                               |                 |          | 1                  | , ,        |                   |           |                  |
| STUDENT HOUSING   721310   251,979    | ø,        | 2   | а | TUITION                       |                 |          | 611600             | 302,898.   | 302,898.          |           |                  |
| g Total. Add lines 2a:2f  | ž "       |     |   | STUDENT HOUSI                 | NG              |          |                    |            |                   |           |                  |
| g Total. Add lines 2a:2f  | Se        |     | С | CONFERENCE RE                 | VENUE           |          | 611600             |            |                   |           |                  |
| g Total. Add lines 2a:2f  | am        |     | d | JOURNAL INCOM                 | Œ               |          | 513120             | 9,539.     |                   |           |                  |
| g Total. Add lines 2a:2f  | ogr       |     | е |                               |                 |          |                    |            |                   |           |                  |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents 6 b Less: rental expenses 6 c Rental income or (loss) 6 c d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b C Gain or (loss) 7 a Gross sincome from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8 a Gross income from ganing activities. See Part IV, line 19 9 a Gross income from ganing activities. See Part IV, line 19 1 b Less: direct expenses 9 b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10 a Gross sless of inventory, less returns and allowances 10 a Gross sless of inventory, less returns and allowances 10 a Stripped S | <u>4</u>  |     | f | All other program service     | revenue         |          |                    |            |                   |           |                  |
| other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  7 a Gross amount from sales of assets of the than inventory b Less: cost or other basis and sales expenses 7 b C Gain or (loss) 6 Net gain or (loss) 7 c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  8 Business Code  Part IV, line 19 9 a 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory 10 a Business Code  Part IV, line 19 9 a 10 a Gross sales of inventory 10  |           |     | g | Total. Add lines 2a-2f        |                 |          |                    | 578,226.   |                   |           |                  |
| 4 Income from investment of tax-exempt bond proceeds 5 Royalties    Ga   (i) Real   (ii) Personal   |           | 3   |   | Investment income (include    | ding dividends  | , intere | est, and           |            |                   |           |                  |
| For the state of t  |           |     |   | other similar amounts)        |                 |          |                    | 42,853.    |                   |           | 42,853.          |
| 6 a Gross rents b Less: rental expenses. c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. 7 d Net gain or (loss) 7 d Net gain or (loss) 8 a Gross income from fundraising events (not including \$  |           | 4   |   | Income from investment of     | of tax-exempt b | ond p    | proceeds           |            |                   |           |                  |
| Ba Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from sales of inventory.  |           | 5   |   | Royalties                     |                 |          |                    |            |                   |           |                  |
| b Less: rental expenses 6b 6c   |           |     |   |                               | (i) Re          | al       | (ii) Personal      |            |                   |           |                  |
| C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: Cost or other basis and sales expenses 7b C Gain or (loss) 7 d Net gain or (loss) 8 a Gross income from fundraising events (not including \$   |           | 6   |   |                               |                 |          |                    |            |                   |           |                  |
| d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses  |           |     |   |                               | -               |          |                    |            |                   |           |                  |
| To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses  |           |     |   | ` ,                           |                 |          |                    |            |                   |           |                  |
| assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Designer Code  Puripages Code  Resigner Code  |           | 7   |   | , ,                           |                 |          |                    |            |                   |           |                  |
| b Less: cost or other basis and sales expenses 7b 7c   c Gain or (loss) 7c   d Net gain or (loss)   8 a Gross income from fundraising events (not including \$  |           | ′   | а |                               | '               | ities    | (ii) Other         |            |                   |           |                  |
| and sales expenses 7b 7c  |           |     | h | •                             | /a              |          |                    |            |                   |           |                  |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a   | e e       |     | b |                               | <sub>7b</sub>   |          |                    |            |                   |           |                  |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a   | len       |     | c |                               |                 |          |                    |            |                   |           |                  |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a   | Re        |     |   |                               | $\overline{}$   |          |                    |            |                   |           |                  |
| contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  10 a Gross sales of open sold 29,797.  | ЭĒ        | 8   |   | Gross income from fundraising | ng events (not  |          |                    |            |                   |           |                  |
| Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  10a 62,017. 10b 32,220.  Resinces Code   | Ĭ         |     |   |                               |                 |          |                    |            |                   |           |                  |
| b Less: direct expenses   |           |     |   | · ·                           |                 | 82       |                    |            |                   |           |                  |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  10a 62,017. 10b 32,220. 29,797. 29,797.   |           |     | b |                               |                 |          |                    |            |                   |           |                  |
| 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10 b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory  10 a G2,017. 10  |           |     |   |                               |                 |          |                    |            |                   |           |                  |
| Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  29,797  29,797  Business Code  |           | 9   |   |                               |                 |          |                    |            |                   |           |                  |
| b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  29,797.  Business Code   |           |     |   |                               |                 |          |                    |            |                   |           |                  |
| 10 a Gross sales of inventory, less returns and allowances  |           |     | b |                               |                 |          |                    |            |                   |           |                  |
| and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Business Code  10a 62,017.  10b 32,220.  29,797.  29,797.   |           |     | С | Net income or (loss) from     | gaming activit  | ies      |                    |            |                   |           |                  |
| b Less: cost of goods sold 10b 32,220.  c Net income or (loss) from sales of inventory 29,797.  |           | 10  | а | Gross sales of inventory, I   | ess returns     |          |                    |            |                   |           |                  |
| c Net income or (loss) from sales of inventory 29,797 29,797 .  |           |     |   |                               |                 |          |                    |            |                   |           |                  |
| Business Code   |           |     | b | Less: cost of goods sold      |                 | 10b      | 32,220.            | 00 505     | 00 505            |           |                  |
| Business Code   |           |     | С | Net income or (loss) from     | sales of invent | ory      |                    | 29,797.    | 29,797.           |           |                  |
|   | sn        |     |   |                               |                 |          | Business Code      |            |                   |           |                  |
|   | ee<br>ne  | 11  |   |                               |                 |          |                    |            |                   |           |                  |
|   | la<br>Ven |     | b |                               |                 |          |                    |            |                   |           |                  |
| © d All other revenue 900099 11,927. 11,927.  | Re        |     |   | All other revenue             |                 |          | 900099             | 11 927     | 11 927            |           |                  |
| d All other revenue 900099 11,927. 11,927.  | Σ         |     |   |                               |                 |          |                    |            |                   |           |                  |
|   |           | 12  |   |                               |                 |          |                    |            | 619,950.          | 0.        | 42,853.          |

