Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

B Check if applicable: Address Change Chang	
Change Name change ch	
Name change linital return return 158 MAIN STREET Doing business as 11-1776034 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 631-324-0806	
return Number and street (or P.O. box if mail is not delivered to street address) Final Final STREET 158 MAIN STREET 631-324-0806	
termin-	
ated City or town, state or province, country, and ZIP or foreign postal code Gross receipts \$ 0,	083,962.
Amended — G — G — G — G — G — G — G — G — G —	003,902.
	Yes X No
pending SAME AS C ABOVE for subordinates? [
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See in	
J Website: WWW.GUILDHALL.ORG H(c) Group exemption number	istructions
K Form of organization: X Corporation Trust Association Other L Year of formation: 1931 M State of I	egal domicile: NY
Part I Summary	ogar dominono,
1 Briefly describe the organization's mission or most significant activities: GUILD HALL IS THE CULTURAL	HEART
OF THE EAST END: A MUSEUM, PERFORMING ARTS, AND EDUCATION CENTE Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	45
4 Number of independent voting members of the governing body (Part VI, line 1b)	44
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	69
6 Total number of volunteers (estimate if necessary)	100
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b	0.
16 888 556 8	rent Year
8 Contributions and grants (Part VIII, line 1h) 16,777,556. 7,	383,293.
9 Program service revenue (Part VIII, line 2g)	272,446.
	152,338.
Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	461,686.
	346,391.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 •	0.
	581,236.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2, 467, 786. 2,	0.
15 Salaries, other compensation, employee pereins (Part IX, column (A), line 3-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), lines 11a,11d, 11f,24e) 2 307 286 2 2	<u> </u>
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,307,286. 2,	309,424.
	890,660.
	455,731.
Beginning of Current Year En	d of Year
20 Total assets (Part X, line 16) 35,896,554. 37,	218,308.
21 Total liabilities (Part X, line 26) 2,057,973. 2,	078,065.
	140,243.
Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	and belief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Signature of officer Date	
Here JAMES PETERSON, TREASURER Type or print name and title	
Date I was I may a	N
Trinit Type property a name	515630
Preparer Firm's name MARCUM LLP Firm's EIN 11-198	
Use Only Firm's address 269 BUTTER LANE, P.O. BOX 853	<u> </u>
BRIDGEHAMPTON, NY 11932 Phone no. (631) 5	37-2300
May the IRS discuss this return with the preparer shown above? See instructions	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		37	
	Schedule D, Part III	8	_X_	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1.2		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
А	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			
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	1
		116	- 21	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0		 ₩
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		77	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	·	19		x
20a	complete Schedule G, Part III	20a		X
	• •	20a 20b		 ^ `
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا		_~
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Page 4

	· (continued)		I	
00	Did the association was at something \$5,000 of association as at a suffer demantic institute at an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	20		X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	Х	
240	Schedule J		21	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
·		24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 27u</u>		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a	х	
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_23		
30	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization required the complete scribe and cease operations: If "Yes," complete scribe is not assets? If "Yes," complete	31		
32	, ,	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33		33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	1
35.5		35a		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
55	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			T
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		_ <u></u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pa	t 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	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	10	x	

232004 12-13-22

Form 990 (2022) GUILD HALL OF EAST HAMPTON, INC. 11-1776034 Page 5

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

	·			
0-	Fatantha annehou of annelones and stad on Fame W.C. Transported of Wass and Tay Claterante		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 69			
L		2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3a		Х
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		- 21
	If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		Х
	excess parachute payment(s) during the year?	15		Λ
16	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?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		-23
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

GUILD HALL OF EAST HAMPTON, INC. 11-1776034 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 45 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NΥ

exempt status with respect to such arrangements?

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

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

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

taxable entity during the year?

20 State the name, address, and telephone number of the person who possesses the organization's books and records

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

GUILD HALL OF EAST HAMPTON, INC. - 631-324-0806

158 MAIN STREET, EAST HAMPTON, NY 11937

Form **990** (2022)

