Form **990**

** PUBLIC DISCLOSURE COPY ** 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.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024 D Employer identification number Check if applicable C Name of organization GRAHAM GUND GALLERY Name 46-3140140 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 740-427-5181 209 CHASE AVENUE 780,134. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return GAMBIER, OH 43022 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DAISY DESROSIERS for subordinates? Yes X No 209 CHASE AVENUE, GAMBIER, OH H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.GUNDGALLERY.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 2012 M State of legal domicile: OH Part I Summary Briefly describe the organization's mission or most significant activities: THE GUND CREATES NEW WAYS TO Governance EXPERIENCE AND LEARN FROM MODERN AND CONTEMPORARY ART IN AN ACADEMIC if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 15 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year Prior Year** 1,622,929. 2,369,281. 8 Contributions and grants (Part VIII, line 1h) Revenue 1,490. 16,034. Program service revenue (Part VIII, line 2g) 68,885. 394,819. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,693,304. 2,780,134. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 819,936. 724,706. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 552,157. 946,218. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,276,863. 1,766,154. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 416,441. 1,013,980. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 8,636,121. 10,275,480. 20 Total assets (Part X, line 16) 42,910. 14,123. 21 Total liabilities (Part X, line 26) 8,621,998. 10,232,570. Net assets or fund balances. Subtract fine 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than officer, is based on all information of which preparer has any knowledge. 5-12-25 Signature of officer Sign PRESIDENT JULIE KORMFELD Here Type or print name and title Preparer's signatur PTIN Date Print/Type preparer's name if self-employed 5/7/25 P00226559 CHRISTOPHER B. ANDERSON Paid Firm's EIN 34-0677006 MALONEY + NOVOTNY LLC Preparer Firm's name Firm's address 1111 SUPERIOR AVE, SUITE 700 Use Only Phone no. (216) 363-0100 CLEVELAND, OH 44114-2540 X Yes May the IRS discuss this return with the preparer shown above? See instructions

GRAHAM GUND GALLERY 46-3140140 Page 3 Part IV | Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? [f "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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 If "Yes." complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 10 or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes." complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 or for foreign individuals? If "Yes." complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

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18

19

20a

20b

X

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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."

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Forn	1990 (2023) GRAHAM GUND GALLERY 46-314	0140	Р	age 4
Ра	rt IV Checklist of Required Schedules (continued)			
00	Diddle	_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		,,
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	-	X
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		00	х	
24a	Schedule J	23		\vdash
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
20	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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	_X_
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-+	<u>X</u>
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	07		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37	\dashv	
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
		$\overline{}$	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)	Т		
	Township of Warrant Township	\dashv	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filled for the calendar year ending with or within the year covered by this retain	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3a		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	SD		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	_	
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	252.0	
7	Organizations that may receive deductible contributions under section 170(c).	JA TO		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	30710	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	Party.	Sa Ch	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	954	SASS	100
	sponsoring organization have excess business holdings at any time during the year?	8	_	
9	Sponsoring organizations maintaining donor advised funds.			11.85
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	643	5 6	1.0
а	Initiation fees and capital contributions included on Part VIII, line 12	Sept.	清节	100
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	2.2	Lys :	
11	Section 501(c)(12) organizations. Enter:	sell.	E L	113
а	Gross income from members or shareholders	200	99.5	1-2
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	350	1975	N. A.
	amounts due or received from them.)	1005	CONT.	5
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		I. de	13
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.3	128	3
а	to the second at the linear state of the linear state of the state of	13a		
4	Note: See the instructions for additional information the organization must report on Schedule O.	397	25.5	
h	Enter the amount of reserves the organization is required to maintain by the states in which the	3.07		100
D	organization is licensed to issue qualified health plans	045	10-0	277
С	130	James	iggre£	150,0
14a	The state of the s	14a		X
	the state of the s	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		-	
40	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
16		7		
	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	·		1	
	If "Yes," complete Form 6069.	_		

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GRAHAM GUND GALLERY 46-3140140 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 15 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 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates. and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records NICHOLAS NEUERER - 740-427-5945 209 CHASE AVENUE, GAMBIER, OH 43022

