Form **990** 

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

	For the	2023 calend	dar year, or tax year begin	ning		, <b>2023</b> , a	nd ending		, 20
В	Check if a	pplicable:	C Name of organization GR	OUNDS FOR SC	ULPTURE, INC.			D Employer id	entification number
	Address c	hange	Doing business as GR			22-	-3694371		
	Name cha	ange	Number and street (or P.O. bo		Room/suite	E Telephone no	umber		
	Initial retu	rn	80 SCULPTORS W	<b>IAY</b>				(60	09)586-0616
	Final retur	rn/terminated	City or town, state or province,	, country, and ZIP or fore	ign postal code			G Gross receip	ots
	Amended	return	HAMILTON, NJ 0	8619				\$	11,947,789
	Application	n pending	F Name and address of principa	_	Ryan		H(a) Is this a	group return for subor	dinates? Yes X No
			Same as C abov	<i>7</i> e	_		H(b) Are all	subordinates inclu	ded? Yes No
ı	Tax-exem	pt status:	501(c)(3) 501(c) (	) (insert no.)	4947(a)(1) or	527	If "No,"	attach a list. See	instructions
J	Website:	www	w.groundsforsculpt	ure.org			H(c) Group	exemption number	r
K	Form of o	rganization: X	Corporation Trust Ass	ociation Other		L Year of formati	on: <b>1999</b> M	State of legal dom	icile: <b>NJ</b>
Pa	art I	Summar	ry						
	1	Briefly descr	ribe the organization's miss	ion or most significa	ant activities: Gro	unds For	Sculpture co	ombines ar	t and
		-	ng spaces to welco	_		all visit	ors in the a	rtist's a	ict of
ce		inventio							
nar									
Governance	2	Check this be	oox [] if the organization of	liscontinued its ope	rations or disposed of	more than 25	% of its net assets	<b>5.</b>	
	3	Number of v	voting members of the gove	erning body (Part V	I, line 1a)			3	22
ა თ	4	Number of ir	ndependent voting member	s of the governing I	body (Part VI, line 1b)			4	22
itie	5	Total numbe	er of individuals employed ir	n calendar year 202	23 (Part V, line 2a) .			5	140
Activities &	6	Total numbe	er of volunteers (estimate if	necessary)				6	193
ď	7a	Total unrelat	ted business revenue from	Part VIII, column (0	C), line 12			7a	(95,346)
	b	Net unrelate	ed business taxable income	from Form 990-T,	Part I, line 11			7b	0
							Prior Year		Current Year
e,	8	Contributions	s and grants (Part VIII, line	1h)			22,73	4,599	3,252,829
	9	Program ser	rvice revenue (Part VIII, line	e 2g)			4,15	4,301	4,554,898
en.	10	Investment in	income (Part VIII, column (A	A), lines 3, 4, and 70	d)		(22:	1,481)	1,111,327
Revenue	11	Other revenu	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10	oc, and 11e)		50	5,208	330,060
	12	Total revenu	ue - add lines 8 through 11 (	must equal Part VII	I, column (A), line 12)		27,17	2,627	9,249,114
	13	Grants and s	similar amounts paid (Part I	IX, column (A), lines	s 1-3)				0
	14	Benefits paid	d to or for members (Part I)	X, column (A), line	1)				0
	15	Salaries, oth	ner compensation, employee	e benefits (Part IX,	column (A), lines 5-10	)	3,98	2,900	4,313,563
Expenses	16a	Professional	I fundraising fees (Part IX,			0			
ë	b	Total fundrai	nising expenses (Part IX, co	lumn (D), line 25)	1	,366,839			
X	17	Other expen	nses (Part IX, column (A), lir	nes 11a-11d, 11f-24	le)		5,32	5,529	4,709,452
	18	Total expens	ses. Add lines 13-17 (must	equal Part IX, colu	mn (A), line 25)		9,30	8,429	9,023,015
	19	Revenue les	ss expenses. Subtract line 1	18 from line 12 .			17,864	4,198	226,099
5	S						Beginning of Curr	rent Year	End of Year
Net Assets or	[ 20	Total assets	s (Part X, line 16)				57,488	8,217	61,246,086
Ass	<u>B</u> 21	Total liabilitie	es (Part X, line 26)				2,63	7,637	2,532,017
			or fund balances. Subtract l	line 21 from line 20			54,850	0,580	58,714,069
	art II		ıre Block						
			eclare that I have examined this retu eclaration of preparer (other than off				of my knowledge and be	elief, it is	
	·	·		,		, 0		1	
O: -			ert Gross						
Sig	_	Signature of office	cer					Date	
He	re		ert Gross, Chief F	inancial Off	icer				
		Type or print nar		T		1			
_		Print/Type pre	eparer's name	Preparer's signature		Date	Check	if PTIN	
Pai							self-en	nployed	
	parer						Firm's EIN		
Us	e Only	Firm's addres	38				Phone no.		
May	the IRS	S discuss this	s return with the preparer sh	own above? See ir	nstructions				Yes No

_	990 (2023) GROUNDS FOR SCULPTURE, INC. 22-3694371 Page 2
Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Grounds For Sculpture combines art and beckoning spaces to welcome, surprise, and engage all
	visitors in the artist's act of invention.
	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,701,457 including grants of \$) (Revenue \$4,268,758)
	Visitor Services: designed to provide information services, process membership benefits,
	coordinate tour groups, perform introductory lectures, assist with special events and collect
	entrance fees. Staff monitors multiple park entry points as well as information desks located
	throughout the park. The ticketing process remained mostly as an online, advanced purchase
	ticketing system that had been implemented several years earlier in order to maintain a safe
	environment; with members permitted to visit anytime during the week as a perk. We welcomed over
	250,000 visitors. GFS is committed to equitable access and welcoming in the community through its
	partnership with both Art-Reach ACCESS and Families First Discovery Pass programs in which over
	11,600 free admission tickets were issued. Additionally, reduced admission was offered to 5,453
	front-line health care workers and 2,228 veterans/active military.
4b	(Code:) (Expenses \$1,864,821 including grants of \$) (Revenue \$)
	Exhibitions: In 2023, over 250,000 people visited GFS. GFS embraces a wide range of contemporary
	sculpture and related art in its exhibitions. These projects affirm the organization's commitment
	to broadening our exhibition program and collection in ways that reflect the diversity of the
	region and the dynamic world around us. GFS maintains the work of the outdoor collection at the
	highest standards, with ongoing sculpture restoration projects performed during the year. In
	2023, GFS presented two distinct indoor exhibitions as part of our new Persepectives series -
	Local Voices: Stories, Memories, and Portraits, and Spiral Q: The Parade. GFS also continued its
	plan to have year-round exhibitions by presenting year 3 of our multi-sensory outdoor exhibition
	called Night Forms.
4c	(Code:) (Expenses \$1,607,836 including grants of \$) (Revenue \$286,140)
	ARTS EDUCATION: GFS's education programs encourage exploration, discovery, and direct engagement
	with the arts. Our wellness related programs continued to be highly attended, leveraging the
	unique healing potential of art and nature. They included yoga, tai chi, meditation, mindfulness,
	sound baths and wellness walks. Adult education programs also include workshops to learn new
	skills but not limited to guided tours, immersive introductions to a wide variety of art making
	materials and techniques, courses that encourage both skill development and relationship
	building, and seasonal art and horticulture offerings. Family programs provide opportunities to
	share experiences that include hands-on artmaking, storytelling and guided exploration of our
	galleries and gardens. There are over 10,000 students for group visits each year.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 6,174,114

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part L	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	441		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		77
٦	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		77
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>		Λ	
	Schedule D. Parts XI and XII	12a	x	
b				
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and I.V	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV **Checklist of Required Schedules** (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?...... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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 25a Х 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? 25b Х 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% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 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). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х Х A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c х 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 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part J. . . . . . . 31 х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 х 35a Х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . . . . . . . . . . . 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI . . . . . . . . . . . 37 Х 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 Х Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V ............ Yes No 1a 54 0 Did the organization comply with backup withholding rules for reportable payments to vendors and

1c

Form 990 (2023) GROUNDS FOR SCULPTURE, INC. 22-3694371 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ...... 2a 140 2b х Did the organization have unrelated business gross income of \$1,000 or more during the year?............ 3a 3a х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O......... х At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . . . . . 4a Х If "Yes," enter the name of the foreign country h See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Х х b С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? ...... 6a х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х b 7b Х Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с х d е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . . . . . . . . 7е х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . . . . . . . . . . . . 7f х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... 7<u>g</u> х g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . . . . . . 7h h Х Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? ................ 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ........... 9b b 10 Section 501(c)(7) organizations. Enter: 10a 10b b 11 Section 501(c)(12) organizations. Enter: 11a а Gross income from other sources. (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . . . . . . . . . . . . . Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b 14a Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q . . . . . . . . . . . . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 Х If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . . . . . . . х If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities 17 If "Yes," complete Form 6069.

Se	ction A. Governing Body and Management		l	l
4.			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O.  Enter the number of voting members included in line 1a, above, who are independent			
р 2	Enter the number of voting members included in line 1a, above, who are independent	4		
_	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	х	Λ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			T
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	X	
С	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by	17		
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	▼ Own website       □ Another's website       ▼ Upon request       □ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
00	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Robert Gross (609)249-0231, 80 SCULPTORS WAY, HAMILTON, NJ 08619			

Form 990 (2023)

GROUNDS FOR SCULPTURE, INC.