Х

16a

16h

232006 12-13-22

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

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

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

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

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

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

(A) Name and title	(B) Average		not c	Posi heck i	more	than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director				Highest compensated sharp so a mathematical	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	amount of other compensation from the organization and related organizations
(1) ANDREA GROVER	35.00	.,						200 106	_	22 026
EXECUTIVE DIRECTOR	25 00	Х						208,186.	0.	23,836.
(2) KRISTIN EBERSTADT	35.00	-				٦,		177 (00	0	42 024
CHIEF PHILANTHROPY OFFICER	25 00					Х		177,698.	0.	43,924.
(3) JEANNINE DYNER DEPUTY DIRECTOR	35.00	1				x		151,152.	0.	49,671.
(4) CHRISTINA STRASSFIELD	35.00					^		131,132.	0.	49,071.
FORMER MUSEUM DIRECTOR	33.00	1					х	115,000.	0.	16,122.
(5) AMY KIRWIN	35.00						21	113,000.	0.	10,122.
CHIEF CREATIVE OFFICER	33.00	1				x		104,770.	0.	13,629.
(6) KARINE HOLLANDER	35.00					 			Ţ.	
FORMER CHEIF FINANCIAL OFFICER		1					х	100,218.	0.	9,737.
(7) MARTIN COHEN	10.00							,	-	,
CHAIRMAN		Х		х				0.	0.	0.
(8) JAMES PETERSON	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) CHERYL MINIKES	0.50									
1ST VICE CHAIR		Х		Х				0.	0.	0.
(10) KENNETH L. WYSE	0.50									
2ND VICE CHAIR		Х		Х				0.	0.	0.
(11) JOHN SHEA	2.00									
SECRETARY		X		Х				0.	0.	0.
(12) BOB BALABAN	0.50									
TRUSTEE		Х						0.	0.	0.
(13) JANE BAYARD	0.50									
TRUSTEE		Х						0.	0.	0.
(14) ALBERT C. BELLAS	0.50									
TRUSTEE		Х						0.	0.	0.
(15) TONI BERNSTEIN	0.50									
TRUSTEE		Х						0.	0.	0.
(16) MARY JANE BROCK	0.50							_	_	_
TRUSTEE		Х						0.	0.	0.
(17) VALENTINO D. CARLOTTI	0.50							_		_
TRUSTEE		X						0.	0.	0.

232007 12-13-22 Form **990** (2022)

	Table Of EA								11 1770	UJI Fage U
Section A. Officers, Directors,	(B)	ПОУ	ees,			gnes	st Co			(F)
(A) Name and title	Average hours per week	box	not cl , unles cer an	ss per	ition more son i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MARJORIE F. CHESTER HONORARY LIFE TRUSTEE	0.00	Х						0.	0.	0
(19) MICHAEL CINOUE	0.50	Λ						0.	0.	0.
TRUSTEE	0.50	Х						0.	0.	0.
(20) LUCY COOKSON	0.50									-
TRUSTEE		Х						0.	0.	0.
(21) DAVID DE LEEUW	0.50									
TRUSTEE		Х						0.	0.	0.
(22) FLORENCE FABRICANT TRUSTEE	0.50	Х						0.	0.	0.
(23) ALEXANDRA FAIRWEATHER TRUSTEE	0.50	Х						0.	0.	0.
(24) ERIC FISCHL ACADEMY OF ARTS PRESIDENT	0.50	х						0.	0.	0.
(25) KIM HEIRSTON TRUSTEE	0.50	х						0.	0.	0.
(26) PHYLLIS HOLLIS	0.50									
TRUSTEE		Х						0.	0.	0.
1b Subtotal	•							857,024.	0.	156,919.
c Total from continuation sheets to Par	rt VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								857,024.	0.	156,919.
2 Total number of individuals (including b	out not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100	000 of reportable	

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
JON A MAAS	CONSTRUCTION	
111 SOUTHLAWN AVENUE, DOBBS FERRY, NY 10522	MANAGEMENT AND REPRE	307,993.
ALTIERISEBORWIEBER LLC	THEATER DESIGN AND	
31 KNIGHT STREET, NORWALK, CT 06851	ENGINEERING SERVICES	142,739.
YOUR PART-TIME CONTROLLER LLC		
PO BOX 7247, PHILADELPHIA , PA 19170	FINANCIAL MANAGEMENT	113,357.
GILSANZ MURRAY STEFICEK LLP, 129 WEST 27TH	STRUCTURAL	
ST, 5TH FLOOR, NEW YORK, NY 10001	ENGINEERING AND BUIL	105,966.