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Check this box if neither the organization n		rga	nizat	ion	com	npen	sate	d any current officer, di	rector, or trustee.	
(A)	(B)			(0	()			(D)	(E)	(F)
Name and title	Average	(do	not ch	Posi	tion	than c	ne	Reportable	Reportable	Estimated
	hours per	box,	unles	s per	son i	s both	an	compensation	compensation	amount of
	week		cer an	dad	recto	r/trust	(ee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	related	ustee	trust		8	Suadi		1099-NEC)	1099-1420)	and related
	organizations below	ual tr	ional		yoldı	t con	L	1033-1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF BOWMAN	1.00	=	=		×.	1 0	_			
ACTING PRESIDENT (THROUGH 9/23)	40.00			X				0.	343,934.	45,241.
(2) DAISY DESROSIERS	40.00									
DIRECTOR AND CHIEF CURATOR	0.00			X		L		198,391.	0.	45,953.
(3) JULIE KORNFELD	1.00								4.44.400	00 500
PRESIDENT (BEG.10/23)	40.00		_	X	_	╙	L	0.	161,683.	28,582.
(4) KIM DAVIDSON	1.00				l					0
TRUSTEE	0.00	X	<u> </u>	_	_	├	_	0.	0.	0.
(5) SAMIE FALVEY	1.00									_
TRUSTEE	0.00	X	_	_	<u> </u>		_	0.	0.	0.
(6) PAUL GOLDBERGER	1.00									_
TRUSTEE	0.00	X	_	_	_	╄	┞	0.	0.	0.
(7) GREGORY V. GOODING	1.00									_
TRUSTEE	0.00	Х	_	_	┡	_	_	0.	0.	0.
(8) GRAHAM GUND	1.00				1		ı			_
TRUSTEE	0.00	X	┡	L	_	_	┞	0.	0.	0.
(9) HALLEY K. HARRISBURG	1.00	1			1		1			
TRUSTEE	0.00	X	┺	_	┡	╄	┡	0.	0.	0.
(10) PAMELA HOEHN-SARIC	1.00	1			1	1				
CHAIR	0.00	X	┺	_	↓_	╄	╙	0.	0.	0.
(11) DAVID HORVITZ	1.00	1								
TRUSTEE		X	_	_	┺	_	┺	0.	0.	0.
(12) GILBERT C. MEISTER, JR.	1.00	1			1					
TRUSTEE		X	\perp	┖	┺	1	┺	0.	0.	0.
(13) DAN PATTERSON	1.00	1			1					
TRUSTEE	0.00	X	_	┖	1	\perp	\perp	0.	0.	0.
(14) STEWART PECK	1.00	1								
TRUSTEE	0.00	X	_	┺	1	\perp	┺	0.	0.	0.
(15) RONALD PIZZUTI	1.00							_		
TRUSTEE	0.00	$\overline{}$	_	_	1	_	1	0.	0.	0.
(16) LISA BETSON RESNIK	1.00							_		,
TRUSTEE	0.00		1	\perp	_	4	_	0.	0.	0.
(17) MARK ROSENTHAL	1.00						1			_
TRUSTEE	0.00	X		_				0.	0.	0.
332007 12-21-23										Form 990 (2023)

orm 990 (2023)	GITATIAN	GMUUUILL	
Part VIII	Statement of Revenue		

		Check if Schedule O contains a response or note to any I		(8)	(6)	(5)
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a Membership dues 1b				
D, B	С	Fundraising events1c		3,		71. 18
ar A		Related organizations 1d 1,856,239				
S, G	е	Government grants (contributions) 1e 31,251				
Sign	f	All other contributions, gifts, grants, and			about the specific of	A STATE OF THE STA
but		similar amounts not included above 1f 481,791				Block of the base of the
E G	g	Noncash contributions included in lines 1a-1f 1g \$ 30,204				The second
<u>8</u> 8	h	Total. Add lines 1a-1f	2,369,281.	and knowledge	STATE OF	Benefit Laure 1 to
		Business Cod				
e l	2 a	EXHIBITION LOAN PROG. 900099	16,034.	16,034.		
ž ,	b					
Program Service Revenue	С		1			
am	d					
Bg	е					
ᇫ	f	All other program service revenue				Parameter and the second
\perp	g	Total. Add lines 2a-2f	16,034.		Section 2	almost section.
	3	Investment income (including dividends, interest, and				75 064
		other similar amounts)	75,264.			75,264.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	Processor and annual and an out-	With the Control of the Control	ALEGER THE EVENTS	100000 10000 AT
		(i) Real (ii) Personal				
	6 a	Gross rents6a				
		Less: rental expenses 6b				
		Rental income or (loss)				
		Net rental income or (loss)	AND THE MARKET TO	250000000 av 2714.25	DWG SNUSSKIE WOOD	
- 1	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a 319,555.				A Transport of the Control of the Co
		Less: cost or other basis				
nu		and sales expenses 75 0 • 7c 319 , 555 • 7c 319 , 555 •				
- Ne			319,555.			319,555.
Other Revenue		Net gain or (loss)	319,333.	SECTION OF SECTION	PET SHIELD B	317,333.
the	8 8	Gross income from fundraising events (not				
0		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a 8b				
					500 500 500 500 500 500	Les volumes and a second
		Net income or (loss) from fundraising events				16.75
	9 8	a Gross income from gaming activities. See Part IV, line 19 9a				
		Part IV, line 19 9a 9b			a gassanii	
		Net income or (loss) from gaming activities				
		a Gross sales of inventory, less returns			The Charles of the	777-19,
	10 8	and allowances10a				
	١,	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
		Business Cod				
Sn	11					
oer ue	"					
evenue						
Miscellaneous Revenue		d All other revenue				
Σ		e Total, Add lines 11a-11d		The Tile See Color		
	12	Total revenue. See instructions	0 700 101	16,034	0.	
33200	9 12-2					Form 990 (2023)