22-3694371

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

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

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

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

See instructions for the order in which to list the persons above.

				- (	(C)					
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Gary Schneider	40.00									
Executive Director				Х				219,838	0	28,961
(2)Kathleen Greene	40.00									
Chief Audience Officer				х				140,465	0	35,549
(3)Marissa Reibstein	40.00									
Chief Development Officer				х				151,247	0	15,577
(4)Robert Gross	40.00									
Chief Financial Officer				х				154,991	0	9,776
(5)Michelle Bajwa	5.00									
Trustee		х						0	0	0
(6)Nigel Brown	5.00									
Trustee		х						0	0	0
(7)Kalpana Patel	5.00									
Trustee		x						0	0	0
(8)Umesh Gaur	5.00									
Trustee		x						0	0	0
(9)Karen Andrade-Mims	5.00									
Trustee		x						0	0	0
(10)Gary Bannett	5.00									
Trustee		x						0	0	0
(11)Peter Vermeulen	5.00									
Trustee		x		_				0	0	0
(12)Cateldo Doria	5.00									
Trustee		x						0	0	0
(13)Freda Howard	5.00									
Trustee		x						0	0	0
(14)Michael Greenleaf	5.00									
Trustee		х						0	0	0

EEA Form **990** (2023)

Form 990 (2023)

GROUNDS FOR SCULPTURE, INC.

22-3694371

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

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

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

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

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

See instructions for the order in which to list the persons above.

			•		· • ·					
					(C)					
(A)	(B)	(do i	ord					(D)	(E)	(F)
Name and title	Average	box						Reportable	Reportable	Estimated amount
	hours per week	offic						compensation from the	compensation from related	of other compensation
	(list any							organization (W-2/	organizations (W-2/	from the
	hours for	or di	Highest compensated employee  Key employee  Officer  Institutional trustee or director			Former	1099-MISC/	1099-MISC/	organization and	
	related	ecto		막	empl	est c	Φ	1099-NEC)	1099-NEC)	related organizations
	organizations	i trug	ia #		oye	ömp				
	below dotted line)	tee	uste		w	ensa				
	dotted line)		0			ated				
(1)Ilana Gutierrez	5.00									
Trustee		Х						0	0	0
(2)Ulli_Arendt	5.00									
Trustee		Х						0	0	0
(3)Teri Cox	5.00									
Trustee		X						0	0	0
(4)Nick Pahade	5.00									
Trustee		Х						0	0	0
(5)Esther Novak	1.00									
Trustee		Х						0	0	0
(6)Jerry Wind	5.00									
Trustee		Х						0	0	0
(7)Sharon Lorenzo	1.00									
Trustee		Х						0	0	0
(8)Scott McVay	5.00									
Trustee		х						0	0	0
(9)Penelope Lattimer	5.00									
Vice President		х		х				0	0	0
(10)Eric Ryan	10.00									
President		х		х				0	0	0
(11)David Timothy	5.00									
Secretary		х		х				0	0	0
(12)Marco Cucchi	5.00									
Treasurer		х		х				0	0	0
<u>(13)</u>	L									
(14)	L									

EEA Form **990** (2023)

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

Page 8

127,409

145,409

	(A) Name and title	(B) Average hours per week	do not check more than box, unless person is burs officer and a director/tru					n	(D)  Reportable compensation from the organization (W-2/	(E) Reports compens from rela	able ation ated	COI	(F) nated am of other mpensati	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizatioi 1099-Mi 1099-Ni	ISC/	orga	anization d organiz	
(15)														
<u>(16)</u>														
<u>(17)</u>	D													
<u>(18)</u>														
<u>(19)</u>	(19)													
(20)														
(21)	)													
(22)_														
(23)														
(24)														
(25)														
1b	Subtotal													
С	Total from continuation sheets to Part VII, Sect	ion A .												
d	Total (add lines 1b and 1c)								666,541		0		89,8	363
2	Total number of individuals (including but n		thos	e lis	ted	abc	ove) w	vho	received more th	an \$100	,000 of			
	reportable compensation from the organiza	ition											V	4
3	Did the organization list any <b>former</b> officer, direct	etor tructoo	kov on	anlos		or h	oiahoc:	t con	nnoncatod				Yes	No
3	employee on line 1a? If "Yes," complete Schedu		-				-					3		х
4	For any individual listed on line 1a, is the sum of re													A
	organization and related organizations greater th													
	individual											4	х	
5	Did any person listed on line 1a receive or accrue	compensation	on from	any	unr	elate	ed org	aniza	ation or individual					
	for services rendered to the organization? If "Yes	s," complete	Schea	lule .	J for	suc	h pers	son				5		х
Section	on B. Independent Contractors													
1	Complete this table for your five highest co	-	-											
	compensation from the organization. Report	rt compens	ation 1	or t	he o	cale	ndar	yeaı		vithin the	organiz			ear.
(A) (B)												(C)		
w1:-	Name and business address			10	1 4 0	,		7 1	Description of service	es		Compens		000
	Collective Inc., 8th Street Phil								istic fees			475,000 184,904		
Constellation Culinary Group, 16 Fairgrounds Road Trent Food Service  Brightview Landscapes, LLC, PO Box 740655 Atlanta GA 30 Landscaping											153,980			

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

JC Maintenance Solutions, 64 Vetterlein Ave Trenton NJ

received more than \$100,000 of compensation from the organization

Integris, 1 Corporate Drive Ste H Cranbury NJ 08512

Custodial

Technology

6

Page 9

		Check if Schedule O contains	a response	e or note to any li	ine in this Part V	'III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	. 1a					
	b	Membership dues		873,748				
nts nts	C	Fundraising events		073,740				
Gra	d	Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)		625,268				
<u>a</u> <u>i</u>	f	All other contributions, gifts, grants,	. 10	023,200				
Sin	•	and similar amounts not included abo	ove 1f	1,753,813				
buti her	q	Noncash contributions included in		177337013				
ğ	9	lines 1a-1f	1g	\$ 34,978				
S Ĕ	h				3,252,829			
		Totali Add iiiloo Ta Ti		Business Code	372327023			
	2a	ADMISSION FEES		900099	4,268,758	4,268,758		
8		EDUCATIONAL WORKSHOPS		611710	286,140	286,140		
ervi ne	C	EDUCATIONAL WORKSHOTS		011710	200,140	200,140		
ıram Serv Revenue	d							
grar Re	e							
Program Service Revenue		All other program service revenue						
ъ		<b>Total.</b> Add lines 2a-2f			4,554,898			
		Investment income (including dividend			1,001,000			
	3	other similar amounts)			933,843			933,843
	4	Income from investment of tax-exemple		- t	333,013			333,013
	5	Royalties	•	- t				
			(i) Real	(ii) Personal				
	6a	_	981,944	(1) 1 21221121				
			487,615					
			494,329					
	l .				494,329			494,329
			Securities	(ii) Other	•			
	, ra	sales of assets		.,				
			718,747					
	b	Less: cost or other basis	-					
ā		and sales expenses 7b 1,	541,263					
venue	С	· · · · · · · · · · · · · · · · · · ·	177,484					
	d	Net gain or (loss)			177,484			177,484
e	8a	Gross income from fundraising						
Other Re		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraising	events .					
	9a	Gross income from gaming						
		activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming acti	vities					
	10a	Gross sales of inventory, less						
		returns and allowances	10a	505,528				
	l .	Less: cost of goods sold						
	С	Net income or (loss) from sales of inv	entory		(164,269)	(68,923)	(95,346)	
				Business Code				
S	11a							
ano nue	b							
Miscellanous Revenue	С							
Misc R		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			9,249,114	4,485,975	(95,346)	1,605,656

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . Compensation of current officers, directors, trustees, and key employees ...... 166,824 756,404 176,014 413,566 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 2,856,896 281,768 420,609 2,154,519 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 84,213 59,540 8,358 16,315 9 396,599 264,264 74,838 57,497 10 219,451 131,839 45,145 42,467 11 Fees for services (nonemployees): b Legal...... 23,101 23,101 44,746 44,746 d Professional fundraising services. See Part IV, line 17. . f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . 429,848 123,330 166,755 139,763 12 242,619 237,556 5,063 13 96,553 18,209 4,109 74,235 14 155,819 86,278 41,152 28,389 15 16 893,497 111,157 114,720 1,119,374 17 30,511 20,106 5,261 5,144 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 66,793 26,149 25,759 14,885 20 63,867 63,867 21 22 Depreciation, depletion, and amortization . . . . . . 613,434 440,171 76,648 96,615 23 242,061 166,776 54,539 20,746 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.) OUTSIDE ARTISTIC FEES/SVCS 1,072,415 1,067,553 4,862 PROGRAM MATERIALS 251,945 115,696 24,949 111,300 c PRINTING 35,551 19,204 1,273 15,074 d MERCHANT FEES/EQUIP RENTAL 220,815 173,413 15,071 32,331 All other expenses Total functional expenses. Add lines 1 through 24e. . 25 9,023,015 6,174,114 1,482,062 1,366,839 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Balance Sheet
Check if Schedule O Part X