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

|           | Check if Schedule O contains a respons  | se or note to any line in (A) | this Part IX(B)             | (C)                             | (D)                  |
|-----------|---|-------------------------------|-----------------------------|---------------------------------|----------------------|
|           | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | Total expenses                | Program service<br>expenses | Management and general expenses | Fundraising expenses |
| 1         | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                               |                             |                                 |                      |
| 2         | Grants and other assistance to domestic   |                               |                             |                                 |                      |
| _         | individuals. See Part IV, line 22   | 239,770.                      | 239,770.                    |                                 |                      |
| 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,  |                               |                             |                                 |                      |
| _         | trustees, and key employees   | 414,123.                      | 124,237.                    | 248,474.                        | 41,412               |
| 6         | Compensation not included above to disqualified   | ,                             | ,                           | ,                               | •                    |
| •         | persons (as defined under section 4958(f)(1)) and   |                               |                             |                                 |                      |
|           | persons described in section 4958(c)(3)(B)  |                               |                             |                                 |                      |
| 7         | Other salaries and wages  | 2,186,030.                    | 1,569,819.                  | 426,053.                        | 190,158              |
| 8         | Pension plan accruals and contributions (include  | , , , , , , , ,               | , ,                         | .,                              | ,                    |
| -         | section 401(k) and 403(b) employer contributions)   |                               |                             |                                 |                      |
| 9         | Other employee benefits   | 85,130.                       | 55,077.                     | 23,660.                         | 6,393                |
| 10        | Payroll taxes   | 147,439.                      | 96,060.                     | 38,248.                         | 13,131               |
| 11        | Fees for services (nonemployees):   |                               | 20,000                      |                                 |                      |
| ''<br>a   | Management  |                               |                             |                                 |                      |
| b         |   | 11,518.                       |                             | 11,518.                         |                      |
| C         | Legal   | 17,499.                       |                             | 17,499.                         |                      |
|           | Accounting Lobbying   | 17,1330                       |                             | 1771334                         |                      |
| e         | Lobbying  Professional fundraising services. See Part IV, line 17   |                               |                             |                                 |                      |
| f         | Investment management fees  |                               |                             |                                 |                      |
| g         | Other. (If line 11g amount exceeds 10% of line 25,  |                               |                             |                                 |                      |
| y         | column (A), amount, list line 11g expenses on Sch 0.)   | 26,301.                       | 26,301.                     |                                 |                      |
| 40        | Advertising and promotion   | 138,692.                      | 3,011.                      |                                 | 135,681              |
| 12        |   | 116,975.                      | 4,868.                      | 112,107.                        | 133,001              |
| 13        | Office expenses   | 209,721.                      | 167,777.                    | 33,555.                         | 8,389                |
| 14<br>45  | Information technology  | 205,721.                      | 107,777.                    | 33,333.                         | 0,303                |
| 15<br>16  | Royalties   | 235,234.                      | 211,296.                    | 19,312.                         | 4,626                |
| 16<br>17  | Occupancy   | 47,049.                       | 15,247.                     | 31,802.                         | 4,020                |
| 17        | Travel  | 47,047.                       | 15,247.                     | 31,002.                         |                      |
| 18        | Payments of travel or entertainment expenses  |                               |                             |                                 |                      |
| 40        | for any federal, state, or local public officials   | 103,553.                      | 30,482.                     | 50,234.                         | 22,837               |
| 19        | Conferences, conventions, and meetings  | 6,386.                        | 30,402.                     | 6,386.                          | 22,037               |
| 20        | Interest  | 0,300.                        |                             | 0,300.                          |                      |
| 21        | Payments to affiliates  | 348,896.                      | 279,117.                    | 55,823.                         | 13,956               |
| 22        | Depreciation, depletion, and amortization   | 21,198.                       | 213,110                     | 21,198.                         | 13,930               |
| 23        | Insurance Other averages Itemize averages not sovered   | 21,190.                       |                             | 21,190.                         |                      |
| 24        | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                               |                             |                                 |                      |
| а         | INSTRUCTION EXPENSE   | 215,585.                      | 185,856.                    | 29,729.                         |                      |
| b         | LIBRARY EXPENSE   | 165,233.                      | 165,233.                    | == , . == •                     |                      |
| C         | BOOKSTORE EXPENSE   | 880.                          | 880.                        |                                 |                      |
| d         |   |                               |                             |                                 |                      |
| e         | All other expenses  |                               |                             |                                 |                      |
| 25        | Total functional expenses. Add lines 1 through 24e  | 4,737,212.                    | 3,175,031.                  | 1,125,598.                      | 436,583              |
| <u>26</u> | Joint costs. Complete this line only if the organization  | , =:,===•                     | .,,                         | , ==,,,,,,                      | ,                    |
|           | reported in column (B) joint costs from a combined  |                               |                             |                                 |                      |
|           | educational campaign and fundraising solicitation.  |                               |                             |                                 |                      |
|           | sassanona vampaign and fundralonly oblicitation.  |                               |                             |                                 |                      |

Form 990 (2022)

Part X | Balance Sheet

| Pa                          | rt X     | Balance Sheet  |                     |                       |                                 |         |                           |
|-----------------------------|----------|--|---------------------|-----------------------|---------------------------------|---------|---------------------------|
|                             |          | Check if Schedule O contains a response or not   | e to an             | y line in this Part X |                                 |         |                           |
|                             |          |  |                     |                       | <b>(A)</b><br>Beginning of year |         | <b>(B)</b><br>End of year |
|                             | 1        | Cash - non-interest-bearing  |                     |                       | 4,043,004.                      | 1       | 3,057,589.                |
|                             | 2        | Savings and temporary cash investments   |                     |                       | 110,761.                        | 2       | 3,152,643.                |
|                             | 3        | Pledges and grants receivable, net   |                     |                       |                                 | 3       |                           |
|                             | 4        | Accounts receivable, net   |                     |                       | 140,621.                        | 4       | 117,570.                  |
|                             | 5        | Loans and other receivables from any current or  |                     |                       |                                 |         |                           |
|                             |          | trustee, key employee, creator or founder, subst   | antial (            | contributor, or 35%   |                                 |         |                           |
|                             |          | controlled entity or family member of any of thes  | e pers              | ons                   |                                 | 5       |                           |
|                             | 6        | Loans and other receivables from other disquali  | fied pe             | rsons (as defined     |                                 |         |                           |
|                             |          | under section 4958(f)(1)), and persons described   | ction 4958(c)(3)(B) |                       | 6                               |         |                           |
| ţ                           | 7        | Notes and loans receivable, net  |                     |                       |                                 | 7       |                           |
| Assets                      | 8        | Inventories for sale or use  |                     |                       | 97,801.                         | 8       | 106,555.                  |
| ⋖                           | 9        | Prepaid expenses and deferred charges  |                     |                       | 85,567.                         | 9       | 118,847.                  |
|                             | 10a      | Land, buildings, and equipment: cost or other  |                     | 44 4-0 040            |                                 |         |                           |
|                             |          | basis. Complete Part VI of Schedule D  | 10a                 | 11,670,948.           |                                 |         | 0 656 604                 |
|                             | b        | Less: accumulated depreciation   | 10b                 | 3,014,257.            | 8,890,677.                      |         | 8,656,691.                |
|                             | 11       | Investments - publicly traded securities   |                     |                       |                                 | 11      |                           |
|                             | 12       | Investments - other securities. See Part IV, line 1  |                     |                       | 12                              |         |                           |
|                             | 13       | Investments - program-related. See Part IV, line   |                     | 13                    |                                 |         |                           |
|                             | 14       | Intangible assets  |                     | 14                    |                                 |         |                           |
|                             | 15       | Other assets. See Part IV, line 11   | 12 260 421          | 15                    | 15 200 005                      |         |                           |
|                             | 16       | Total assets. Add lines 1 through 15 (must equa  | 13,368,431.         | 16                    | 15,209,895                      |         |                           |
|                             | 17       | Accounts payable and accrued expenses  |                     | 94,545.               | 17                              | 58,399. |                           |
|                             | 18       | Grants payable   | 68,477.             | 18                    | 54,211.                         |         |                           |
|                             | 19       | Deferred revenue   |                     |                       | 00,4//.                         | 19      | 34,211                    |
|                             | 20       | Tax-exempt bond liabilities  |                     |                       |                                 | 20      |                           |
|                             | 21       | Escrow or custodial account liability. Complete I  |                     |                       |                                 | 21      |                           |
| Liabilities                 | 22       | Loans and other payables to any current or form  |                     |                       |                                 |         |                           |
| iii                         |          | trustee, key employee, creator or founder, subst   |                     |                       | 35,000.                         | 22      | 35,000.                   |
| Lia                         | 00       | controlled entity or family member of any of thes  |                     |                       | 79,203.                         | 23      | 41,464.                   |
|                             | 23<br>24 | Secured mortgages and notes payable to unrela  |                     |                       | 15,205.                         | 24      | 41,404                    |
|                             | 25       | Unsecured notes and loans payable to unrelated<br>Other liabilities (including federal income tax, par |                     |                       |                                 | 24      |                           |
|                             | 23       | parties, and other liabilities not included on lines   |                     |                       |                                 |         |                           |
|                             |          | of Schedule D  |                     |                       |                                 | 25      |                           |
|                             | 26       | Total liabilities. Add lines 17 through 25   |                     |                       | 277,225.                        | 26      | 189,074.                  |
|                             |          | Organizations that follow FASB ASC 958, che  | ck her              | e X                   | , -                             |         | ,                         |
| Ses                         |          | and complete lines 27, 28, 32, and 33.   |                     |                       |                                 |         |                           |
| <u>a</u>                    | 27       |  |                     |                       | 10,738,442.                     | 27      | 12,792,591.               |
| Ba                          | 28       |  |                     |                       | 2,352,764.                      | 28      | 2,228,230.                |
| pur                         |          | Organizations that do not follow FASB ASC 9  |                     |                       |                                 |         |                           |
| Ę                           |          | and complete lines 29 through 33.  |                     |                       |                                 |         |                           |
| Net Assets or Fund Balances | 29       | Capital stock or trust principal, or current funds   |                     |                       |                                 | 29      |                           |
| set                         | 30       | Paid-in or capital surplus, or land, building, or eq   |                     |                       |                                 | 30      |                           |
| As                          | 31       | Retained earnings, endowment, accumulated in   |                     |                       |                                 | 31      |                           |
| Red                         | 32       | Total net assets or fund balances  |                     |                       | 13,091,206.                     | 32      | 15,020,821.               |
|                             | 33       |  |                     |                       | 13,368,431.                     | 33      | 15,209,895.               |