Form 990 (2023) GRAHAM GUND GALLERY Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service 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				
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,	000 170	160 501	24 006	24 225
_	trustees, and key employees	232,173.	162,521.	34,826.	34,826
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	420 71E	420 715		
7	Other salaries and wages	438,715.	438,715.		
8	Pension plan accruals and contributions (include	24,454.	24 454		
_	section 401(k) and 403(b) employer contributions)	82,242.	24,454. 82,242.		
9	Other employee benefits	42,352.		1 047	1 047
10 11	Payroll taxes	44,334.	38,458.	1,947.	1,947
	Fees for services (nonemployees):				
a b	Management	· · · · · · · · · · · · · · · · · · ·			
c	LegalAccounting	2,600.		2,600.	
d		2,000.		2,000.	
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,				
9	column (A), amount, list line 11g expenses on Sch O.)	386,215.	386,215.		
12	Advertising and promotion	000,2200	000/2201		
13	Office expenses	75,587.	75,587.		
14	Information technology	10,517.	10,517.		
15	Royalties				
16	Occupancy				
17	Travel	155,746.	41,536.	114,210.	
18	Payments of travel or entertainment expenses	·	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	POSTAGE & SHIPPING	116,386.	116,386.		
b	FEES & HONORARIA	87,118.	87,118.		
0	ART COLLECTION ACQUISIT	40,000.	40,000.		
d	EQUIP&FURNITURE	17,115.	17,115.		
	All other expenses	54,934.	53,919.	1,015.	
25	Total functional expenses. Add lines 1 through 24e	1,766,154.	1,574,783.	154,598.	36,773.
26	Joint costs. Complete this line only if the organization				50,775
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		*		
	Check here if following SOP 98-2 (ASC 958-720)				

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2023) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 1,934,921. 2,112,879. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 105,505. 114,607. 3 3 Pledges and grants receivable, net 33,657. 33,657. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net ______ 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 10c b Less: accumulated depreciation 10b 8,201,397. 6,374,978. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 8,636,121. 14,123. 10,275,480. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 42,910. 17 Accounts payable and accrued expenses 17 18 18 Grants payable _____ 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 14,123. 42,910. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 11,093. 39,264. 27 Net assets without donor restrictions 27 10,193,306. 8,610,905. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29

10,275,480. Form 990 (2023)

10,232,570.

30

31

32

33

8,621,998.

8,636,121.

29

30

31

33

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2023)