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	750,926	1	509,877
	2	Savings and temporary cash investments	417,360	2	690,947
	3	Pledges and grants receivable, net	18,765,323	3	4,333,765
	4	Accounts receivable, net	278,075	4	229,969
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\dots$		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	55,684	8	39,349
AS	9	Prepaid expenses and deferred charges	155,626	9	325,507
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 25,669,67	4		
	b	Less: accumulated depreciation 10b 5,397,00	20,898,505	10c	20,272,665
	11	Investments - publicly traded securities	14,898,007	11	33,870,898
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,268,711	15	973,109
	16	Total assets. Add lines 1 through 15 (must equal line 33)	57,488,217	16	61,246,086
	17	Accounts payable and accrued expenses	694,376	17	755,431
	18	Grants payable		18	
	19	Deferred revenue	200,163	19	238,614
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties	793,098	23	587,972
	24	Unsecured notes and loans payable to unrelated third parties	950,000	24	950,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,637,637	26	2,532,017
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
ce	27	Net assets without donor restrictions	24,652,206	27	25,373,047
alar	28	Net assets with donor restrictions	30,198,374	28	33,341,022
d B		Organizations that do not follow FASB ASC 958, check here			
<u>.</u> nn		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
ets (	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	54,850,580	32	58,714,069
-	33	Total liabilities and net assets/fund balances	57,488,217	33	61,246,086

FOITH	990 (2023) GROUNDS FOR SCULPTURE, INC.	22-3694	371	Pa	age 1∡
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,	249,	114
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,	023,	015
3	Revenue less expenses. Subtract line 2 from line 1	3		226,	099
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	54,	850,	580
5	Net unrealized gains (losses) on investments	5	3,	322,	015
6	Donated services and use of facilities	6		315,	375
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	58,	714,	069
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		

EEA

Check of signature of the street of the st	Form <b>99</b>	∩_T		Exempt Organization Business Income Tax Return	1	OMB No. 1545-0047
For calendar year 2023 or other tax year beginning	Form JJ	<i>•</i> •				2000
Descriment of the Triesparty   Do not writer SSN numbers on this form as it may be made public if your organization is a 501(c)(3)   Demployer femiliation and the latest information.   Demployer femiliation is a 301(c)(3)   Demployer femiliation numbers of the state of the st			For as'	ander year 2022 or other tay year haginning		2023
Do not enter SSN numbers on this form as it may be made public if your organization is a 50f(c)(3).   Dealer advanced and see instructions.   Concess to a fame enteringed and see instructions.   Solice   Dealer advanced   Print of the print or the print of the print of the print or the pr			For cale			Open to Public Inspection
Name of organization (   Onch bos if name changed and see instructions.)   D Employer identification numb address. Changed   D Employer identification numb address. Changed   D Employer identification numb address. Changed   D Employer identification numb   D Em		,			(c)(3).	
B   Everopt under section   Print   File   Section   Print   Pr	$\neg$					
Fundamental content of the content	_				22-36	94371
Type   40(8)   20(8)   50(8)	B Exempt under	section				
dogs    20(e)   20(e)   HANTLTON, NJ 08619   5   1000	X 501( C	)(3)		80 SCULPTORS WAY	(see ins	structions)
S28(iii)   S28 C Book value of all assets at end of year   G1, 246, 086   S0   G C Book value of all assets at end of year   G1, 01(i) trust   Other trust   State college/university   G1, 01(i) (i) (i) (ii) (iii)   G1, 01(ii)   G1, 01(ii	408(e)	220(e)	туре	City or town, state or province, country, and ZIP or foreign postal code	]	
Section   Sect	408A	530(a)		HAMILTON, NJ 08619		
Check if filing only to claim	529(a)	529A	C Book	value of all assets at end of year	an	amended return.
H Check if filing only to claim	<b>G</b> Check or	rganization t	ype		: college/u	university
Check if a 501(c)(3) organization filling a consolidated return with a 501(c)(2) titleholding corporation   JEnter the number of attached Schedules A (Form 990-T)   1   Voling the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Yes   If "Yes," enter the name and identifying number of the parent corporation   Total Unrelated Business Taxable Income   Reserved   2   2   3   Add lines 1 and 2   2   3   3   4   4   4   4   4   4   4   4						=
Enter the number of attached Schedules A (Form 990-T)   To withing the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Yes						_
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Yes   If "Yes," enter the name and identifying number of the parent corporation. The books are in care of Robert & Gross 8 0 SCULPTORS NAY HAMIL NJ 08619Telephone number (609)249-0231   Part I						
If "Yes," enter the name and identifying number of the parent corporation   The books are in care of Robert Gross 80 SCULPTORS WAY HANTL NJ 08619Telephone number (609)249-0231   Part   Total Unrelated Business Taxable income   Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)   1     Reserved						
The books are in care of   Robert   Gross   80   SCULPTORS   WAY   HANTL   NJ   08619Telephone number   (609) 249-0231	J	, ,				. Yes x
Total Unrelated Business Taxable Income  1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)  2 Reserved  3 Add lines 1 and 2  4 Charitable contributions (see instructions for limitation rules)  5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3  6 Deduction for net operating loss. See instructions  7 Total of unrelated business taxable income before specific deduction and section 199A deduction.  Subtract line 6 from line 5  8 Specific deduction (generally \$1,000, but see instructions for exceptions)  8 Trusts. Section 199A deduction. See instructions  9 Total deductions. Add lines 8 and 9.  10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.  11 Unrelated business taxable as corporations. Multiply Part I, line 11 by 21% (0.21).  1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:  1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:  2 Trusts amounts. See instructions  4 Other tax amounts. See instructions  6 Tax on noncompliant facility income. See instructions  7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies.  7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies.  7 Total. Tax and Payments  1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  1a Centerit for prior year minimum tax (attach Form 8801 or 8827)  1b Credit for prior year minimum tax (attach Form 8801 or 8827)  1c Total credits. Add lines 1 a through 1d.	•				(600)2	40.0021
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)   1   2   2   3   3   3   4   4   4   4   4   4   4					(609)2	49-0231
Reserved						1
3 Add lines 1 and 2				,		
4 Charitable contributions (see instructions for limitation rules) 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3. 5 Deduction for net operating loss. See instructions 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5						
Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3. 5  Deduction for net operating loss. See instructions 6  Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 7  Subcrific deduction (generally \$1,000, but see instructions for exceptions) 8  Trusts. Section 199A deduction. See instructions 9  Total deductions. Add lines 8 and 9. 10  Inrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. 11  Part II Tax Computation 1  Trusts computation 1  Trusts taxable as corporations. Multiply Part I, line 11 by 21% (0.21). 1  Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041). 2  Proxy tax. See instructions 4  Other tax amounts. See instructions 4  Alternative minimum tax 5  Tax on noncompliant facility income. See instructions 5  Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7  Part III Tax and Payments 1  Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a  D Other credits (see instructions) 1c  General business credit. Attach Form 3800 (see instructions) 1c  General business credit. Attach Form 8801 or 8827) 1d					-	
Deduction for net operating loss. See instructions   Gamma						
Total of unrelated business taxable income before specific deduction and section 199A deduction.  Subtract line 6 from line 5				,		6
Specific deduction (generally \$1,000, but see instructions for exceptions)   B   Specific deduction (generally \$1,000, but see instructions   9   Specific deductions   10   Specific deductions   11   Specific deductions   12   Specific deductions   12   Specific deductions   12   Specific deductions   13   Specific deductions   14   Specific deductions   15   Specific deductions   16   Specific deductions   17   Specific deductions   17   Specific deductions   17   Specific ded			•			
9 Trusts. Section 199A deduction. See instructions 9 10 Total deductions. Add lines 8 and 9. 10 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. 11    Part     Tax Computation	Subt	tract line 6 fro	om line s	· ·	-	7
Total deductions. Add lines 8 and 9.  10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.  11 Part II Tax Computation  1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21).  2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041).  2 Proxy tax. See instructions.  3 Other tax amounts. See instructions.  4 Other tax amounts. See instructions.  5 Alternative minimum tax.  6 Tax on noncompliant facility income. See instructions.  7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies.  7 Part III Tax and Payments  1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).  1 b Other credits (see instructions).  1 c General business credit. Attach Form 3800 (see instructions).  1 d Credit for prior year minimum tax (attach Form 8801 or 8827).  1 e Total credits. Add lines 1a through 1d.	8 Spec	cific deductio	n (gene	rally \$1,000, but see instructions for exceptions)		8
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	9 Trus	sts. Section	199A de	duction. See instructions	!	9
enter zero. 11    Part   II   Tax Computation	10 Tota	al deduction	s. Add	ines 8 and 9	1	0
Part II Tax Computation   1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21). 1   2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041). 2   3 Proxy tax. See instructions. 3   4 Other tax amounts. See instructions. 4   5 Alternative minimum tax. 5   6 Tax on noncompliant facility income. See instructions. 6   7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies. 7   Part III Tax and Payments   1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a   b Other credits (see instructions) 1b   c General business credit. Attach Form 3800 (see instructions) 1c   d Credit for prior year minimum tax (attach Form 8801 or 8827) 1d   e Total credits. Add lines 1a through 1d. 1e	11 Unre	elated busir	ness tax	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)					1	1 (
Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041).  Proxy tax. See instructions.  Other tax amounts. See instructions.  Alternative minimum tax.  Total. Add lines 3 through 6 to line 1 or 2, whichever applies.  Tax and Payments  Tax and Payments  Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).  Description of the credits (see instructions).  Ceneral business credit. Attach Form 3800 (see instructions).  Credit for prior year minimum tax (attach Form 8801 or 8827).  Total credits. Add lines 1a through 1d.  Total credits. Add lines 1a through 1d.			•			
Part I, line 11 from:	•				• •	1 (
3         Proxy tax. See instructions         3           4         Other tax amounts. See instructions         4           5         Alternative minimum tax         5           6         Tax on noncompliant facility income. See instructions         6           7         Total. Add lines 3 through 6 to line 1 or 2, whichever applies         7           Part III         Tax and Payments           1a         Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)         1a           b         Other credits (see instructions)         1b           c         General business credit. Attach Form 3800 (see instructions)         1c           d         Credit for prior year minimum tax (attach Form 8801 or 8827)         1d           e         Total credits. Add lines 1a through 1d.         1e						
4 Other tax amounts. See instructions		,				
5 Alternative minimum tax		-				
Total. Add lines 3 through 6 to line 1 or 2, whichever applies						
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies						
Part III     Tax and Payments       1a     Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)     1a       b     Other credits (see instructions)     1b       c     General business credit. Attach Form 3800 (see instructions)     1c       d     Credit for prior year minimum tax (attach Form 8801 or 8827)     1d       e     Total credits. Add lines 1a through 1d.     1e			•	•		
1a       Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)       1a         b       Other credits (see instructions)       1b         c       General business credit. Attach Form 3800 (see instructions)       1c         d       Credit for prior year minimum tax (attach Form 8801 or 8827)       1d         e       Total credits. Add lines 1a through 1d.       1e					• • • •	
b Other credits (see instructions)						
c General business credit. Attach Form 3800 (see instructions)		-				
d Credit for prior year minimum tax (attach Form 8801 or 8827)		,		,		
e Total credits. Add lines 1a through 1d				` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
				,	. 1e	
				•		
<b>3a</b> Amount due from Form 4255						
<b>b</b> Amount due from Form 8611	<b>b</b> Amo	ount due from	Form 8	611		
<b>c</b> Amount due from Form 8697	<b>c</b> Amo	ount due from	Form 8	697		
<b>d</b> Amount due from Form 8866	<b>d</b> Amo	ount due from	Form 8	866		
e Other amounts due (see instructions)	<b>e</b> Othe	er amounts d	ue (see	instructions) 3e		
f Total amounts due. Add lines 3a through 3e					3f	
4 Total tax. Add lines 2 and 3 (see instructions).						
section 1294. Enter tax amount here						
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)					. 5	
For Paperwork Reduction Act Notice, see instructions.	For Paperwo	ork Reduction	on Act I	lotice, see instructions.		Form <b>990-T</b> (20