\$100,000 of compensation from the organization 4
SEE PART VII, SECTION A CONTINUATION SHEETS

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

										6034
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A) (B) (C) (D) (E)								(F)		
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	tor				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099****100)	organization
	related	ee or	stee			nsate		(** 27 1000 1/1100)		and related
	organizations	trust	nal tru		oyee	ош ре				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	lnd	Inst	0#i	Key	Hig	For			
(27) BRUCE C. HORTEN	0.50									
TRUSTEE		Х						0.	0.	0.
(28) SUSAN JACOBSON	0.50									
TRUSTEE		Х						0.	0.	0.
(29) PATTI KENNER	0.50								_	_
TRUSTEE		Х						0.	0.	0.
(30) BARBARA LANE	0.50									_
TRUSTEE		Х						0.	0.	0.
(31) CHRISTINA ISALY LICEAGA	0.50									
TRUSTEE	0.50	Х						0.	0.	0.
(32) LINDA LINDENBAUM	0.50								•	
TRUSTEE	0.50	Х						0.	0.	0.
(33) JEFF LOEWY	0.50	٠,,							0	_
TRUSTEE	0 50	Х						0.	0.	0.
(34) SONDRA MACK TRUSTEE	0.50	х						0.	0.	0.
(35) LINDA MACKLOWE	0.50	Δ						0.	0.	U •
TRUSTEE	0.50	Х						0.	0.	0.
(36) SUSAN MARK	0.50	Λ						0.	0.	
TRUSTEE	0.50	Х						0.	0.	0.
(37) GALIA MEIRI-STAWSKI	0.50	25						0.	0 •	•
TRUSTEE	0.50	Х						0.	0.	0.
(38) STEPHEN MERINGOFF	0.50							•	•	· ·
TRUSTEE	""	х						0.	0.	0.
(39) HILARIE L. MORGAN	0.50	ļ <u></u>								
TRUSTEE		х						0.	0.	0.
(40) ELLEN MYERS	0.50									
TRUSTEE		Х						0.	0.	0.
(41) PAMELA PANTZER	0.50									
TRUSTEE		Х						0.	0.	0.
(42) JONATHAN PATRICOF	0.50									
TRUSTEE		Х						0.	0.	0.
(43) TOM ROUSH	0.50									
TRUSTEE		Х						0.	0.	0.
(44) SHERI SANDLER	0.50									
TRUSTEE		Х						0.	0.	0.
(45) HENRY S. SCHLEIFF	0.50									
TRUSTEE		Х						0.	0.	0.
(46) LISA SCHULTZ	0.50									
(10) 21011 20110212		Х						0.		0.

Form 990 GUILD HA	LL OF EA	SI	' H	ΙAΜ	ĮΡΊ	'ON	,	INC.	C. 11-1776034					
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A) (B) (C)								(D)	(E)	(F)				
Name and title	Average			Position all that apply)			Reportable	Reportable	Estimated					
	hours per week (list any		neck	all	tnat		ly)	compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the				
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations				
(47) JANE SHALLAT TRUSTEE	0.50	X						0.	0.	0.				
(48) SUZANNE SYLVOR	5.00													
FRIEND OF GUILD HALL- PRES		Х						0.	0.	0.				
(49) PETER M. WOLF TRUSTEE	0.50	х						0.	0.	0.				
(50) BRUCE WOLOSOFF	0.50	^						0.	0.	0.				
TRUSTEE		х						0.	0.	0.				
(51) GEORGE D. YATES TRUSTEE	0.50	X						0.	0.	•				
TROSTEE		^						0.	0.	0.				
Total to Part VII, Section A, line 1c														