 \mathbf{x}

2c

3a

SCHEDULE A

(Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of t	the organization	 					Employer i	dentification number
		M GUND GAL	LLERY 46-3140140			5-3140140		
Part I	Reason for Public C			mplete thi	s part.) Se	e instruction	s.	
	ization is not a private founda							
1	A church, convention of chu					(A)(i).		
2 🗀	A school described in section							
3 🗔	A hospital or a cooperative h				b)(1)(A)(iii	١.		
	A medical research organiza	tion operated in coni	unction with a hospital o	lescribed i	n section	, 170(b)(1)(A)(iii), Enter t	he hospital's name,
4 📖	city, and state:	tion operated in conj	unotion man a nospital s				,,,.	
. \Box	An organization operated for	the benefit of a colle	age or university owned	or operate	d by a gov	vernmental u	nit describe	d in
5 🔲	section 170(b)(1)(A)(iv). (Co		ogo or aniivoroity omnou	or operate	, 3			
• 🗆	A federal, state, or local gove		antal unit described in s	action 17	η(λ)(1)(Δ)(v).		
6 L 7 X	An organization that normall	eriment of governme	tial part of its support fro	m a dove	nmental	nit or from t	ne general p	ublic described in
7 <u>X</u>			tial part of its support its	iii a govoi	innorma d	and or monne	io general p	
• 🗀	section 170(b)(1)(A)(vi). (Co A community trust described		WAYWI (Complete Part	11.\				
8	An agricultural research orga				d in conju	nction with a	land-grant o	college
9 🔲	or university or a non-land-gr							
		ant college of agricu	iture (see instructions). L	inter the n	arrio, orty,	and state of	a to concego	01
🖂	university: An organization that normall		han 22 1/20/ of its suppl	ort from co	ntribution	e mamharel	nin fees and	aross receints from
10	An organization that normali	y receives (1) more u	ta cortain exceptions of	nd (O) no n	nore than	33 1/30% of it	e cupport fr	om gross investment
	activities related to its exem	pt functions, subject	to certain exceptions; a	na (2) no n	nore man	ad by the or	anization of	for June 30 1975
	income and unrelated busine		less section 5 i i tax) froi	n busines:	ses acquir	ed by the or	yanızanon ai	itel dulle 30, 1975.
	See section 509(a)(2). (Con	nplete Part III.)		atu Caa	antina FO	0/0///		
11	An organization organized a	nd operated exclusiv	ely to test for public sale	ely. See s	ection 50	15(a)(4).	arny out the r	ournoses of one or
12	An organization organized a	nd operated exclusiv	ely for the benefit of, to	perioriii ti	e function	Coo costion	EOO(=)(2)	hack the hey on
	more publicly supported org	anizations described	in section 509(a)(1) of	section c	obe(a)(z).	120 12f on	309(a)(3). 0	fleck the box on
_	lines 12a through 12d that o	lescribes the type of	supporting organization	and comp	nete ilites	nization(a)	u 129.	ivina
a	Type I. A supporting orga	nization operated, su	ipervised, or controlled t	y its supp	orted orga	anization(s),	ypically by g	nnorting
	the supported organizatio			majority o	r the airec	tors or truste	es of the su	pporting
	organization. You must c					d avaanlaati	on(a) by bay	ina
b L	Type II. A supporting orga	anization supervised	or controlled in connecti	on with its	supporte	d organizatio	on(s), by nav	ing
	control or management of			me persor	is that cor	ntroi or mana	ige the supp	ortea
_	organization(s). You must						II. i into avata	طايينا
С	Type III functionally integ						lly integrate	a with,
_	its supported organization	n(s) (see instructions)	. You must complete F	art IV, Se	ctions A,	D, and E.	ated sunsula	
d L	Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nection w	ith its suppo	nted organiz	ation(s)
	that is not functionally into						d an attentiv	eness
_	requirement (see instruction	ons). You must com	plete Part IV, Sections	A and D,	and Part	V.		
e	Check this box if the orga					Type I, Type	II, Type III	
	functionally integrated, or		nally integrated supportir	ng organiza	ation.			
f En	ter the number of supported o	rganizations						
g Pro	ovide the following information	about the supporte	d organization(s).	(iv) Is the orga	nization listed	(v) Amount	of monetary	(vi) Amount of other
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	support (see	-	support (see instructions)
	organization		above (see instructions))	Yes	No	ouppoint (occ	,	,
	*							
	*							

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, , , , , , , , , , , , , , , , , , , ,	1-7	12/	(M) MORE	(0) 2020	(i) iotai
	membership fees received. (Do not						
	include any "unusual grants.")	6452395.	4104510.	4640119.	1622929.	2419281.	19239234.
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					1	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6452395.	4104510.	4640119.	1622929.	2419281.	19239234.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					1 1 1 1	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						7437242.
6	Public support, Subtract line 5 from line 4.					,	11801992.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	6452395.	4104510.	4640119.	1622929.		19239234.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				iv.		
	and income from similar sources		147,127.	98,765.	96,268.	75,264.	417,424.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						19656658.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	53,755.
13	First 5 years. If the Form 990 is for th	e organization's fir				D1(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (li					14	60.04 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	%
16a	33 1/3% support test - 2023. If the o	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X .
b	33 1/3% support test - 2022. If the o	organization did not	t check a box on li	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part \	/I how the organiza	ation
	meets the facts-and-circumstances tes	st. The organization	n qualifies as a pul	olicly supported or	ganization	•••••	
b	10% -facts-and-circumstances test				13, 16a, 16b, or 1	7a, and line 15 is 1	
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box an		
						Schedule A	Form 990) 2023