Form 99	0-T (202	GROUNDS FOR SCULPTU	RE, INC.			22	-369	4371	F	Page 2
Part	Ш	Tax and Payments (continued)								
6a	Payme	ents: Preceding year's overpayment credited t	o the current year		6a					
b	Currer	nt year's estimated tax payments. Check if se	ction 643(g) election	on						
	applies	S			6b					
С	Tax de	eposited with Form 8868			6c					
d	Foreig	n organizations: Tax paid or withheld at source	e (see instructions)	)	6d					
е	Backu	p withholding (see instructions)			6e					
f		for small employer health insurance premium			6f					
g		/e payment election amount from Form 3800			6g					
h		ent from Form 2439			6h					
i	Credit	from Form 4136			6i					
j	Other	(see instructions)			6j					
7	Total	payments. Add lines 6a through 6J						7		
8		ated tax penalty (see instructions). Check if Fo					_	8		
9		<b>ue.</b> If line 7 is smaller than the total of lines 4						9		
10		payment. If line 7 is larger than the total of lin						10		
11	_	the amount of line 10 you want: <b>Credited to</b>				Refunded		11		
Part		Statements Regarding Certain Ad			on (se	ee instructions)				
1		time during the 2023 calendar year, did the o							Yes	No
		financial account (bank, securities, or other)	-		-	-				
		N Form 114, Report of Foreign Bank and Fin		_						
	here	, ,		•		,				х
2	Durino	the tax year, did the organization receive a d	istribution from, or	was it the grantor o	f. or trai	nsferor to, a foreign	trust?	 }		х
	_	s," see instructions for other forms the organiza		-	•	, 0				
3		the amount of tax-exempt interest received or				\$				
4		available pre-2018 NOL carryovers here		. Do not includ	le any p		vover		_	
		on Schedule A (Form 990-T). Don't reduce t					,			
	Part I,		,	, ,		•				
5		017 NOL carryovers. Enter the Business Act	ivity Code and ava	ilable post-2017 NC	DL carry	overs. Don't reduc	е			
		nounts shown below by any NOL claimed on a	-		-					
		Business Activity		,		ible post-2017 NOL	_ carrv	over	_	
		, , , , , , , , , , , , , , , , , , ,		5			,		_	
					<u> </u>				_	
					<u> </u>				_	
									_	
6a	Reser	ved for future use		-					_	
b		ved for future use								
Part		Supplemental Information								
		additional information. See instructions.								
	,									
Sign	Unde	er penalties of perjury, I declare that I have examine f, it is true, correct, and complete. Declaration of pr	ed this return, including eparer (other than tax	ng accompanying sche	edules ar Linforma	nd statements, and to	the be	st of my k	nowledge ar dae.	ıd
Here		,, , ,				ial Officer			-9	
	-		I						liscuss this ret	
	Sig	gnature of officer	Date	Title				ee instruction	\0	™ No
		Print/Type preparer's name	Preparer's signature			Date	Check	if	PTIN	
Paid							self-em			
Prepa	rer	Firm's name	1				Firm's E	EIN	1	
Use C		Firm's address					Phone r			
	,									

EEA Form **990-T** (2023)

## **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A Name of the organization

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

B Employer identification number

GROUN	DS FOR SCULPTURE, INC.	22-3694371				
C Unrelated business activity code (see instructions) 459420					1	of 1
E Des	cribe the unrelated trade or business Taxable museum s	shop	sales			
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expense		(C) Net
Гаі	Officialed frade of Busiliess income		(A) Income	(B) Expense	-5	(C) Net
1a	Gross receipts or sales 293,712					
b	Less returns and allowances c Balance	1c	293,712			
2	Cost of goods sold (Part III, line 8)	2	133,862			
3	Gross profit. Subtract line 2 from line 1c	3	159,850			159,850
4a	Capital gain net income (attach Schedule D (Form 1041 or					
	Form 1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See					
	instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	<b>Total.</b> Combine lines 3 through 12	13	159,850			159,850
Part		for lin	nitations on deduc	tions. Deduction	s must	be
	directly connected with the unrelated business income.					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	139,079
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on returm		8a		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	33,854
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)			atement #9	14	82,263
15	<b>Total deductions.</b> Add lines 1 through 14				15	255,196
16	Unrelated business income before net operating loss deduction. Subtract					-
	column (C)				16	(95,346)
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line 16				18	(95,346)

Schedule A (Form 990-T) 2023 GROUNDS FOR SCULPTURE, INC. 22-3694371 Page 2 Part III | Cost of Goods Sold | Enter method of inventory valuation | Lower of Cost or Market 1 Inventory at beginning of year 1 2 133,862 3 3 4 Additional section 263A costs (attach statement) 4 5 Other costs (attach statement) 5 6 6 133,862 7 7 8 8 133,862 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes x No Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. **Α**  $\Box$ вП С рΠ С Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) ....... **b** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . . Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .... Deductions directly connected with the income in lines 2a and 2b (attach statement) 5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) . . . . . . . . . Part V Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. Α 🗌 В с□ рΠ С Α В D Gross income from or allocable to debt-financed 3 Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) . . . . Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) . . . . . . . . . . . . . . Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debtfinanced property (attach statement) ..... 6 7 Gross income reportable. Multiply line 2 by line 6 . . 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . . . . . . 9 Allocable deductions. Multiply line 3c by line 6 . . . Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . . 10 11 