| Pa | rt XI Reconciliation of Net Assets  |         |      |     |     |     |  |  |
|----|---|---------|------|-----|-----|-----|--|--|
|    | Check if Schedule O contains a response or note to any line in this Part XI   |         |      |     |     |     |  |  |
|    |   |         |      |     |     |     |  |  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1       |      | ,66 |     |     |  |  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2       | 4    | ,73 | 7,2 | 12. |  |  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  |         |      |     |     |     |  |  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4       | 13   | ,09 | 1,2 | 06. |  |  |
| 5  | Net unrealized gains (losses) on investments  | 5       |      |     |     |     |  |  |
| 6  | Donated services and use of facilities  | 6       |      |     |     |     |  |  |
| 7  | Investment expenses   | 7       |      |     |     |     |  |  |
| 8  | Prior period adjustments  | 8       |      |     |     |     |  |  |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9       |      |     |     | 0.  |  |  |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |         |      |     |     |     |  |  |
|    | column (B))   | 10      | 15   | ,02 | 0,8 | 21. |  |  |
| Pa | rt 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 O.     |         |      |     |     |     |  |  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |         |      | 2a  |     | X   |  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | d 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 separat       | e basis | 5,   |     |     |     |  |  |
|    | consolidated basis, or both:  |         |      |     |     |     |  |  |
|    | Separate basis X 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    | e audi  | t,   |     |     |     |  |  |
|    | 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 Sch     | nedule  | Ο.   |     |     |     |  |  |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       |         |      |     |     |     |  |  |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |         |      | За  |     | Х   |  |  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |         | ıdit |     |     |     |  |  |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |         |      | 3b  |     |     |  |  |

### **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.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number \*\*-\*\*\*4341

PURITAN REFORMED THEOLOGICAL SEMINARY

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 8 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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. 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

### 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) 2018              | <b>(b)</b> 2019    | (c) 2020    | (d) 2021 | (e) 2022            | (f) Total       |
| 1    | 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.    |                       |                    |             |          |                     | _               |
| -    | ction B. Total Support                          |                       |                    |             |          |                     |                 |
|      | ndar year (or fiscal year beginning in)         | (a) 2018              | <b>(b)</b> 2019    | (c) 2020    | (d) 2021 | (e) 2022            | (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   | <b>Total support.</b> Add lines 7 through 10    |                       |                    |             |          |                     |                 |
|      | Gross receipts from related activities,         | etc. (see instruction | nns)               |             |          | 12                  |                 |
|      | <b>First 5 years.</b> If the Form 990 is for th | •                     | ,                  |             |          | <u> </u>            |                 |
|      | organization, check this box and <b>stor</b>    | •                     |                    | •           |          | . , . ,             |                 |
| Sec  | tion C. Computation of Publ                     |                       |                    |             |          |                     |                 |
| 14   | Public support percentage for 2022 (I           | line 6, column (f), d | ivided by line 11, | column (f)) |          | 14                  | %               |
|      | Public support percentage from 2021             |                       |                    |             |          | 15                  | %               |
|      | 33 1/3% support test - 2022. If the o           |                       |                    |             |          | nore, check this bo | x and           |
|      | <b>stop here.</b> The organization qualifies    |                       |                    |             |          |                     |                 |
| b    | 33 1/3% support test - 2021. If the c           |                       |                    |             |          |                     |                 |
|      | and <b>stop here.</b> The organization qual     |                       |                    |             |          |                     |                 |
| 17a  | 10% -facts-and-circumstances tes                |                       |                    |             |          |                     |                 |
|      | and if the organization meets the fact          |                       |                    |             |          |                     |                 |
|      | meets the facts-and-circumstances te            |                       |                    |             |          |                     |                 |
| b    | 10% -facts-and-circumstances tes                | -                     |                    |             | -        |                     |                 |
| -    | more, and if the organization meets the         | -                     |                    |             |          |                     | :               |
|      | organization meets the facts-and-circle         |                       |                    |             |          |                     |                 |
| 18   | Private foundation. If the organization         |                       |                    |             |          |                     |                 |
|      |   |                       | ,                  | , , ,,      | ,        |                     | (Form 000) 2022 |

(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   |                           | ,                        |                      |                      |                |                    |
|-----|---|---------------------------|--------------------------|----------------------|----------------------|----------------|--------------------|
| Cal | ndar year (or fiscal year beginning in)                                 | (a) 2018                  | <b>(b)</b> 2019          | (c) 2020             | (d) 2021             | (e) 2022       | 2 <b>(f)</b> 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  |                           |                          |                      |                      |                |                    |
|     | Amounts included on lines 1, 2, and                                     |                           |                          |                      |                      |                |                    |
| ,,  | 3 received from disqualified persons                                    |                           |                          |                      |                      |                |                    |
| ŀ   | Amounts included on lines 2 and 3 received                              |                           |                          |                      |                      |                |                    |
|     | from other than disqualified persons that                               |                           |                          |                      |                      |                |                    |
|     | exceed the greater of \$5,000 or 1% of the                              |                           |                          |                      |                      |                |                    |
|     | amount on line 13 for the year  |                           |                          |                      |                      |                |                    |
|     | Add lines 7a and 7b   |                           |                          |                      |                      |                |                    |
| 8   | Public support. (Subtract line 7c from line 6.)                         |                           |                          |                      |                      |                |                    |
|     | endar year (or fiscal year beginning in)                                | (a) 2019                  | (b) 2010                 | (a) 2020             | (4) 2021             | (0) 202        | O (6) Total        |
|     | Amounts from line 6   | (a) 2018                  | <b>(b)</b> 2019          | (c) 2020             | (d) 2021             | (e) 2022       | 2 (f) Total        |
|     | Gross income from interest,   |                           |                          |                      |                      |                |                    |
| 100 | dividends, payments received on   |                           |                          |                      |                      |                |                    |
|     | securities loans, rents, royalties,                                     |                           |                          |                      |                      |                |                    |
|     | and income from similar sources   |                           |                          |                      |                      |                |                    |
| t   | 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  |                           |                          |                      |                      |                |                    |
|     | regularly carried on  |                           |                          |                      |                      |                |                    |
| 12  | Other income. Do not include gain or loss from the sale of capital      |                           |                          |                      |                      |                |                    |
|     | assets (Explain in Part VI.)  |                           |                          |                      |                      |                |                    |
| 13  | Total support. (Add lines 9, 10c, 11, and 12.)                          |                           |                          |                      |                      |                |                    |
| 14  | First 5 years. If the Form 990 is for the                               | ne organization's fi      | rst, second, third,      | fourth, or fifth tax | year as a section s  | 501(c)(3) orga | anization,         |
|     |   |                           |                          |                      |                      |                | <u></u>            |
|     | ction C. Computation of Publ  |                           |                          |                      |                      |                |                    |
|     | Public support percentage for 2022 (I                                   |                           |                          |                      |                      | 15             | <u>%</u>           |
|     | Public support percentage from 2021                                     |                           |                          |                      |                      | 16             | <u>%</u>           |
|     | ction D. Computation of Inves   |                           |                          |                      |                      |                |                    |
|     | Investment income percentage for 20                                     |                           |                          |                      |                      | 17             | %                  |
| 18  | Investment income percentage from 2                                     | <b>2021</b> Schedule A,   | Part III, line 17        |                      |                      | 18             | %                  |
| 19  | 33 1/3% support tests - 2022. If the                                    | organization did n        | ot check the box         | on line 14, and lin  | e 15 is more than 3  | 33 1/3%, and   | I line 17 is not   |
|     | more than 33 1/3%, check this box a                                     | nd <b>stop here.</b> The  | organization quali       | fies as a publicly   | supported organiza   | ation          |                    |
| ŀ   | 33 1/3% support tests - 2021. If the                                    | organization did n        | ot check a box or        | line 14 or line 19   | a, and line 16 is mo | ore than 33 1  | /3%, and           |
|     | line 18 is not more than 33 1/3%, che                                   | ck this box and <b>st</b> | <b>op here.</b> The orga | nization qualifies   | as a publicly suppo  | orted organiz  | ation              |
| 20  | Private foundation. If the organization                                 | n did not check a         | box on line 14, 19       | a, or 19b, check t   | his box and see ins  | structions     |                    |