Schedule A (Form 990) 2023 GRAHAM GUND GALLERY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	tion A. Public Support	low, please comp	iole Fait II.)				
	idar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	12/ -0.10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1-7		, ,	
	membership fees received. (Do not include any "unusual grants.")		n 1	e i kating			
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1 1 1		5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
3	Gross receipts from activities that are not an unrelated trade or business under section 513	4 o 12 Ko					
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			a ballani Marka			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	-2					
	Amounts included on lines 1, 2, and						1 1 6
1 4	3 received from disqualified persons		100				
b	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					19 19	
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	图 20 国建筑区域中	Totale shares.	Sec in Francis of	Substitution and	na thomas	
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	7.5 - 5.	2000	1 1 12 1			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	117.	rabar.				
b	Unrelated business taxable income		1 Part 1st	at a state	1 1111 1	1 7 - 1 150111	1 81 1
	(less section 511 taxes) from businesses		10 P	V i		1 10	
	acquired after June 30, 1975			1 50			
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	o organization's f	iret egoond third	fourth or fifth toy	year as a section f	501(c)(3) organization	on.
14							J.,
Se	check this box and stop here ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022					16	%
16 Se	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13. column (f))		17	%
18						18	%
10	a 33 1/3% support tests - 2023. If the	organization did	not check the box	on line 14, and line	e 15 is more than 3		
198	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
	o 33 1/3% support tests - 2022. If the	organization did	not check a box of	n line 14 or line 19	a. and line 16 is me	ore than 33 1/3%.	
,	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	and an an an						A (Form 990) 2023

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")? // "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).
- 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
	11		_
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	40		
	5a	_	
	5b		
	5c		
	-		
	6		
	7		
	8		
	9a	-	
	9b		
	9c	_	
	10a		
	10b		
ıle	A (Form	1 990)	2023

332024 12-21-23

332025 12-21-23

3b | Schedule A (Form 990) 2023

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509		nizations (continu	ued)	
ecti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pre	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6	DEFENDED FOR THE SECOND	163 S J (16) 61		
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				1.00
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019			55.7	
	From 2020				
	From 2021			Syder	
	From 2022				
	Total of lines 3a through 3e			1010	
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
÷	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			27.00	
4	Distributions for 2023 from Section D,			3000	
4	line 7:				
_	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
J	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h			31.75%	
О	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
7					
	and 4c.				
8	Breakdown of line 7:			371	
	Excess from 2019 Excess from 2020				
				73.73	
	Excess from 2021 Excess from 2022			54.	
	Excess from 2022 Excess from 2023	1 198 61			

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, LINE 15 - PRIOR YEAR PUBLIC SUPPORT PERCENTAGE:
THE GALLERY DERIVED ITS PUBLIC CHARITY STATUS IN PRIOR YEARS AS A
SUPPORTING ORGANIZATION, AS DEFINED IN CODE SECTION 509(A)(3), OF
KENYON COLLEGE. FOR THE YEAR ENDED JUNE 30, 2024, IT IS CHANGING ITS
PUBLIC CHARITY STATUS TO THAT OF A PUBLICLY SUPPORTED ORGANIZATION
UNDER SECTION 509(A)(1). AS SUCH, THE GALLERY DID NOT COMPLETE LINE 15
OF PART II AS IT DID NOT PERFORM THE PUBLIC SUPPORT TEST IN PART II IN
PRIOR YEARS.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number Name of the organization 46-3140140 GRAHAM GUND GALLERY Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

GRAHAM	GUND	GALI	ERY

46-3140140

OLUME	A COMP CHILDRE		3140140
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$85,463.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$1,856,239.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	,	\$\$_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Name of organization

Employer identification number

GRAHAM GUND GALLERY

46-3140140

art II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			v
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2023) Name of organization Employer identification number GRAHAM GUND GALLERY 46-3140140 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

2023
Open to Public Inspection

Name of the organization

GRAHAM GUND GALLERY

Employer identification number 46-3140140

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X Schedule D (Form 990) 2023 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities	GUUURKI	40	-3140140 Page
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	(b) Book raids	(-)	,
Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)	1		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.		And execute the two ones, and a second to be set of the second	
Complete if the organization answered "Yes" of	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
	(b) Doon raid	(6)	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		No. of the same	
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets		THE CALL STATE OF THE CASE OF	The state of the s
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	7 174, 666 1 61111 666, 1 41177, 1116 161	(b) Book value
	Bedonption		(-)
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(2))		
Total. (Column (b) must equal Form 990, Part X, line 15, col	. (B))		
Part X Other Liabilities Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11e or 11f See Form 990 Part X line 25	
Complete if the organization answered area (a) Description of liability	on Form 990, Part IV, IIII	9 11e 01 111. See 1 01111 990, 1 art A, iiile 23.	(b) Book value
11			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

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

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

(6) (7) (8)

WORKS OF ART AND COLLECTIONS. AT JUNE 30, 2024 AND 2023, THE NET BOOK

VALUE OF THESE ITEMS IS \$1,862,696 AND IS REFLECTED IN THE EQUIPMENT

Schedule D (Form 990) 2023

332054 09-28-23

SECTION OF THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION.