Part	VI Interest, Annuit	ies, Royaltie	s, and Rents	from Controlled Or	ganizations (see instru	ctions)
	Exempt Controlled Organizations					,
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instructio	s) payments made	5. Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
			Nonexem	pt Controlled Organizat	ions	
	7. Taxable income	inco	t unrelated me (loss) structions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Add columns 5 and 10.				Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
· Ota	•					
Part		ome of a Sec	tion 501(c)(7	7), (9), or (17) Organ	ization (see instructions	s)
			ction 501(c)(7 int of income	7), (9), or (17) Organ  3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.Total deductions and set-asides (add columns 3 and 4)
Part	VII Investment Inc			3. Deductions directly connected	4. Set-asides	5.Total deductions and set-asides
Part (1)	VII Investment Inc			3. Deductions directly connected	4. Set-asides	5.Total deductions and set-asides
(1) (2)	VII Investment Inc			3. Deductions directly connected	4. Set-asides	5.Total deductions and set-asides
(1) (2) (3)	VII Investment Inc			3. Deductions directly connected	4. Set-asides	5.Total deductions and set-asides
(1) (2) (3) (4)	1. Description of income	2. Amou		3. Deductions directly connected	4. Set-asides	5.Total deductions and set-asides
(1) (2) (3) (4)	1. Description of income	Add amour Enter here line 9,	nt of income  ats in column 2. and on Part I, column (A).	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.Total deductions and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).
(1) (2) (3) (4) Total	1. Description of income  s	Add amoun Enter here line 9,	nt of income  ats in column 2. and on Part I, column (A).	3. Deductions directly connected (attach statement)	4. Set-asides	5.Total deductions and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).
(1) (2) (3) (4) Total Part	1. Description of income  Substitute    Subs	Add amoun Enter here line 9, . mpt Activity	nt of income  ats in column 2. and on Part I, column (A).	3. Deductions directly connected (attach statement)  er Than Advertising	4. Set-asides (attach statement)	5.Total deductions and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).
(1) (2) (3) (4) Total Part 1 2	1. Description of income  Substitute of the second of the	Add amour Enter here line 9, . mpt Activity ctivity: income from trad	nt of income  ats in column 2. and on Part I, column (A).  Income, Oth e or business. En	3. Deductions directly connected (attach statement)  er Than Advertising	4. Set-asides (attach statement)  Jincome (see instruction 10, column (A)	5.Total deductions and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).
(1) (2) (3) (4) Total Part	1. Description of income  Substitute of the second of the	Add amour Enter here line 9,  mpt Activity  ctivity: income from traded with production	ats in column 2. and on Part I, column (A).  Income, Other or business. En of unrelated business and on the column of unrelated business.	3. Deductions directly connected (attach statement)  er Than Advertising ter here and on Part I, line is incess income. Enter here	4. Set-asides (attach statement)  Jincome (see instruction 10, column (A) and on Part I,	5.Total deductions and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).
(1) (2) (3) (4) Total Part 1 2 3	Investment Inc  1. Description of income  Substitute of the property of the pr	Add amour Enter here line 9,  mpt Activity ctivity: income from trad ed with production	ats in column 2. and on Part I, column (A).  Income, Other or business. En of unrelated bu	3. Deductions directly connected (attach statement)  er Than Advertising  ter here and on Part I, line isiness income. Enter here	4. Set-asides (attach statement)  Jincome (see instruction 10, column (A)	5.Total deductions and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).
(1) (2) (3) (4) Total Part 1 2	Investment Inc  1. Description of income  Substitute of the substi	Add amoun Enter here line 9, . mpt Activity ctivity: income from trad ed with production	ant of income  ants in column 2.  and on Part I, column (A).  Income, Oth  e or business. En n of unrelated bu usiness. Subtrac	3. Deductions directly connected (attach statement)  er Than Advertising  there and on Part I, line isiness income. Enter here  t line 3 from line 2. If a gair	4. Set-asides (attach statement)  Jincome (see instruction 10, column (A)	5.Total deductions and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).
(1) (2) (3) (4) Total Part 1 2 3	Investment Inc  1. Description of income  Substitute Income  Exploited Exe Description of exploited act Gross unrelated business Expenses directly connect line 10, column (B) Net income (loss) from unilines 5 through 7	Add amoun Enter here line 9, . mpt Activity ctivity: income from trad ed with production	ant of income  ant in column 2.  and on Part I, column (A).  Income, Oth  e or business. En n of unrelated bu usiness. Subtrac	a. Deductions directly connected (attach statement)  er Than Advertising  there and on Part I, line isiness income. Enter here  t line 3 from line 2. If a gair	4. Set-asides (attach statement)  Jincome (see instruction  10, column (A) and on Part I,	5.Total deductions and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).
(1) (2) (3) (4) Total Part 1 2 3	Investment Inc  1. Description of income  1. Description of income  2. Secription of income  2. Secription of income  3. Secription of income  2. VIII Exploited Exe  3. Description of exploited acc  3. Gross unrelated business  4. Expenses directly connected ine 10, column (B)  5. Net income (loss) from unitines 5 through 7  6. Gross income from activity	Add amoun Enter here line 9,  mpt Activity ctivity: income from traded with production related trade or b that is not unrelated	nt of income  ats in column 2. and on Part I, column (A).  Income, Oth  e or business. En n of unrelated bu usiness. Subtrac	a. Deductions directly connected (attach statement)  er Than Advertising  nter here and on Part I, line isiness income. Enter here  t line 3 from line 2. If a gair	4. Set-asides (attach statement)  Jincome (see instruction)  10, column (A)	5.Total deductions and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).
(1) (2) (3) (4) Total Part 1 2 3 4 5	Investment Inc  1. Description of income  1. Description of income  2. Secription of income  2. Secription of income  3. Secription of income  2. VIII Exploited Exe  3. Description of exploited acc  3. Gross unrelated business  4. Expenses directly connected ine 10, column (B)  5. Net income (loss) from unitines 5 through 7  6. Gross income from activity	Add amour Enter here line 9, .  mpt Activity ctivity: income from traded with production related trade or b that is not unrelated come entered on	ats in column 2. and on Part I, column (A).  Income, Oth e or business. En n of unrelated bu usiness. Subtrac atted business inc line 5	3. Deductions directly connected (attach statement)  er Than Advertising  nter here and on Part I, line isiness income. Enter here  t line 3 from line 2. If a gair	4. Set-asides (attach statement)  Jincome (see instruction 10, column (A)	5.Total deductions and set-asides (add columns 3 and 4)  Add amounts in column 5. Enter here and on Part I, line 9, column (B).

		990-T) 2023 GROUNDS FOR SCULP	TURE, INC.		22-3	<b>8694371</b> Page
Part		dvertising Income				
		s) of periodical(s). Check box if reporting	two or more periodicals	on a consolidated bas	iS.	
	A					
	B ∐ .					
	D H					
	ш.	or each periodical listed above in the co	rresponding column			
ilei ai	iiouiis i	or each periodical listed above in the co	A	В	С	D
2	Gross a	advertising income	-			
		lumns A through D. Enter here and on Pa				
		-	art i, line 11, column (A)			•
3	Direct a	advertising costs by periodical	• • •			
а	Add col	umns A through D. Enter here and on Pa	art I, line 11, column (B)			•
4	Advertis	sing gain (loss). Subtract line 3 from line				
		any column in line 4 showing a gain,				
		te lines 5 through 8. For any column in				
		howing a loss or zero, do not complete				
		through 7, and enter -0- on line 8				
		ship costs				
6	Circulat	tion income	• • •			
	line 5, s	readership costs. If line 6 is less than subtract line 6 from line 5. If line 5 is less e 6, enter -0-				
		readership costs allowed as a				
	deduction	on. For each column showing a gain on				
	Part II,	e 8, columns A through D. Enter the greatine 13				•
Part 2	X Co	empensation of Officers, Direct	ctors, and Trustee	s (see instructions	s)	
		1. Name	2. 7	Γitle	3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
1)					%	
2)					%	
3)					%	
l)					%	
otal.		ere and on Part II, line 1				
art 2	XI S	Supplemental Information (se	e instructions)			

EEA Schedule A (Form 990-T) 2023

#### **SCHEDULE A** (Form 990)

## **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.

OMB No. 1545-0047

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** 

**Open to Public** Inspection

ROU	ND	S FOR SCULPTURE, INC.					22-369437	1	
Par	t I	Reason for Public Char	rity Status. (Al	II organizations mus	st comple	ete this p	art.) See instruction	ons.	
The o	rgar	nization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check of	only one bo	x.)	•		
1	П	A church, convention of churches,	,	•	-	•			
2	П	A school described in section 170				, , , , , , ,			
3	П	A hospital or a cooperative hospita				(A)(iii).			
4	H	A medical research organization or	J		. , , ,	. ,. ,	'h)/1)/A)/iii) Enter the		
•	ш	hospital's name, city, and state:	ocialed in conjunc	non with a noophal acco	11000 III <b>30</b>	011011 170	D)(1)(A)(III): Enter the		
5	П	An organization operated for the be	nefit of a college o	r university owned or on	erated by	anvernm	ental unit described in		
3	Ш	- · · · · · · · · · · · · · · · · · · ·	_	i diliversity owned or op-	crated by a	governin	ental unit described in		
	П	section 170(b)(1)(A)(iv). (Complete	•	Lunit donoribad in <b>casti</b> e	nn 470/h\/	4\/ <b>A</b> \/\			
6	님	A federal, state, or local governme	ŭ		` ' '	,, ,, ,	and the second section is the second		
7	Ш	An organization that normally received	•		governmen	ial unit or t	rom the general public		
_		described in section 170(b)(1)(A)(		,					
8	빔	A community trust described in sec							
9	Ш	An agricultural research organization				-	=	ege	
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or		
		university:							
10	X	An organization that normally received	ves (1) more than 3	33 1/3% of its support fro	m contribu	tions, mem	nbership fees, and gros	S	
		receipts from activities related to its support from gross investment inco	me and unrelated b	subject to certain excep business taxable income	(less sect	(2) 110 11101 on 511 tax	) from businesses		
		acquired by the organization after					,		
11		An organization organized and ope	erated exclusively t	to test for public safety. S	See <b>sectio</b>	n 509(a)(4	l).		
12		An organization organized and oper	rated exclusively fo	or the benefit of, to perform	m the func	tions of, or	to carry out the purpos	es of	
		one or more publicly supported org	janizations describ	ed in <b>section 509(a)(1)</b>	or <b>section</b>	509(a)(2)	. See <b>section 509(a)(3</b>	). Check	
		the box on lines 12a through 12d th	at describes the typ	pe of supporting organiza	ation and o	omplete lir	nes 12e, 12f, and 12g.		
а		Type I. A supporting organizat	ion operated, supe	ervised, or controlled by i	its support	ed organiz	ation(s), typically by gi	ving	
		the supported organization(s) tl	he power to regula	rly appoint or elect a ma	jority of the	directors	or trustees of the		
		supporting organization. You r	nust complete Pa	rt IV, Sections A and B	3.				
b		Type II. A supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g	
		control or management of the s	•				. , , ,	-	
		organization(s). You must cor		·			0 11		
С		Type III functionally integrate	•		connection	with, and	functionally integrated	with.	
•		its supported organization(s) (s		•				,	
d		Type III non-functionally inte	,	•				ion(s)	
-		that is not functionally integrate	•					` '	
		requirement (see instructions).	· ·	,		•		•	
е		Check this box if the organization					I Type II Type III		
C		functionally integrated, or Type					i, Type ii, Type iii		
£	_	, ,	izationa		•				
' ~		inter the number of supported organ Provide the following information about		capization(a)					
g				Ĭ ,	Can la de a a		(-) (	(-1) A -	
	,	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization ir governing	(v) Amount of monetary support (see		nount of pport (see
				above (see instructions))	docum	-	instructions)		uctions)
					V	NI-			
					Yes	No			
A)									
B)									
C)									
D)									
E)									
Total									