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

| ,    |         | Yes    | No   |
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| dule | A (Forr | n 990) | 2022 |

| Sche | dule A (Form 990) 2022 PURITAN REFORMED THEOLOGICAL SEMINARY **-**  | *434      | 1 Pa | age <b>5</b> |
|------|---|-----------|------|--------------|
| Pa   | t IV Supporting Organizations (continued)   |           |      |              |
|      |   |           | Yes  | No           |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?   |           |      |              |
| а    | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and  |           |      |              |
|      | 11c below, the governing body of a supported organization?  | 11a       |      |              |
| b    | A family member of a person described on line 11a above?  | 11b       |      |              |
| С    | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |           |      |              |
|      | detail in Part VI.  | 11c       |      |              |
| Sec  | tion B. Type I Supporting Organizations   |           |      |              |
|      |   |           | Yes  | No           |
| 1    | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or  |           |      |              |
|      | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,   |           |      |              |
|      | directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |           |      |              |
|      | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the  |           |      |              |
|      | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1         |      |              |
| 2    | Did the organization operate for the benefit of any supported organization other than the supported   |           |      |              |
|      | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |           |      |              |
|      | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |           |      |              |
|      | supervised, or controlled the supporting organization.  | 2         |      |              |
| Sec  | tion 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   |           |      |              |
|      | or management of the supporting organization was vested in the same persons that controlled or managed  |           |      |              |
|      | the supported organization(s).  | 1         |      |              |
| Sec  | tion 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 prior tax   |           |      |              |
|      | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |           |      |              |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1         |      |              |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |           |      |              |
|      | 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 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         |      |              |
| Sec  | tion 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 yea(see instructions)  | <b>}-</b> |      |              |
| а    | The organization satisfied the Activities Test. Complete line 2 below.  |           |      |              |
| b    | The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |      |              |
| С    | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in   | structio  | ns). |              |
| 2    | Activities Test. Answer lines 2a and 2b below.  |           | Yes  | No           |
| а    | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  |           |      |              |
|      | the supported organization(s) to which the organization was responsive? If "Yes," then in 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   |           |      |              |
|      | that these activities constituted substantially all of its activities.  | 2a        |      |              |
| b    | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,   |           |      |              |
|      | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in  |           |      |              |
|      | 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        |      |              |
| 3    | Parent of Supported Organizations. Answer lines 3a and 3b below.  |           |      |              |
| а    | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   |           |      |              |

За

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                 | ing Orgar      | nizations                  | 1 ugo <b>o</b>                 |
|------|--|----------------|----------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on   | Nov. 20, 1970 (explain in  | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mu   | st complete    | Sections A through E.      |                                |
| Sect | ion A - Adjusted Net Income  |                | (A) Prior Year             | (B) Current Year<br>(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<br>(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             |                            |                                |
| С    | Fair market value of other non-exempt-use assets                             | 1c             |                            |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d             |                            |                                |
| e    | 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    | Distributable Amount. Subtract line 5 from line 4, unless subject to         |                |                            |                                |
|      | emergency temporary reduction (see instructions).                            | 6              |                            |                                |
| 7    | Check here if the current year is the organization's first as a non-function | ally integrate | ed Type III supporting org | ganization (see                |

Schedule A (Form 990) 2022

instructions).

| Sect | ion E - Distribution Allocations (see instructions)           | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|------|---|-----------------------------|--|---|
| 1    | Distributable amount for 2022 from Section C, line 6          |                             |  |   |
| 2    | Underdistributions, if any, for years prior to 2022 (reason-  |                             |  |   |
|      | able cause required - explain in Part VI). See instructions.  |                             |  |   |
| _3   | Excess distributions carryover, if any, to 2022               |                             |  |   |
| a    | From 2017   |                             |  |   |
| b    | From 2018   |                             |  |   |
| c    | From 2019   |                             |  |   |
| d    | From 2020   |                             |  |   |
| e    | From 2021   |                             |  |   |
| f    | Total of lines 3a through 3e                                  |                             |  |   |
| g    | Applied to underdistributions of prior years                  |                             |  |   |
| h    | Applied to 2022 distributable amount                          |                             |  |   |
| i_   | Carryover from 2017 not applied (see instructions)            |                             |  |   |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.        |                             |  |   |
| 4    | Distributions for 2022 from Section D,                        |                             |  |   |
|      | line 7: \$  |                             |  |   |
| a    | Applied to underdistributions of prior years                  |                             |  |   |
| b    | Applied to 2022 distributable amount                          |                             |  |   |
| c    | Remainder. Subtract lines 4a and 4b from line 4.              |                             |  |   |
| 5    | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h      |                             |  |   |
|      | and 4b from line 1. For result greater than zero, explain in  |                             |  |   |
|      | Part VI. See instructions.                                    |                             |  |   |
| 7    | Excess distributions carryover to 2023. Add lines 3j          |                             |  |   |
|      | and 4c.   |                             |  |   |
| 8    | Breakdown of line 7:  |                             |  |   |
| а    | Excess from 2018  |                             |  |   |
| b    | Excess from 2019  |                             |  |   |
| С    | Excess from 2020  |                             |  |   |
| d    | Excess from 2021  |                             |  |   |
| е    | Excess from 2022  |                             |  |   |