PART III, LINE 4:

DESCRIPTION OF ART COLLECTION - THE GUND GALLERY PRIORITIZES MODERN AND

CONTEMPORARY ART FOR ITS GALLERY COLLECTION, WHICH IS SEPARATE FROM KENYON

COLLEGE'S ART COLLECTION. A COLLECTION FOCUS ON MODERN AND CONTEMPORARY

ART PRESENTS AN OPPORTUNITY FOR THE GUND GALLERY TO ASSIST KENYON COLLEGE

IN UNIQUELY POSITIONING ITSELF AS A TOP-TIER LIBERAL ARTS COLLEGE IN THE

UNITED STATES. THIS FOCUS ALSO CAPITALIZES ON THE STRENGTHS OF THE

COLLECTING EXPERTISE OF ALUMNI, DONORS, AND FRIENDS OF KENYON COLLEGE.

FINALLY, THE GALLERY COLLECTION FOCUS PRESENTS OPPORTUNITIES FOR

CONTEMPORARY ART TO BE COMMISSIONED OR GIFTED BY ARTISTS WHO MAY BE

AFFILIATED WITH THE PROGRAMMING OF THE GUND GALLERY THROUGH RESIDENCIES,

EXHIBITIONS, VISITING ARTIST TALKS, AND OTHER PROGRAMMATIC FORMATS.

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS - THE GALLERY USES ITS ENDOWMENT FUNDS TO SUPPORT ITS ART AND EDUCATIONAL ACTIVITIES.

PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE - THE FOLLOWING FOOTNOTE APPEARS IN THE

CONSOLIDATED FINANCIAL STATEMENTS OF KENYON COLLEGE, THE GRAHAM GUND

GALLERY, AND OTHER RELATED ENTITIES:

FEDERAL INCOME TAXES - THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT

THE COLLEGE, THE KENYON REVIEW, THE GUND GALLERY, THE KOKOSING NATURE

PRESERVE AND THE PHILANDER CHASE CONSERVANCY ARE EXEMPT FROM FEDERAL

INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS PUBLIC

CHARITIES DESCRIBED IN SECTION 501(C)(3); ACCORDINGLY, NO PROVISION FOR

Schedule D (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GRAHAM GUND GALLERY

Employer identification number 46-3140140

Par	TI Questions Regarding Compensation			
		\longrightarrow	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
ĺ	Travel for companions Payments for business use of personal residence	05 a.u.		35.06
ĺ	Tax indemnification and gross-up payments Health or social club dues or initiation fees	813		1130
ĺ	Discretionary spending account Personal services (such as maid, chauffeur, chef)	- 40.	ghirt ?	
		18.00		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1000		61.50
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	12	
	mustoss, and officers, moduling the SES, Entertains and SES, Enter			1364
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	20 6 CH		AC.
	Compensation committee Written employment contract	12.5		
		534		feet ha
				79.
	Form 990 of other organizations Approval by the board or compensation committee	4442		
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4				997
	organization or a related organization:	4a		х
	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Tallelpare in a receive payment	4c		X
С	Participate in or receive payment from an equity-based compensation arrangement?	15,220	23.53	14.7
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	353	1	12
	Total Value Total Value Food Value Total			4000
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		1.16	312
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	40.5	100	3.7
	contingent on the revenues of:	5a		x
	The organization?	5b		X
b	Any related organization?	30		21
	If "Yes" on line 5a or 5b, describe in Part III.	7.65	4.3	-
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	10.11		Sign.
	contingent on the net earnings of:		4	v
а	The organization?	6a	-	X
b	Any related organization?	6b	-	1
	If "Yes" on line 6a or 6b, describe in Part III.			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7	₩	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	-	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Page 2

Schedule J (Form 990) 2023 GRAHAM GUND GALLERY 46-3140140

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)·(D)	(F) Compensation in column (B)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990		
(1) JEFF BOWMAN (i)	0.	0.	0.	0.	0.	0.	0.		
	ii)	343,934.	0.	0.	31,350.	13,891.	389,175.	0.		
(2) DAISY DESROSIERS	i)	198,391.	0.	0.	32,069.	13,884.	244,344.	0.		
DIRECTOR AND CHIEF CURATOR	ii)	0.	0.	0.	0.	0.	0.	0.		
(3) JULIE KORNFELD	i)	0.	0.	0.	0.	0.	0.	0.		
PRESIDENT (BEG, 10/23)	ii)	145,841.	0.	15,842.	14,250.	14,332.	190,265.	0.		
	i)									
((ii)									
	i)									
	ii)									
	i)									
	ii)									
	i) _									
	ii)									
	i)									
	ii)									
. (i)									
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	i)									
(i	ii)									
	i) _									
(i	i)									