Form 990 (2022) GUILD H
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to anv lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
ΩS	1:	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b	154,880.				
୍ଦ୍ର ପ୍ର		c Fundraising events 1c	1,547,936.				
ifts		d Related organizations 1d	, ,				
nia		e Government grants (contributions)	800,660.				
Sir		f All other contributions, gifts, grants, and	,				
uti Per		similar amounts not included above 1f	4,879,817.				
다. 다.		g Noncash contributions included in lines 1a-1f	207,335.				
S P		h Total. Add lines 1a-1f	,	7,383,293.			
<u> </u>		Totali / log iii log i a i i	Business Code	, ,			
σ.	2 8	a VISUAL ARTS PROGRAMS	713990	167,211.	167,211.		
Nice	_	b PERFORMING ARTS PROGRAMS	711110	90,660.	90,660.		
Ser	-	c EDUCATION PROGRAMS	611600	11,385.	11,385.		
E S		d		, -	, -		
Program Service Revenue		e					
Pro		f All other program service revenue	900099	3,190.			3,190.
		g Total. Add lines 2a-2f		272,446.			, -
	3	Investment income (including dividends, inte		,			
	-	other similar amounts)		151,730.			151,730.
	4	Income from investment of tax-exempt bond		,			,
	5	Royalties	•				
	_	(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 107,563					
	ı	b Less: cost or other basis					
ē		and sales expenses 7b 106,959	5.				
enr		c Gain or (loss) 7c 608	3.				
Şe.		d Net gain or (loss)		608.			608.
her Revenue		a Gross income from fundraising events (not					
₽		including \$ 1,547,936. of					
		contributions reported on line 1c). See					
		Part IV, line 18	151,307.				
	ŀ	I	628,739.				
		c Net income or (loss) from fundraising events		-477,432.			-477,432.
		a Gross income from gaming activities. See					
		* *	a				
	ŀ	I	b				
		c Net income or (loss) from gaming activities_					
	10 a	a Gross sales of inventory, less returns					
			0a 1,682.				
	ı		Ob 1,877.				
		c Net income or (loss) from sales of inventory		-195.			-195.
"			Business Code				
ñ a	11 a	a OTHER INCOME	900099	15,941.			15,941.
Miscellaneous Revenue	ŀ	b	.				
eve	(с	_				
Misc	(d All other revenue					
	•	e Total. Add lines 11a-11d		15,941.			
	12	Total revenue. See instructions	<u></u>	7,346,391.	269,256.	0.	-306,158.

232009 12-13-22

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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 105,000. 210,000. 21,000. 84,000. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,898,023. 1,054,811. 378,441. 464,771. Other salaries and wages 7 Pension plan accruals and contributions (include 46,759. 26,677. 5,699. 14,383. section 401(k) and 403(b) employer contributions) 258,692. 59,248. 148,119. 51,325. Other employee benefits 9 167,762. 95,371. 31,334. 41,057. 10 Payroll taxes 11 Fees for services (nonemployees): Management 110,576. 90,026. 16,439. 4,111. Legal 243,096. 243,096. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 122,673. 1,790. 139,487. 15,024. column (A), amount, list line 11g expenses on Sch O.) 80,752. 64,416. 735. 15,601. Advertising and promotion 12 10,106. 2,381. 4,797. 2,928. Office expenses 13 39,864. 11,776. 4,275. 23,813. Information technology 14 15 Royalties 59,276. 2,294. 52,159. 4,823. 16 Occupancy 6,246. 2,988. 3,258. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 9,209. 9,254. 45. 20 Payments to affiliates 21 538,882. 418,024. 103,241. 17,617. Depreciation, depletion, and amortization 22 104,464. 70,058. 17,203. 17,203. 23 Other expenses. Itemize expenses not covered 24 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.) 208,743. 208,743. PROGRAM FEES HOUSING 147,866. 147,866. 91,868. 91,868. PERMANENT COLLECTION MA 64,134. 2,418. <u> 190.</u> d RECRUITMENT 61,526. 39,298. 454,810. 244,545. 170,967. e All other expenses 4,890,660. 3,019,027. 935,123. 936,510. Total functional expenses. Add lines 1 through 24e 25 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)