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge .... **Total.** Add lines 1 through 3 . . . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .... Public support. Subtract line 5 from line 4. Section B. Total Support **(e)** 2023 (f) Total Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 Amounts from line 4 . . . . . . . . . . 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...... 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . . 11 **Total support.** Add lines 7 through 10 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . . 15 Public support percentage from 2022 Schedule A, Part II, line 14 .......... 15 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

EEA Schedule A (Form 990) 2023

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

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

	on A. Public Support	<del>,</del>	·				
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	3,066,454	9,921,317	7,154,506	22,734,599	3,252,829	46,129,705
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose	3,299,067	1,213,999	3,396,703	4,673,018	5,060,426	17,643,213
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	6,365,521	11,135,316	10,551,209	7,407,617	8,313,255	63,772,918
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	1,671,316	8,823,513	1,395,959	20,615,271	977,461	33,483,520
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						
С	Add lines 7a and 7b	1,671,316	8,823,513	1,395,959	0,615,271	977,461	33,483,520
8	Public support. (Subtract line 7c from						
	line 6.)						30,289,398
	on B. Total Support	T	T	Γ	T	T	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
9	Amounts from line 6	6,365,521	11,135,316	10,551,209	27,407,617	8,313,255	63,772,918
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	714,762	895,102	1,120,131	4,321,180	933,843	7,985,018
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	714,762	895,102	1,120,131	4,321,180	933,843	7,985,018
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4				•	•	•	71,757,936
14	First 5 years. If the Form 990 is for the o	•			•	•	
Saati	organization, check this box and stop he						
	on C. Computation of Public Suppo			12 solumn (f))		15	40 01 %
15 16	Public support percentage for 2023 (line a Public support percentage from 2022 Sch		•			16	42.21 %
						16	41.41 %
<u>3ecti</u>	on D. Computation of Investment In Investment income percentage for 2023 (			ov line 12 colu	mn (f))	17	11 00 0/
17	Investment income percentage for 2023 ( Investment income percentage from 2022)			-			11.00 %
19a	33 1/3% support tests - 2023. If the orga						6.00 %
134	17 is not more than 33 1/3%, check this b						_
b	33 1/3% support tests - 2022. If the organizar	=	-				
D	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization d	-	_			-	_

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#### 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 500(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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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).
- B 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*.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* 
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
30		
3с		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
30		
9с		
10a		
10b		

	- Capper and C. gameaner (communica)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
24:	supervised, or controlled the supporting organization.	2		
secti	on C. Type II Supporting Organizations		Vaa	N.
4	Ware a majority of the argenization's directors or trustoes during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	•		
	on service type in supporting of gameanons		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	) INST	ructio	ons).
a b	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> </ul>			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctionel		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	,uoris)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
-	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
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 <b>Part VI</b> the role played by the organization in this regard	3b		

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	le A (Form 990) 2023 GROUNDS FOR SCULPTURE, INC.		22-369	4371	Page 6
Part					
1	Check here if the organization satisfied the Integral Part Test as a qualifying				•
	instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Secti		
Sect	ion A - Adjusted Net Income		(A) Prior Year	` '	urrent Year ptional)
1_	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	' '	urrent Year ptional)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Curi	rent Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			·
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			·
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			·
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				<del></del>
	emergency temporary reduction (see instructions).	6			
7	☐ Check here if the current year is the organization's first as a non-functiona	lly ir	ntegrated Type III suppor	ting organ	ization
	(see instructions).				

Schedule A (Form 990) 2023 EEA

and 4c.

8 Breakdown of line 7:
a Excess from 2019
b Excess from 2020
c Excess from 2021
d Excess from 2022
e Excess from 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	1			
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(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) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3i				

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.)

## Schedule B (Form 990)

## **Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization G

	in the organization		Employer lacitation frameer			
GROUN	22-3694371					
Organization type (check one):						
Filers o	f:	Section:				
		_				
Form 99	90 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		_				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private	foundation			
		527 political organization				
_						
Form 99	90-PF	501(c)(3) exempt private foundation				
			1.0			
		4947(a)(1) nonexempt charitable trust treated as a private found	dation			
		F01(a)(2) toyohla privata foundation				
		501(c)(3) taxable private foundation				
Check i	f vour organization is a	overed by the <b>General Rule</b> or a <b>Special Rule</b> .				
	-		od a Occasial Bulla Occ			
<b>Note:</b> Construction	•	), (8), or (10) organization can check boxes for both the General Rule a	nd a Special Rule. See			
ii iou dou	ons.					
Genera	l Rula					
Octiona	ritaic					
x	For an organization fi	ling Form 990, 990-EZ, or 990-PF that received, during the year, contribu	tions totaling \$5,000			
	•	property) from any one contributor. Complete Parts I and II. See instructi				
	contributor's total cor		ons for determining a			
	continuator a total con	inibations.				
Special	Rules					
Орсони	Ruico					
П	For an organization d	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1	/3% support test of the			
Ш	•	ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99)	• •			
	-	d from any one contributor, during the year, total contributions of the gr				
		on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete				
	( <b>2)</b> 2 % of the amoun	tion (i) Form 990, Fait viii, line 111, or (ii) Form 990-LZ, line 1. Complete	e Faits I aliu II.			
	For an organization d	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that	received from any one			
Ш	-	e year, total contributions of more than \$1,000 exclusively for religious,	· · · · · · · · · · · · · · · · · · ·			
	•	al purposes, or for the prevention of cruelty to children or animals. Comple	ete Parts i (entering			
	"N/A" in column (b) if	stead of the contributor name and address), II, and III.				
			and the second second second			
Ш	=	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that	-			
	_	e year, contributions exclusively for religious, charitable, etc., purposes				
		more than \$1,000. If this box is checked, enter here the total contributions				
		n exclusively religious, charitable, etc., purpose. Don't complete any of t				
		s to this organization because it received nonexclusively religious, chari				
	totaling \$5,000 or mo	re during the year	\$			
	-	it isn't covered by the General Rule and/or the Special Rules doesn't file				
		, 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 ce	ertify that it doesn't me	et the filing requirements of Schedule B (Form 990).				