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 GRAHAM GUND GALLERY	46-3140140 Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4	c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
	1 1 2 2 2 2 11 2 20
	New Market 1995
- 1 t - 1	
	1 667 10
la contra de la contra dela contra de la contra dela contra de la contra del la contra	
	0.4

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2023
Open to Public

Inspection

Name of the organization

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Employer identification number

GRAHAM GUND GALLERY 46-3140140 Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art X 9.\$1 NOMINAL VALUE Art - Historical treasures Art - Fractional interests 3 4 Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes _____ 7 Intellectual property 8 X 3 30,195. STOCK QUOTE 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other ... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA 332141 09-11-23

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GRAHAM GUND GALLERY

Employer identification number 46-3140140

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SETTING, INVITING INQUIRY, CONNECTING STUDENTS, ARTISTS, AND LIFELONG
LEARNERS, AND INSPIRING COLLABORATIVE ACTION TOWARD A BETTER FUTURE."
IN ADDITION, THE GUND HAS ADOPTED KENYON COLLEGE'S VALUES: INTELLECTUAL
EMPOWERMENT AND CREATIVITY; EMBRACING DIFFERENCES; KINDNESS, RESPECT,
AND INTEGRITY; AND ENDURING CONNECTIONS TO PEOPLE AND PLACE, AND
PERSONALIZED THEM TO ITS ROLE AS A NEXUS FOR MODERN AND CONTEMPORARY
ART.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
KENYON COLLEGE'S VALUES: INTELLECTUAL EMPOWERMENT AND CREATIVITY;
EMBRACING DIFFERENCES; KINDNESS, RESPECT, AND INTEGRITY; AND ENDURING
CONNECTIONS TO PEOPLE AND PLACE, AND PERSONALIZED THEM TO ITS ROLE AS A
NEXUS FOR MODERN AND CONTEMPORARY ART.
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS OF THE ORGANIZATION - THE SOLE MEMBER OF THE GRAHAM GUND GALLERY IS
KENYON COLLEGE.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBER'S POWER TO ELECT TRUSTEES - AS THE SOLE MEMBER, KENYON COLLEGE HAS
THE POWER TO APPOINT ALL OF THE BOARD MEMBERS OF THE GRAHAM GUND GALLERY.
FORM 990, PART VI, SECTION A, LINE 7B:
APPROVAL OF DECISIONS OF GOVERNING BODY - AS THE SOLE MEMBER, KENYON
COLLEGE HAS APPROVAL RIGHTS OVER THE DECISIONS OF THE BOARD OF TRUSTEES OF
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

LHA 332211 11-14-23

MONITORING AND ENFORCEMENT OF CONFLICT POLICY - THE ORGANIZATION'S CONFLICT

POLICY IS DISTRIBUTED AT THE FALL MEETING OF THE BOARD OF TRUSTEES.

ANNUALLY, OFFICERS AND TRUSTEES ARE ASKED TO DISCLOSE CONFLICTS, AND THESE

DISCLOSURES ARE MONITORED. IF A CONFLICT ARISES, THE PERSON IS NOT

PERMITTED TO VOTE OR PARTICIPATE IN THE DISCUSSION OF THE PROPOSED

TRANSACTION. PEOPLE WHO ARE INDEPENDENT OF THE INDIVIDUAL MAKE THE DECISION
ON THE TRANSACTION.

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

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization GRAHAM GUND GALLERY	Employer identification number $46-3140140$
COMPENSATION REVIEW AND APPROVAL - THERE IS NO STANDING BO	ARD COMMITTEE FOR
COMPENSATION FOR THE OFFICERS AND OTHER EMPLOYEES OF THE G	RAHAM GUND
GALLERY. THE GALLERY MIRRORS THE STANDARD PERCENTAGE COST	OF LIVING
INCREASES FROM KENYON COLLEGE, THE SOLE MEMBER OF THE GRAH	AM GUND GALLERY.
THE BOARD OF THE GRAHAM GUND GALLERY APPROVES ANY ADJUSTME	NT TO BASE
SALARIES ABOVE THIS STANDARD PERCENTAGE IN A GIVEN YEAR DU	RING AN EXECUTIVE
SESSION OF A BOARD MEETING.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABILITY OF DOCUMENTS - THE ORGANIZATION DOES NOT MAKE	ITS FINANCIAL
STATEMENTS, GOVERNING DOCUMENTS, OR CONFLICT POLICY AVAILA	BLE TO THE
PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OUTSIDE CONTRACTING:	
PROGRAM SERVICE EXPENSES	385,432.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	385,432.
DESIGN&CONSTRUCTION SERVICES:	
PROGRAM SERVICE EXPENSES	783.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	783.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	386,215.