Schedule A (Form 990) 2022

### **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

PURITAN REFORMED THEOLOGICAL SEMINARY

**Employer identification number** \*\*-\*\*\*4341

| Pai | organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin |                            | Similar Funds         | or Accounts. Complete if the       |
|-----|--|----------------------------|-----------------------|------------------------------------|
|     | organization answered Tes Officialities, in  | (a) Donor advis            | ed funds              | (b) Funds and other accounts       |
| 1   | Total number at end of year  |                            |                       | . ,                                |
| 2   | Aggregate value of contributions to (during year)  |                            |                       |                                    |
| 3   | Aggregate value of grants from (during year)   |                            |                       |                                    |
| 4   | Aggregate value at end of year   |                            |                       |                                    |
| 5   | Did the organization inform all donors and donor advisors in                                 |                            | eld in donor advise   | d funds                            |
|     | are the organization's property, subject to the organization's                               | ~                          |                       |                                    |
| 6   | Did the organization inform all grantees, donors, and donor a                                |                            |                       |                                    |
|     | for charitable purposes and not for the benefit of the donor of                              | or donor advisor, or for a | ny other purpose c    | onferring                          |
|     | impermissible private benefit?   |                            |                       | Yes No                             |
| Pai | t II Conservation Easements. Complete if the org   | ganization answered "Ye    | es" on Form 990, Pa   | art IV, line 7.                    |
| 1   | Purpose(s) of conservation easements held by the organizat                                   | ion (check all that apply  | <u>).</u>             |                                    |
|     | Preservation of land for public use (for example, recrea                                     | ation or education)        | Preservation of a     | historically important land area   |
|     | Protection of natural habitat  |                            | □ Preservation of a   | certified historic structure       |
|     | Preservation of open space   |                            |                       |                                    |
| 2   | Complete lines 2a through 2d if the organization held a quali                                | fied conservation contri   | oution in the form o  |                                    |
|     | day of the tax year.   |                            |                       | Held at the End of the Tax Year    |
| а   | Total number of conservation easements   |                            |                       | 2a                                 |
| b   | Total acreage restricted by conservation easements   |                            |                       | 2b                                 |
| С   | Number of conservation easements on a certified historic str                                 | ructure included in (a)    |                       | 2c                                 |
| d   | Number of conservation easements included in (c) acquired                                    | •                          |                       |                                    |
|     | historic structure listed in the National Register   |                            |                       |                                    |
| 3   | Number of conservation easements modified, transferred, re                                   | eleased, extinguished, or  | terminated by the     | organization during the tax        |
|     | year   |                            |                       |                                    |
| 4   | Number of states where property subject to conservation ea                                   |                            |                       |                                    |
| 5   | Does the organization have a written policy regarding the pe                                 |                            | ction, handling of    |                                    |
| _   | violations, and enforcement of the conservation easements i                                  |                            |                       |                                    |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,                                 | handling of violations, a  | and enforcing conse   | ervation easements during the year |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand                                  | dling of violations, and o | nforcina consonyati   | on agraments during the year       |
| •   | Amount of expenses incurred in monitoring, inspecting, hard                                  | aling of violations, and e | morching conservati   | on easements during the year       |
| 8   | Does each conservation easement reported on line 2(d) above                                  | ve satisfy the requireme   | nts of section 170(h  | n)(4)(B)(i)                        |
|     | and section 170(h)(4)(B)(ii)?  |                            |                       | Yes No                             |
| 9   | In Part XIII, describe how the organization reports conservati                               |                            |                       |                                    |
|     | balance sheet, and include, if applicable, the text of the footi                             | note to the organization   | s financial stateme   | nts that describes the             |
|     | organization's accounting for conservation easements.  |                            |                       |                                    |
| Pai | t III Organizations Maintaining Collections o  | · ·                        | easures, or Otl       | her Similar Assets.                |
|     | Complete if the organization answered "Yes" on Form  | n 990, Part IV, line 8.    |                       |                                    |
| 1a  | If the organization elected, as permitted under FASB ASC 95                                  | •                          |                       |                                    |
|     | of art, historical treasures, or other similar assets held for pul                           | ·                          | •                     | •                                  |
|     | service, provide in Part XIII the text of the footnote to its final                          |                            |                       |                                    |
| b   | If the organization elected, as permitted under FASB ASC 95                                  | · ·                        |                       |                                    |
|     | art, historical treasures, or other similar assets held for public                           | c exhibition, education,   | or research in furthe | erance of public service,          |
|     | provide the following amounts relating to these items:                                       |                            |                       |                                    |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |                            |                       | \$                                 |
|     |  |                            |                       |                                    |
| 2   | If the organization received or held works of art, historical tre                            |                            |                       | gain, provide                      |
|     | the following amounts required to be reported under FASB A                                   |                            |                       |                                    |
| а   | Revenue included on Form 990, Part VIII, line 1  |                            |                       |                                    |
| b   | Assets included in Form 990, Part X  |                            |                       | \$                                 |

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

Schedule D (Form 990) 2022

## 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

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

| Complete if the organization anowered                 | 100 0111 01111 000, 1 4111           | v, iiilo 11a. 0001 01111 000    | 5, 1 dit 7, iii 6 16.        |                |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| Description of property                               | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1a Land   |                                      | 574,095.                        |                              | 574,095.       |
| <b>b</b> Buildings                                    |                                      | 10,282,378.                     | 2,455,126.                   | 7,827,252.     |
| c Leasehold improvements                              |                                      |                                 |                              |                |
| <b>d</b> Equipment                                    |                                      | 791,225.                        | 535,881.                     | 255,344.       |
| e Other   |                                      | 23,250.                         | 23,250.                      | 0.             |
| Total. Add lines 1a through 1e. (Column (d) must equa | al Form 990, Part X, colui           | mn (B), line 10c.)              |                              | 8,656,691.     |

Schedule D (Form 990) 2022

| 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 or security)  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (l) Financial derivatives  (l) Glosely held equity interests  (l) Glosely held |  | ORMED THEOLOG              | ICAL SEMINARY **                          | -***4341 Page          |
|---|--|----------------------------|---|------------------------|
| (a) Description of ascuring of category (solucing name of ascuriny (f) Financial derivatives (b) Closely held equity interests (c) Closely held equity interests (d) Other (A) (e) (G) (f) (G) (G) (f) (G) (G) (f) (G) (G) (G) (f) (G) (G) (G) (f) (G) (G) (G) (G) (G) (G) (f) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G   | Part VII Investments - Other Securities. | on Form 990 Part IV line   | 11h Soo Form 990 Part V line 12           |                        |
| (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C  |  |                            |   | d-of-vear market value |
| (2) Closely held equity interests   |  | (2) 20011 14140            | (0)                                       | <u> </u>               |
| (3) Other   |  |                            |   |                        |
| (B) (C) (C) (D) (D) (E) (F) (G) (G) (H) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H  |  |                            |   |                        |
| (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C  |  |                            |   |                        |
| (D)   (E)   (E)   (F)   | (B)                                      |                            |   |                        |
| (E) (F) (F) (G) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F  | (C)                                      |                            |   |                        |
| (F)   (C)   (P)   | (D)                                      |                            |   |                        |
| (G) (H) Total. (Col. (b) must equal form 990, Part X, col. (g) line 12.)    Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 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)  | (E)                                      |                            |   |                        |
| (H)   | (F)                                      |                            |   |                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.   | (G)                                      |                            |   |                        |
| Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   | ` /                                      |                            |   |                        |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 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   |  |                            |   |                        |
| (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10   |  |                            |   |                        |
| (1)   |  |                            |   |                        |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  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)  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) (3) (4) (6) (6)  | • • • •                                  | (b) Book value             | (c) Method of valuation: Cost or en       | d-of-year market value |
| (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  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, col. (B) line 15.)  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 (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6)   |  |                            |   |                        |
| (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  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, col. (B) line 15.)  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) (3) (4) (5) (6)  |  |                            |   |                        |
| (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  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, col. (B) line 15.)  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) (3) (4) (4) (5) (6)   |  |                            |   |                        |
| (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  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, col. (B) line 15.)  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) (3) (4) (4) (5) (6)   |  |                            |   |                        |
| (7) (8) (9) (7) (10) (10) must equal Form 990, Part X, col. (8) line 13.)    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   |  |                            |   |                        |
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| Section   Column   Column   Column   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization of liability   Column    |  |                            |   |                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   Part X   |  |                            |   |                        |
| Part IX   |  |                            |   |                        |
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| 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)  (3)  (4)  (5)  (6)   | (9)                                      |                            |   |                        |
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| (1) Federal income taxes (2) (3) (4) (5) (6)  | <u>~</u>                                 | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 |                        |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)   | 1. (a) Description of liability          |                            |   | (b) Book value         |
| (3)<br>(4)<br>(5)<br>(6)  |  |                            |   |                        |
| (4)<br>(5)<br>(6)   |  |                            |   |                        |
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|   |  |                            |   |                        |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2022