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

## **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

Name o	f the organization			Employer identification number
GROUN	DS FOR SCULPTURE, INC.			22-3694371
Pa		Funds or Other Si	milar Funds or Ac	
	Complete if the organization answered "Yes"			
-	·		dvised funds	(b) Funds and other accounts
1	Total number at end of year	, ,		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets	held in donor advised	
	funds are the organization's property, subject to the organization	-		
6	Did the organization inform all grantees, donors, and donor a			
	only for charitable purposes and not for the benefit of the do	nor or donor advisor, o	r for any other purpos	е
	conferring impermissible private benefit?			
Par				
	Complete if the organization answered "Yes"	on Form 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the organiza	tion (check all that app	oly).	
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation cont	ribution in the form of	a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements $\ \ . \ \ .$			2b
С	Number of conservation easements on a certified historic st	ructure included on line	e 2a	2c
d	Number of conservation easements included on line 2c, acq	quired after July 25, 20	06, and not	
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished,	or terminated by the o	organization during the
	tax year			
4	Number of states where property subject to conservation ea		<del></del>	
5	Does the organization have a written policy regarding the pe		=	П., П.,
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations,	and enforcing conserv	ration easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	onforcing consorvatio	n accoments during the year
•	Amount of expenses incurred in monitoring, inspecting, name	alling or violations, and	critorolling conscivatio	ricasements during the year
8	Does each conservation easement reported on line 2d above	ve satisfy the requirem	ents of section 170(h)	(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conserva			
	sheet, and include, if applicable, the text of the footnote to th		•	
	organization's accounting for conservation easements	J		
Par	III Organizations Maintaining Collections	of Art, Historica	I Treasures, or C	Other Similar Assets
	Complete if the organization answered "Yes"	on Form 990, Part I	V, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	958, not to report in its	revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pu	ublic exhibition, educati	on, or research in furtl	nerance of public
	service, provide in Part XIII the text of the footnote to its final	ancial statements that o	describes these items.	
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its reve	enue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education	, or research in further	ance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1 $\dots$			·
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			gain, provide the
	following amounts required to be reported under FASB ASC			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):  a	Par	t III Organizations Maintaining	Collections of	Art, Historical T	reasures,	or Otl	her Similar As	sets (c	ontir	nued)
a & Public exhibition   d	3	Using the organization's acquisition, access	ion, and other record	s, check any of the fo	llowing that m	ake sig	nificant use of its			
b Scholarly research e Cher Cher Cher Cher Cher Cher Cher C		collection items (check all that apply):								
c   Preservation for future generations	а	X Public exhibition		<b>d</b> X Loan o	r exchange pro	ogram				
c   Preservation for future generations	b									
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization societ or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?. \ Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	С			<del>_</del>						_
XIII.   Superior to the organization solicit or receive donesions of art, historical freesures, or other similar assets to be seld to raise funds rather than to be mainterined as part of the organizations collection?.   Yes X No Part IV   Escrow and Custodial Arrangements	4	<del>-</del>	collections and explain	n how they further the	e organization	s exem	pt purpose in Part			
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?					3					
### Sasets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	5		or receive donations of	of art. historical treas	ures, or other	similar				
Part IV   Escrow and Custodial Arrangements	_							□Ye	s X	No.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table.  C Beginning balance  d Additions during the year  e Distributions during the year  1 E	Par									
990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes				on Form 990. P	art IV. line	9. or r	eported an am	ount on	Forr	m
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, we plan the arrangement in Part XIII and complete the following table.    C   Eaginning balance   C   C				· · · · · · · · · · · · · · · · · · ·	a,	o, o	op 0.10 a a a			
included on Form 990, Part X?    Seginning balance	1a	•	ian or other intermedi	ary for contributions	or other assets	s not				
Bit   "Yes," explain the arrangement in Part XIII and complete the following table.				-				□Ye	s [	No
C   Beginning balance   1d	h							. 🗆 .•	_	
C Beginning balance d Additions during the year e Distributions during the year f Ending balance f Ending balance 1 te f Ending balance 1 te f Ending balance 1 te g		ii 100, Oxplain the arrangement ii 1 art 7th	ir and complete the re	nowing table.			Am	ount		
d Additions during the year   1d	c	Beginning balance				10				
E   Distributions during the year     16	_	5 5								
Tending balance   Tending ba										
2a		• •								
Description of property   Endowment   Part XIII. Check here if the explanation has been provided on Part XIII.		3					u2		e [	No
Part V   Endowment Funds   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		_								 _
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   A			ii. Oncok here ii the c	Apianation nao been	provided erri	art Am		• • • •	<u>·                                      </u>	
1a   Beginning of year balance   (a)   Current year   (b)   Prior years   Lock   (d)   Three years   Lock   (e)   Four years   Lock	ı uı		answered "Yes"	on Form 990 P	art IV line	10				
14,906,263   17,262,738   12,706,520   3,971,080   3,289,085		3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					(d) Three years back	(e) Fou	r vears	hack
b Contributions	1a	Beginning of year balance								
C Net investment earnings, gains, and losses	_							"		
losses   3,732,675   (2,563,329)   2,381,204   1,500,404   694,794     d   Grants or scholarships			21/015/555	7077220	2,050,	020	,,302,530		,	
Comparison of the expenditures for facilities and programs	·		3 . 732 . 675	(2-563-329)	2.381.	204	1 - 500 - 404		694	794
Other expenditures for facilities and programs	d		37/327073	(2,303,323)	2,302,		1,500,101		<u> </u>	,,,,
Fraction										
Second   S	·	·	679 300	577 100	512	700	264 200		13	030
g End of year balance 32,601,735 14,906,263 17,262,738 12,706,520 3,971,080  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment 10.10 %  b Permanent endowment 89,90 %  c Term endowment	f	, ,								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment 10.10 %  b Permanent endowment 89.90 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations? Yes No  (ii) Related organizations? 3a(ii) x  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b  If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation (other) depreciation depreciation  1a Land 6,676,905 6,676,905  b Buildings 16,958,215 4,171,864 12,786,351  c Leasehold improvements 2,034,554 1,225,145 809,409  e Other		·								
a Board designated or quasi-endowment		•				750	12,700,520	3,	, , <u>, ,</u>	000
b Permanent endowment		· · · · · · · · · · · · · · · · · · ·	-	o (iii lo 1g, oolaliii (a)	, nora ao.					
c Term endowment	h	<u> </u>								
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iv) Unrelated organizations?  (iv) Sad(i) x  (iv) X  (iv) Related organizations?  (iv) Unrelated organizations?  (iv) Unrelated organizations?  (iv) Sad(iv) x  (iv) X  (iv) Related organizations?  (iv) Unrelated organizations?  (iv) Unrelated organizations?  (iv) Sad(iv) x  (iv) Sad(iv)	c		•							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iv) In related organizations?  (iv) Related organizations?  (iv) Related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (other)  (other)  (d) Book value depreciation  1a Land  6,676,905  6,676,905  b Buildings  16,958,215  4,171,864  12,786,351  c Leasehold improvements  d Equipment  2,034,554  1,225,145  809,409  e Other	·		ould equal 100%							
Organization by:   (i) Unrelated organizations?   3a(i)   x     (ii) Related organizations?   3a(ii)   x     b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?   3b	3a		•	ation that are held am	d administere	d for the	1			
(i) Unrelated organizations?  (ii) Related organizations?  (ii) Related organizations?  (ii) Related organizations?  (iii) X  (3a(ii) X  (3a(ii) X  (3a(ii)) X  (3b)  (4) Description or part XIII the intended uses of the organization's endowment funds.  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (investment)  (investment)  (investment)  (investment)  (a) Cost or other basis (other) (other)  (b) Cost or other basis (other) (c) Accumulated depreciation  (d) Book value  (e) Accumulated depreciation  (other) (other	ou		coolon of the organiza	ation that are note an	a dariii iioloro	a 101 ti 10			Yes	No
(ii) Related organizations?		·						3a(i)		110
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		.,								v
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Accumulated depreciation  (f) Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (e) Accumulated depreciation  (f) Book value  (f) Accumulated depreciation  (g) Accumulated depreciat	h							<u> </u>		_ A
Part VI         Land, Buildings, and Equipment           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (other)         (b) Cost or other basis (other)         (c) Accumulated depreciation           1a Land         6,676,905         6,676,905           b Buildings         16,958,215         4,171,864         12,786,351           c Leasehold improvements         2,034,554         1,225,145         809,409           e Other         Other         10,000		• • • • • • • • • • • • • • • • • • • •						. 30	l	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (c) Accumulated depreciation  1a Land				owinont fullus.						
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value	i ai			on Form 990 P	art IV line	11a S	See Form 990	Part X	line	10
Ia Land         (investment)         (other)         depreciation           b Buildings         6,676,905         6,676,905           c Leasehold improvements         16,958,215         4,171,864         12,786,351           d Equipment         2,034,554         1,225,145         809,409           e Other         809,409										
1a Land       6,676,905       6,676,905         b Buildings       16,958,215       4,171,864       12,786,351         c Leasehold improvements       2,034,554       1,225,145       809,409         e Other       2,034,554       1,225,145       809,409		pescription of property	' '	' '				(a) D00	value	,
b Buildings       16,958,215       4,171,864       12,786,351         c Leasehold improvements       2,034,554       1,225,145       809,409         e Other       2,034,554       1,225,145       809,409	1a	Land	,	,				6	676	905
c Leasehold improvements	_						4 171 864			
d Equipment		· ·		10,3	,,,,,,,		1,1,1,004	14,	, 50,	.JJ1
e Other				2 (	134 554		1 . 225 . 145		809	409
				2,0	,	•	_,223,143		,	
				t X, line 10c. column	(B)			20.	272.	665

22-3694371

GROUNDS FOR SCULPTURE, INC.

Part VII	Investments - Other Securities Complete if the organization answered "\	res" on Form	990, Part	IV, line 11b	. See Form	990, Part X, line 12.
-	(a) Description of security or category (including name of security)		(b) Book va	lue		hod of valuation: of-year market value
	derivatives					
.,	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D) (E)						
(F)						
(G)						
(H)						
	nn (b) must equal Form 990, Part X, line 12, col.(B)).					
Part VIII	Investments - Program Related					
	Complete if the organization answered "\	es" on Form	990, Part	IV, line 11c	. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book va			hod of valuation:
	(-)		(0)			of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, line 13, col. (B)).					
Part IX	Other Assets	/aa" an Farm	000 Dow	IV line 44d	Coo Form	000 Dart V line 15
	Complete if the organization answered "\		990, Pari	iv, line i iu	. See Form	
(1)	(a) Descrip	ption				(b) Book value
(1) (2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, line 15 col. (B)).					
Part X	Other Liabilities				<u>'</u>	
	Complete if the organization answered "\ line 25.	es" on Form	990, Part	IV, line 11e	or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie			
(1) Federal	income taxes					
(2)						
(3)						
(4)						
(5)						
(6)			_ <del></del>			
(7)			_ <del></del>			
(8)			_ <del></del>			
(9)						
Total. (Column	(b) must equal Form 990, Part X, line 25 col. (B))					

22.		