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.

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Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number GRAHAM GUND GALLERY 46-3140140 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (d) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (d) (g) Section 512(b)(13) Name, address, and EIN Primary activity Legal domicile (state or Exempt Code Public charity Direct controlling of related organization section status (if section entity foreign country) 501(c)(3)) Yes No KENYON COLLEGE - 31-4379507 209 CHASE AVENUE GAMBIER, OH 43022 COLLEGE оніо 501(C)(3) LINE 2 N/A X THE KENYON REVIEW - 31-1443804 209 CHASE AVENUE GAMBIER, OH 43022 PUBLICATIONS онто 501(C)(3) JINE 7 CENYON COLLEGE X PHILANDER CHASE CORPORATION - 31-1711213 209 CHASE AVENUE GAMBIER, OH 43022 AND PRESERVATION онго 501(C)(3) LINE 12A, I KENYON COLLEGE Х KOKOSING NATURE PRESERVE - 47-2482300 209 CHASE AVENUE GAMBIER, OH 43022 онто 501(C)(13) N/A KENYON COLLEGE Х CEMETERY

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

Schedule R (Form 990) 2023

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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.

organization of realist as a particionip during the tax year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year		ortionale itions?	Code V-UBI amount in box 20 of Schedule	Gener	al or F	Percentage ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	-	No		Yes	No	
										П	\top	
									1	П		
	1									П		
										Н	+	
										П	-	
										П		
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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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	onu	tion b(13) rolled iity?
					-				

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Part V Transactions With Related Organization	s. Complete if the organization ans	wered "Yes" on Form	990, Part IV, line 34, 35b, or 3	36.			
Note: Complete line 1 if any entity is listed in Parts I	I, III, or IV of this schedule.				_	Yes	No
1 During the tax year, did the organization engag	e in any of the following transactions	with one or more re	lated organizations listed in Pa	rts II-IV?	A Tree L	deal	100
a Receipt of (i) interest, (ii) annuities, (iii) royaltie	s, or (iv) rent from a controlled entity				. 1a		X
b Gift, grant, or capital contribution to related org							Х
c Gift, grant, or capital contribution from related	organization(s)				. 1c	Х	
d Loans or loan guarantees to or for related orga	nization(s)				. 1d		Х
e Loans or loan guarantees by related organization	on(s)				. 1е	2743	Х
f Dividends from related organization(s)					1f		х
g Sale of assets to related organization(s)							X
h Purchase of assets from related organization(s)							Х
i Exchange of assets with related organization(s)							X
j Lease of facilities, equipment, or other assets t	o related organization(s)		A.		. 1j		X
,	(,				7.5	194	1000
k Lease of facilities, equipment, or other assets f	rom related organization(s)				. 1k		X
I Performance of services or membership or fund					4.0		Х
m Performance of services or membership or fund	-					Х	
n Sharing of facilities, equipment, mailing lists, or						Х	-
o Sharing of paid employees with related organiz	_					Х	
o onamy or paid omproyees marrolated organic					< 355	-	92A
p Reimbursement paid to related organization(s)	for expenses				. 1p		X
q Reimbursement paid by related organization(s)							Х
4 Homboroomone paid by Folated organization(b)	TOT CAPCINGS				1777	1.77	2/11
r Other transfer of cash or property to related on	ganization(e)				1r		X
s Other transfer of cash or property from related					1s	\vdash	Х
2 If the answer to any of the above is "Yes," see	the instructions for information on w	ho must complete th	is line including covered relati	onshins and transaction thresholds		_	
2 If the answer to any of the above is 148, 586	the mandadons for information on w						
(a) Name of related organ	ization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount	involved		
(1)							
(2)							
(3)		-					
(O)							
(4)							
(5)							
(6)							
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(o) · Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c) orgs. Yes N	II sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tion alloca	nopor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General manag partn Yes	(k) Percentaing owners	tage ship
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Schedule R (Form 990) 2023

hedule R (Form 990) 2023 GRAHAM GUND GALLERY	46-3140140	Page
hedule R (Form 990) 2023 GRAHAM GUND GALLERY art VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
Trovide additional information for responses to questions on conedule 1. See instructions.		
*		

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