(8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

|        | t XI Reconciliation of Revenue per Audited Financial State  | ements With |                |           | ***4341 Page<br>•   |
|--------|---|-------------|----------------|-----------|---------------------|
|        | Complete if the organization answered "Yes" on Form 990, Part IV, line  | 12a.        |                |           |                     |
| 1      | Total revenue, gains, and other support per audited financial statements  |             |                | 1         | 6,699,047           |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |             |                |           |                     |
|        | Net unrealized gains (losses) on investments  |             |                |           |                     |
|        | Donated services and use of facilities  |             |                |           |                     |
|        | Recoveries of prior year grants   |             | 20.000         |           |                     |
| d      | Other (Describe in Part XIII.)  | 2d          | 32,220.        |           |                     |
|        | Add lines 2a through 2d   |             |                | 2e        | 32,220              |
| 3      | Subtract line 2e from line 1  |             |                | 3         | 6,666,827           |
| 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.)  | 4b          |                |           | •                   |
| _      | Add lines <b>4a</b> and <b>4b</b>   |             |                | 4c        | 0                   |
|        | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   |             |                | 5         | 6,666,827           |
| Par    | rt XII Reconciliation of Expenses per Audited Financial Sta   |             | 1 Expenses per | Retu      | rn.                 |
|        | Complete if the organization answered "Yes" on Form 990, Part IV, line  |             |                |           | 4 560 420           |
|        | Total expenses and losses per audited financial statements  |             |                | 1         | 4,769,432           |
|        | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | 1 1         |                |           |                     |
|        | Donated services and use of facilities  |             |                |           |                     |
| b      | Prior year adjustments  |             |                |           |                     |
|        | Other losses  |             | 20 000         |           |                     |
|        | Other (Describe in Part XIII.)  | •           | 32,220.        |           | 20 000              |
|        | Add lines 2a through 2d   |             |                | 2e        | 32,220              |
|        | Subtract line 2e from line 1  |             |                | 3         | 4,737,212           |
|        | Amounts included on Form 990, Part IX, line 25, but not on line 1:  | 1 1         |                |           |                     |
|        | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a          |                |           |                     |
| b      | Other (Describe in Part XIII.)  | 4b          |                |           | •                   |
|        | Add lines <b>4a</b> and <b>4b</b>   |             |                | 4c        | U<br>4 727 212      |
|        | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.   | )           |                | 5         | 4,737,212           |
| Provid | rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | *           |                | l; Part ː | X, line 2; Part XI, |
| PAR    | RT V, LINE 4:   |             |                |           |                     |
| ГНЕ    | E ENDOWMENT FUND IS HELD BY THE PURITAN   | REFORMED    | THEOLOGIC      | AL S      | SEMINARY            |

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

32,220. COST OF INVENTORY INCLUDED ON PAGE 9

### PART XII, LINE 2D - OTHER ADJUSTMENTS:

32,220. COST OF INVENTORY INCLUDED ON PAGE 9

Schedule D (Form 990) 2022

| Schedule D (Form 990) 2022                                    | PURITAN        | REFORMED | THEOLOGICAL | SEMINARY | **-***4341 | Page 5 |
|---|----------------|----------|-------------|----------|------------|--------|
| Schedule D (Form 990) 2022 Part XIII Supplemental Information | mation (contin | ued)     |             |          |            |        |
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### **SCHEDULE E**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schools**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

### PURITAN REFORMED THEOLOGICAL SEMINARY

Employer identification number \*\*-\*\*4341

| art I   |   |  |        |   |
|---|---|--|--------|---|
| art i   |   | -  | YES    | Π |
| Does the organization have a raci   | cially nondiscriminatory policy toward students by statement in its charter,  |  | $\neg$ | t |
| _   |   | 1  | х      |   |
|   | statement of its racially nondiscriminatory policy toward students in all its brochures,  |  |        | T |
|   |   | 2  | Х      |   |
|   | ts racially nondiscriminatory policy on its primary publicly accessible Internet  |  |        | r |
|   | tax year in a manner reasonably expected to be noticed by visitors to the   |  |        |   |
|   | er or broadcast media during the period of solicitation for students, or during the   |  |        |   |
|   | icitation program, in a way that makes the policy known to all parts of the general   |  |        |   |
|   |   | 3  | х      | Г |
|   | NATORY POLICY CAN BE FOUND ON THE APPLICATION   |  |        | r |
| FORM FOR ADMISSION  | ON TO THE SCHOOL.   |  |        |   |
|   |   |  |        |   |
| Does the organization maintain th   | ne following?   |  |        |   |
| a Records indicating the racial com   | nposition of the student body, faculty, and administrative staff?   | 4a   | Х      | L |
| Records documenting that schola   | arships and other financial assistance are awarded on a racially nondiscriminatory basis? 4   | 4b   | Х      | Ĺ |
| Copies of all catalogues brochur  | res, announcements, and other written communications to the public dealing  |  |        | Г |
| • Copies of all catalogues, brochur   | es, announcements, and other written communications to the public dealing   |  | '      | ı |
|   |   | 4c   | X      |   |
| with student admissions, progran d Copies of all material used by the   | ms, and scholarships?   | 4c<br>4d                                     | X      |   |
| with student admissions, progrand Copies of all material used by the  | ms, and scholarships? e organization or on its behalf to solicit contributions?   |  |        |   |
| with student admissions, progran  Copies of all material used by the If you answered "No" to any of th  | ms, and scholarships?  e organization or on its behalf to solicit contributions?  ne above, please explain. If you need more space, use Part II.  |  |        |   |
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| with student admissions, progrand Copies of all material used by the If you answered "No" to any of the Does the organization discriminate Students' rights or privileges?  | ms, and scholarships?  e organization or on its behalf to solicit contributions?  de above, please explain. If you need more space, use Part II.  te by race in any way with respect to:  5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   | 5a<br>5b<br>5c<br>5d<br>5e<br>5f<br>5g<br>5h |        |   |
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| with student admissions, progrand Copies of all material used by the If you answered "No" to any of the Does the organization discriminate Students' rights or privileges?  | ms, and scholarships? e organization or on its behalf to solicit contributions? 4 e organization or on its behalf to solicit contributions? 4 ne above, please explain. If you need more space, use Part II.  5 te by race in any way with respect to: 5 strative staff? 5 ssistance? 5 the above, please explain. If you need more space, use Part II.  5 the above, please explain. If you need more space, use Part II.  6 the above, please explain or assistance from a governmental agency? 6 to haid ever been revoked or suspended? 6 tine 6a or line 6b, explain on Part II. | 5a<br>5b<br>5c<br>5d<br>5e<br>5f<br>5g<br>5h |        |   |

 $\hbox{LHA} \ \ \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$ 

Schedule E (Form 990) 2022

| Schedule E | (Form 990) 2022            | PURITAN                               | REFORMED           | THEOLOGICAL                 | SEMINARY              | **-***4341 | Page 2 |
|------------|----------------------------|---------------------------------------|--------------------|-----------------------------|-----------------------|------------|--------|
| Part II    | Supplemental Infor         | mation. Provid                        | e the explanations | s required by Part I. lines | 3. 4d. 5h. 6b. and 7. | as         |        |
|            | applicable. Also provide a | anv other addition                    | al information. Se | e instructions.             | , , , , , ,           |            |        |
|            | approductor, nee promate   | ,                                     |                    |                             |                       |            |        |
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### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

2022

OMB No. 1545-0047

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.