Part				Returi	า
	Complete if the organization answered "Yes" on Form 990, P	art IV	', line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	14,122,760
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,322,015		
b	Donated services and use of facilities	2b	394,219		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,157,412		
е	Add lines 2a through 2d			2e	4,873,646
3	Subtract line 2e from line 1			3	9,249,114
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,249,114
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents	With Expenses pe	r Retu	
	Complete if the organization answered "Yes" on Form 990, P				
1	Total expenses and losses per audited financial statements			1	10,259,270
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	78,843		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,157,412		
е	Add lines 2a through 2d			2e	1,236,255
3	Subtract line <b>2e</b> from line <b>1</b>			3	9,023,015
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	9,023,015
Part					
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b	and 2b: Part V. line 4: P	art X. lii	ne
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			,	
	Collections descriptions (Part III, line 4)	,			
	<u> </u>				
The c	organization focusses its collection and exhibition act	ivit	ies on interpret	ing o	ontemporary
	13am12dolon 100dbbob 10b 001100010n and 0m121010n doc		105 on incorpro-		ooneemporary
sculr	ture. The primary focus is to exhibit and collect wor	k fr	om active livino	arti	sts without
speci	fic focus on any geographic region. The organization w	as c	reated as a plac	e whe	ere all people
_			•		• • • •
could	appreciate and interact with contemporary sculpture i	n a	natural setting.	The	primary focus
					•
of al	l collection, exhibition and programmatic activity is	to m	aintain, exhibit	, int	erpret and
			•	•	•
engac	e visitors with works of contemporary sculptors.				
-					

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)
02. Other revenues not included on Form 990 (Part XI, line 2d)
Other expenses from Part XI of Form 990 include Line 6b, rental expenses of \$487,615 and Line 10b,
cost of goods sold of \$669,797 for a total of \$1,157,412. These are deducted from revenues for the
990 but not for the audited finacials statements where they are included with total operating
expenses.
03. Other expenses not included on Form 990 (Part XII, line 2d)
Other expenses from Part XI of 990 include Lines 6b, rental expenses of \$487,615 and Line 10b, cost
of goods sold of \$669,797 for a total of \$1,157,412.
OA Tarbacka fan warantain kan maiking andan TTV 40 (Dauk V)
04. Footnote for uncertain tax position under FIN 48 (Part X)
Grounds For Sculpture, Inc. is exempt from Federal income taxes under Sections 501(c)(3) of the  Internal Revenue Code. Accordingly, the financial statements do not reflect a provision for Federal
income taxes related to its income. There were no uncertain tax positions at December 31, 2023.
Additionally, there were no income tax related penalties or interest covered by the financial
statements.

# 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.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

TROUNDS FOR SCULPTURE, INC.

Employer identification number

	DIS FOR SCULPTURE, INC.			
Part	I Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)		Tes	NO
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Written employment contract  Independent compensation consultant  Compensation survey or study  Approval by the board or compensation committee			
4 a b c	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?	4a 4b 4c		X X X
5 a b	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?	5a 5b		x x
6 a b	If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?	6a 6b		x
7	If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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 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		

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

Title. The sum of columns (b)(i) (iii) for car				1099-NEC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
Gary Schneider	(i)	219,838	0	0	4,709	24,252	248,799	0	
1 Executive Director	(ii)	0	0	0	0	0	0	0	
Robert Gross	(i)	154,991	0	0	7,725	2,051	164,767	0	
2 Chief Financial Officer	(ii)	0	0	0	0	0	0	0	
Marissa Reibstein	(i)	151,247	0	0	7,777	7,800	166,824	0	
3 Chief Development Officer	(ii)	0	0	0	0	0	0	0	
Kathleen Greene	(i)	140,465	0	0	7,728	27,821	176,014	0	
4 Chief Audience Officer	(ii)	0	0	0	0	0	0	0	
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

# SCHEDULE M (Form 990)

## **Noncash Contributions**

-- 20

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection

Name of the organization **Employer identification number** GROUNDS FOR SCULPTURE, INC. 22-3694371 Part I Types of Property (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on items contributed noncash contribution amounts applicable Form 990, Part VIII, line 1g Art - Works of art . . . . . . . . . . . . 1 2 Art - Historical treasures 3 Art - Fractional interests 4 5 Clothing and household 6 Cars and other vehicles Boats and planes ...... 7 8 Intellectual property . . . . . . . . . 9 Securities - Publicly traded . . . . . . 1 7,837 stock exchange 10 Securities - Closely held stock . . . . Securities - Partnership, LLC, 11 or trust interests . . . . . . . . . . 12 Securities - Miscellaneous Qualified conservation contribution - Historic structures . . . . . . . . . . . . . 14 Qualified conservation contribution - Other . . . . . . . . 15 Real estate - Residential . . . . . . Real estate - Commercial . . . . . . 16 1 Х 315,376 Market value 17 Real estate - Other . . . . . . . . . Collectibles . . . . . . . . . . . . . . . . . . 18 19 20 Drugs and medical supplies . . . . . 21 Taxidermy . . . . . . . . . . . . . 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts . . . . . . 25 12 Other ( Plants and hort 27,141 Market Price Х 26 27 Other ( 28 Other ( 29 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 29 Yes No 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? 30a х If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? х 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.

22-3694371

Part II	Supp the or or a c	oleme rganiz combir	ntal Ir ation nation	nform is repo	ation orting th. Al	i. Prov j in Pa so cor	ride th art I, co mplete	ne info olumn e this	ormat n (b), part f	ion re the n or an	equire umbe y add	d by r of d lition	Part I contrib al info	, lines utions rmatio	30b, 3 s, the i	32b, a	and ( er of	33, an f items	d whet	ther ved,
01. Nu	ımber	of	con	trik	outi	ons.	or	ite	ms	or	botl	ı (	Part	I,	col	b)				
Proceed	s from	sale	of d	lonate	ed pu	ublic	ly tr	raded	. sto	ck,	\$7.83	37.								

### "PUBLIC DISCLOSURE COPY"

## **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. **Open to Public** Inspection

**Employer identification number** 

GROUNDS FOR SCULPTURE, INC.	22-3694371
01. Organizational document changes (Part VI, line 4)	
Part VI, page 6, Line 4:	
The Bylaws were updated during the year. No significant changes to the op	erations were
made as a result.	GEAGLOID WGEG
made as a result.	
02. Form 990 governing body review (Part VI, line 11)	
Management submits a draft of the Internal Revenue Service 990 Form to the	Board of
Trustees for initial review and comments. The Finance committee of the Bo	ard reviews the
990 and after any changes are made recommendations are made to the full Bo	ard to accept
it. Any comments or questions are discussed with the Board Treasurer and	Chief Financial
Officer.	
03. Conflict of interest policy compliance (Part VI, line 12c)	
Annually, Grounds For Sculpture requires all officers and Trustees to comp	lete a conflict
of interest statement which is designed to disclose any actual or potentia	l conflicts of
interests, including material affiliations and direct or indirect relation	ships. These
statements are reviewed to ascertain that no material conflicts exist. Al	l Board members
are required to sign and submit a conflict of interest statement.	
<u> </u>	
04. CEO, executive director, top management comp (Part VI, line 15a)	
The Human Resources director and/or the board obtains independent salary s	urveys and
guidelines for the Executive Director as well as all director and manager	level and other
key staff members with salary ranges based on job titles and descriptions	and are measured
against similar type organizations for functionally comparable positions.	Any new
positions or major changes to existing job titles will involve an independ	ent consultant

Federal Supporting Statements  Name(s) as shown on return	<b>2023 PG01</b> Tax ID Number
GROUNDS FOR SCULPTURE, INC.	22-3694371
990-T Schedule A Part II - Line 14 Other Deductions	Statement #9
Form 990-T Schedule A: Taxable museum shop sales	
Description	Amount
Travel & Meals	717
Telephone	352
Program Materials and equipment	6,082
Outside Services	44
Office expense	563
Occupancy costs	56,026
Insurance	1,610
Education/ Training	407
Credit card and bank charges	9,204
Computer Network Admin	7,245
Advertising and marketing	13

### "PUBLIC DISCLOSURE COPY"

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	<b>2023</b> Page 1
Name(s) as shown on return		FEIN
GROUNDS FOR	SCULPTURE, INC.	22-3694371

## EXPENSES DEDUCTED IN CALCULATING REVENUE

Description		Amount
Line 10b: Cost of Goods Sold	\$	669,797
Line 6b: Rental expenses		487,615
	Total: \$_	1,157,412

## Part XII, Line 2d

Description		Amount
Part VIII - 6b Rental Expenses	\$	487,615
Part VIII - 10b, Cost of Goods sold		669,797
	Total: \$	1,157,412