Open to Public Inspection

| Name of the organization PURITAN 1   | REFORMED '            | THEOLOGICAL                        | SEMINARY                 |                                  |  |                                       | Employer identification number **-**4341 |
|--|-----------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|--|
| Part I General Information on Grants   | and Assistance        |                                    |                          |                                  |  |                                       |  |
| Does the organization maintain records<br>criteria used to award the grants or ass | sistance?             |                                    |                          |                                  | •  |                                       |  |
| 2 Describe in Part IV the organization's p   |                       |                                    |                          |                                  |  | /   F 000 P                           | LIV Bas Od favora                        |
| Part II Grants and Other Assistance to recipient that received more than           |                       |                                    |                          |                                  | anization answered   | res" on Form 990, Par                 | t IV, line 21, for any                   |
| 1 (a) Name and address of organization or government                               | (b) EIN               | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance       |
|  |                       |                                    |                          |                                  |  |                                       |  |
|  |                       |                                    |                          |                                  |  |                                       |  |
|  |                       |                                    |                          |                                  |  |                                       |  |
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|  |                       |                                    |                          |                                  |  |                                       |  |
|  |                       |                                    |                          |                                  |  |                                       |  |
| 2 Enter total number of section 501(c)(3)  | and government of     | organizations listed in t          | he line 1 table          |                                  |  |                                       |  |
| 3 Enter total number of other organizatio  | ns listed in the line | 1 table                            |                          |                                  |  |                                       |  |

| (a) Type of grant or assistance                             | <b>(b)</b> Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---------------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
|   |                                 |                          |                                       |  |                                       |
| LIVING EXPENSES FOR STUDENTS ATTENDING THE                  |                                 |                          |                                       |  |                                       |
| SEMINARY  | 29                              | 239,770.                 | 0.                                    |  |                                       |
|   |                                 |                          |                                       |  |                                       |
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| Part IV Supplemental Information. Provide the information r | equired in Part I, lin          | e 2; Part III, column    | (b); and any other a                  | dditional information.                                       |                                       |
| PART I, LINE 2:   |                                 |                          |                                       |  |                                       |
| GRANTS ARE MADE TO STUDENTS CURRE                           | ENTLY ATTE                      | NDING THE                | SEMINARY T                            | O ENABLE THEM  |                                       |
| TO LIVE AND STUDY NEAR THE PURITA                           | AN REFORME                      | D THEOLOGI               | CAL SEMINA                            | RY. THE  |                                       |
| SEMINARY IS AWARE OF THE NEEDS OF                           | THE STUD                        | ENTS AND I               | S ABLE TO                             | MONITOR THE  |                                       |
|   |                                 |                          |                                       |  |                                       |
| USE OF THE FUNDS PROVIDED.                                  |                                 |                          |                                       |  |                                       |
|   |                                 |                          |                                       |  |                                       |
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|   |                                 |                          |                                       |  |                                       |

49

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

| Name of the organization              | PURITAN                      | REFORMED                    | THE     | OLO             | GICAL SEMI                    | NARY                   |              |          | identi<br>*43  |         | on nu    | ımber             |
|---------------------------------------|------------------------------|-----------------------------|---------|-----------------|-------------------------------|------------------------|--------------|----------|----------------|---------|----------|-------------------|
| Part I Excess Be                      | nefit Transa                 | ctions (section 50          | )1(c)(3 | ), sect         | ion 501(c)(4), and se         | ction 501(c)(29) orga  | anizatio     | ons o    | nly).          |         |          |                   |
| Complete if the                       | e organization a             | answered "Yes" on I         | Form 9  | 990, Pa         | art IV, line 25a or 25b       | , or Form 990-EZ, Pa   | art V, li    | ine 40   | )b.            |         |          |                   |
| 1 (a) Name of disqualified            | d porson                     | <b>b)</b> Relationship betw |         |                 | ified                         | ) Description of tran  | coction      | _        |                | (d)     | Corre    | cted?             |
| (a) Name of disqualined               | u person                     | person and or               | ganiza  | ation           | (0                            | Description of train   | Saction      |          |                | Ye      | es       | No                |
|                                       |                              |                             |         |                 |                               |                        |              |          |                |         |          |                   |
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|                                       |                              |                             |         |                 |                               |                        |              |          |                | -       |          |                   |
| 2 Enter the amount of ta              | ax incurred by th            | ne organization man         | agers   | or disc         | qualified persons dur         | ing the year under     |              |          |                |         |          |                   |
|                                       | •                            |                             | -       |                 |                               |                        |              | \$       |                |         |          |                   |
| 3 Enter the amount of ta              | ax, if any, on line          | e 2, above, reimburs        | ed by   | the or          | ganization                    |                        |              | \$       |                |         |          |                   |
|                                       |                              |                             |         |                 |                               |                        |              |          |                |         |          |                   |
|                                       |                              | Interested Pers             |         |                 |                               |                        |              |          |                |         |          |                   |
| · · · · · · · · · · · · · · · · · · · | -                            |                             |         |                 | , Part V, line 38a or F       | Form 990, Part IV, lin | e 26; c      | or if th | e orga         | nizatio | on       |                   |
| · · · · · · · · · · · · · · · · · · · |                              | 990, Part X, line 5, 6      |         | 2.<br>an to or  | ( ) ( ) ( )                   |                        |              |          | <b>(h)</b> App | roved   | en 14    | /uittan           |
| (a) Name of interested person         | (b) Relations with organizat |                             | fron    | n the           | (e) Original principal amount | (f) Balance due        | (g)<br>defai |          | by boa         | ard or  | (i) vi   | /ritten<br>ement? |
|                                       |                              |                             |         | zation?<br>From |                               |                        | Yes          | No       | Yes            | No      | Yes      |                   |
| DR JOEL BEEKE                         | CHANCE                       | LLPURCHASE                  |         | FIOIII          | 35,000.                       | 35,000.                | 162          | X        | X              | NO      | X        | INO               |
|                                       |                              |                             |         |                 | 00,000                        | 30,000                 |              |          |                |         |          |                   |
|                                       |                              |                             |         |                 |                               |                        |              |          |                |         |          |                   |
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|                                       |                              |                             |         |                 |                               |                        |              |          |                |         |          | <u> </u>          |
| Total                                 |                              |                             |         |                 | I                             | 35,000.                |              |          |                |         |          |                   |
|                                       | Assistance E                 | Benefiting Inter            | este    | d Pe            |                               | 33,0001                |              |          |                |         |          |                   |
|                                       |                              | answered "Yes" on I         |         |                 |                               |                        |              |          |                |         |          |                   |
| (a) Name of intereste                 | <del></del>                  | (b) Relationship            |         |                 | (c) Amount of                 | (d) Type               | of           |          | (e)            | Purp    | ose o    | f                 |
| , ,                                   | ·                            | interested pers             | on an   |                 | assistance                    | assistan               |              |          | à              | assista | ance     |                   |
|                                       |                              | the organiza                | ation   |                 |                               |                        |              |          |                |         |          |                   |
|                                       |                              |                             |         |                 |                               |                        |              |          |                |         |          |                   |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

SEE PART V FOR CONTINUATIONS

| Complete if the organization answered    |  | 28b, or 28c.              |                                | 1 / > =:                    |                               |
|--|--|---------------------------|--------------------------------|-----------------------------|-------------------------------|
| (a) Name of interested person            | <b>(b)</b> Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha<br>organiz<br>rever | aring of<br>zation's<br>nues? |
|  |  |                           |                                | Yes                         | No                            |
|  |  |                           |                                |                             |                               |
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| Part V Supplemental Information.         |  |                           |                                | l                           | l                             |
| Provide additional information for respo | nses to questions on Schedule L (see                                   | instructions).            |                                |                             |                               |
| SCHEDULE L, PART II, LOANS               | TO AND FROM INTERE   | STED PERSON               | NS:                            |                             |                               |
| (A) NAME OF PERSON: DR JOE               | L BEEKE  |                           |                                |                             |                               |
| (B) RELATIONSHIP WITH ORGA               | NIZATION: CHANCELLO  | PR                        |                                |                             |                               |
| (C) PURPOSE OF LOAN: PURCH.              | ASE OF LAND FOR STU  | DENT HOUSIN               | NG                             |                             |                               |
|  |  |                           |                                |                             |                               |
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### 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

PURITAN REFORMED THEOLOGICAL SEMINARY

Employer identification number \*\*-\*\*\*4341

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

MINISTRY. PRTS PROVIDES THEOLOGICAL TRAINING AND INSTRUCTION IN

ACCORDANCE WITH THE SCRIPTURES AND THE HISTORIC REFORMED CREEDS FOR

PROMOTION AND DEFENSE OF THE GOSPEL OF JESUS CHRIST.

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

JESUS CHRIST.

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

THE 990 IS REVIEWED BY AN INDEPENDENT CPA AND THE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

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

A CONFLICT OF INTEREST STATEMENT IS INCLUDED IN THE BOARD POLICY MANUAL,

AND ANY CONFLICT IS REQUIRED TO BE DISCLOSED ANNUALLY.

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

THE BOARD USES DATA COMPILED BY THE ASSOCIATION OF THEOLOGICAL SEMINARIES

TO DETERMINE COMPENSATION FOR THE SEMINARY PRESIDENT. ALL DELIBERATIONS

ARE DOCUMENTED.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC UPON REQUEST OF AND APPROVAL BY THE BOARD OF

DIRECTORS.

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

Schedule O (Form 990) 2022

### 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.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization
PURITAN REFORMED THEOLOGICAL SEMINARY

Employer identification number \*\*-\*\*\*4341

| (a)   | (b)                                   | (c)   | (d)                           | (e)  |         |                                 | (f)                  |                |
|---|---------------------------------------|---|-------------------------------|--|---------|---------------------------------|----------------------|----------------|
| Name, address, and EIN (if applicable) of disregarded entity                    | Primary activity                      | Legal domicile (state of foreign country)     |                               |  |         | Direct o                        | controlling<br>ntity | 9              |
|   |                                       |   |                               |  |         |                                 |                      |                |
|   |                                       |   |                               |  |         |                                 |                      |                |
|   |                                       |   |                               |  |         |                                 |                      |                |
|   |                                       |   |                               |  |         |                                 |                      |                |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | cations. Complete if the organization | answered "Yes" on Form 99                     | 0, Part IV, line 34,          | because it had one                               | or more | related tax-exe                 | empt                 |                |
| (a) Name, address, and EIN of related organization                              | <b>(b)</b> Primary activity           | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section 501(c)(3)) |         | (f)<br>et controlling<br>entity | ent                  | rolled<br>ity? |
| PURITAN REFORMED THEOLOGICAL SEMINARY   |                                       |   | +                             | 301(0)(3))                                       |         |                                 | Yes                  | No             |
| FOUNDATION - 20-2394946, 2965 LEONARD STREET<br>NE, GRAND RAPIDS, MI 49525      | SCHOLARSHIPS AND GENERAL SUPPORT      | MICHIGAN                                      | 501(C)(3)                     | 12A  |         |                                 | x                    |                |
|   |                                       |   | 301(0)(3)                     |  |         |                                 |                      |                |
|   |                                       |   |                               |  |         |                                 |                      |                |
|   |                                       |   |                               |  |         |                                 |                      |                |

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.

| (a)  | (b)              | (c)               | (d)                | (e)  | (f)            | (g)                   | (1      | h)        | (i)  | (j     | (           | (k)     |  |  |
|--|------------------|-------------------|--------------------|--|----------------|-----------------------|---------|-----------|--|--------|-------------|---------|--|--|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile | Direct controlling | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total | Share of              | Disprop | ortionate | Code V-UBI   | Gener  | al or Perce | centage |  |  |
| or related organization                        |                  | (state or foreign | entity             | excluded from tax under  | income         | end-of-year<br>assets |         | ntions?   | amount in box<br>20 of Schedule<br>K-1 (Form 1065) | partr  | er?         | iersnip |  |  |
|  |                  | country)          |                    | sections 512-514)  |                |                       | Yes     | No        | K-1 (Form 1065)                                    | Yes    | No          |         |  |  |
|  |                  |                   |                    |  |                |                       |         |           |  |        |             |         |  |  |
|  |                  |                   |                    |  |                |                       |         |           |  |        |             |         |  |  |
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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>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | Sec<br>512(k<br>contr<br>ent | tion<br>o)(13)<br>rolled<br>ity? |
|--|--------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|--------------------------------|------------------------------|----------------------------------|
|  |                                | country)                             |                               | J. 1.25.7                                     |                                 |  |                                | Yes                          | No                               |
|  |                                |                                      |                               |   |                                 |  |                                |                              |                                  |
|  |                                |                                      |                               |   |                                 |  |                                |                              |                                  |
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|  |                                |                                      |                               |   |                                 |  |                                |                              |                                  |

Yes No

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?

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

| а          | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | y                   |                             |   | 1a      |       | X      |
|------------|---|---------------------|-----------------------------|---|---------|-------|--------|
| b          | Gift, grant, or capital contribution to related organization(s)                                 |                     |                             |   | 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      |
| е          | Loans or loan guarantees by related organization(s)   |                     |                             |   | 1e      |       | Х      |
|            |   |                     |                             |   |         |       |        |
| f          | Dividends from related organization(s)  |                     |                             |   | 1f      |       | Х      |
| g          | Sale of assets to related organization(s)   |                     |                             |   | 1g      |       | Х      |
| h          | Purchase of assets from related organization(s)   |                     |                             |   | 1h      |       | Х      |
| i          | Exchange of assets with related organization(s)   |                     |                             |   | 1i      |       | Х      |
| j          | Lease of facilities, equipment, or other assets to related organization(s)                      |                     |                             |   | 1j      |       | Х      |
|            |   |                     |                             |   |         |       |        |
| k          | Lease of facilities, equipment, or other assets from related organization(s)                    |                     |                             |   | 1k      |       | Х      |
| - 1        | Performance of services or membership or fundraising solicitations for related organizations    | anization(s)        |                             |   | 11      |       | Х      |
| m          | Performance of services or membership or fundraising solicitations by related orga              |                     |                             |   | 1m      |       | Х      |
|            | Sharing of facilities, equipment, mailing lists, or other assets with related organization      |                     |                             |   | 1n      | Х     |        |
|            | Sharing of paid employees with related organization(s)  |                     |                             |   | 10      | Х     |        |
|            |   |                     |                             |   |         |       |        |
| р          | Reimbursement paid to related organization(s) for expenses                                      |                     |                             |   | 1p      |       | X      |
|            | Reimbursement paid by related organization(s) for expenses                                      |                     |                             |   | 1q      |       | Х      |
|            |   |                     |                             |   |         |       |        |
| r          | Other transfer of cash or property to related organization(s)                                   |                     |                             |   | 1r      |       | Х      |
|            | Other transfer of cash or property from related organization(s)                                 |                     |                             |   | 1s      |       | Х      |
| 2          | If the answer to any of the above is "Yes," see the instructions for information on v           | vho must complete t | his line, including covered | relationships and transaction thresholds. |         |       |        |
|            | (a)   | (b)                 | (c)                         | (d)                                       |         |       |        |
|            | Name of related organization  | Transaction         | Amount involved             | Method of determining amount inv          | olved   |       |        |
|            |   | type (a-s)          |                             |   |         |       |        |
|            | PURITAN REFORMED THEOLOGICAL SEM  |                     |                             |   |         |       |        |
| <u>(1)</u> | FOUNDATION  | C                   | 800.                        | FMV                                       |         |       |        |
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| (2)        |   |                     |                             |   |         |       |        |
|            |   |                     |                             |   |         |       |        |
| (3)        |   |                     |                             |   |         |       |        |
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| (4)        |   |                     |                             |   |         |       |        |
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| (5)        |   |                     |                             |   |         |       |        |
|            |   |                     |                             |   |         |       |        |
| (6)        |   | <u> </u>            |                             |   |         |       |        |
| 23216      | 3 09-14-22  | 55                  |                             | Schedule                                  | R (Fori | m 990 | 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)                    | (b)              | (c)                        | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)         | (f)          | (g)                   | (ŀ      | 1)           | (i)  | (j)               | (k)           |
|------------------------|------------------|----------------------------|---|-------------|--------------|-----------------------|---------|--------------|--|-------------------|---------------|
| Name, address, and EIN | Primary activity | Legal domicile             | Predominant income (related unrelated   | partners se | Share of     | Share of              | Dispr   | opor-<br>ate | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | General<br>managi | or Percentage |
| of entity              |                  | (state or foreign country) | excluded from tax under   | orgs.?      | total income | end-of-year<br>assets | allocat | ions?        | of Schedule K-1  | partner           | ownership     |
|                        |                  | Country)                   | Sections 5 (2-5 (4)   | Yes No      | income       | assets                | Yes     | No           | (F01111 1065)  | Yes N             | 0             |
|                        |                  |                            |   |             |              |                       |         |              |  |                   |               |
|                        |                  |                            |   |             |              |                       |         |              |  |                   |               |
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