Pa	rt X	Balance Sheet										
		Check if Schedule O contains a response or note to any line in this Part X										
			(A) Beginning of year		(B) End of year							
	1	Cash - non-interest-bearing	12,614,000.	1	1,510,221.							
	2	Savings and temporary cash investments	965,861.	2	7,430,160.							
	3	Pledges and grants receivable, net	2,683,880.	3	5,442,725.							
	4	Accounts receivable, net	3,175.	4	0.							
	5	Loans and other receivables from any current or former officer, director,										
		trustee, key employee, creator or founder, substantial contributor, or 35%										
		controlled entity or family member of any of these persons		5								
	6	Loans and other receivables from other disqualified persons (as defined										
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6								
ţ	7	Notes and loans receivable, net	87,912.	7	158,077.							
Assets	8	Inventories for sale or use	3,031.	8	1,154.							
⋖	9	Prepaid expenses and deferred charges	151,255.	9	119,779.							
	10a	Land, buildings, and equipment: cost or other										
		basis. Complete Part VI of Schedule D 10a 25, 413, 889.	12 201 272		17 102 000							
		Less: accumulated depreciation 10b 8,310,069.	13,281,372.	10c	17,103,820.							
	11	Investments - publicly traded securities	6,106,068.	11	5,451,063.							
	12	Investments - other securities. See Part IV, line 11		12								
	13	Investments - program-related. See Part IV, line 11		13								
	14	Intangible assets		14	1,309.							
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	35,896,554.	15 16	37,218,308.							
	17	Accounts payable and accrued expenses	1,123,218.	17	1,367,816.							
	18	Grants payable		18								
	19	Deferred revenue	271,529.	19								
	20	Tax-exempt bond liabilities		20								
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21								
Ø	22	Loans and other payables to any current or former officer, director,										
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%										
abil		controlled entity or family member of any of these persons		22								
=	23	Secured mortgages and notes payable to unrelated third parties	148,126.	23	148,048.							
	24	Unsecured notes and loans payable to unrelated third parties	500,000.	24	500,000.							
	25	Other liabilities (including federal income tax, payables to related third										
		parties, and other liabilities not included on lines 17-24). Complete Part X	4= 400		60.004							
		of Schedule D	15,100.		62,201.							
	26	Total liabilities. Add lines 17 through 25	2,057,973.	26	2,078,065.							
Ø		Organizations that follow FASB ASC 958, check here										
Jce		and complete lines 27, 28, 32, and 33.	25 072 075		27 044 122							
<u>a</u>	27	Net assets without donor restrictions	25,972,975. 7,865,606.	27	27,844,132. 7,296,111.							
g B	28	Net assets with donor restrictions	7,003,000.	28	7,290,111.							
Ë		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.										
P	29	Capital stock or trust principal, or current funds		29								
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30								
Ass	31	Detained consists and advanced account detail in a constant and a second		31								
Net Assets or Fund Balances	32	Total net assets or fund balances	33,838,581.	32	35,140,243.							
Z	33	Total liabilities and net assets/fund balances	35,896,554.	33	37,218,308.							
			,,		Farm 990 (0000)							

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GUILD HALL OF EAST HAMPTON, INC.

 $Employer\ identification\ number \\ 11-1776034$

Pa	rt I	Reason for Public C	Charity Status. ((All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found						
1	ĔТ.	A church, convention of chu					VAVi).	
2	H	A school described in secti	· ·				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_	H			•		/b//4// A//;;	:\	
3	H	A hospital or a cooperative						the beenitel's name
4	ш	A medical research organiza	ation operated in cor	ijunction with a nospital	described	III Sectio	II 170(D)(I)(A)(III). Enter	the nospital s hame,
_		city, and state:						
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	Щ	A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental ı	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city,	and state of the college	e or
		university:						
10	X	An organization that normal	Ilv receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	s. membership fees. an	d gross receipts from
		activities related to its exem						
		income and unrelated busin	•	•				-
		See section 509(a)(2). (Cor		(1000 000tion of 1 tax) no	iii basiiicc	ooo aoqan	od by the organization t	and dune do, 1070.
11		An organization organized a	•	volv to tost for public sat	inty Son	saction FC)O(a)(A)	
	H	-	•	•	•			nurnacea of ano ar
12	ш	An organization organized a	=	•	•		•	
		more publicly supported org						Sneck the box on
		lines 12a through 12d that o	* *					
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	_		
		the supported organization	· · · · · ·		majority o	of the direc	tors or trustees of the s	upporting
		organization. You must c	omplete Part IV, Se	ections A and B.				
b		■ Type II. A supporting organization.	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	/ing
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organi	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sati	sfy a distr	ibution req	uirement and an attenti	veness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	·	-				
		functionally integrated, or					31 / 31 / 31	
f	Ente	er the number of supported o	* *	, 5	5 5			
		vide the following information		d organization(s).				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions)				
								1

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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	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.						
	tion B. Total Support		T				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for th	· ·		•	•	. , . ,	
S0/	organization, check this box and storetion C. Computation of Publi						
		• • • • • • • • • • • • • • • • • • • •		l (f))			
	Public support percentage for 2022 (I		•	***		14	<u>%</u>
	Public support percentage from 2021 33 1/3% support test - 2022. If the content is the content in the content is the content in the content is the content in the content i					15	% x and
iva	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o		-			or more check th	
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
a	and if the organization meets the fact:	-					
	meets the facts-and-circumstances te			=		-	
h	10% -facts-and-circumstances test	-			-	17a. and line 15 is	
	more, and if the organization meets the	ū				•	. 5, 0 5,
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				;
				, , ,	,		(Form 990) 2022

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.)

	ction A. Public Support		iete Fart II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	,	,	,	, ,		.,
	include any "unusual grants.")	3112211.	3452659.	4747746.	16777556.	7367393.	35457565.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1204380.	1651567.		869,273.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organ- ization'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 5	4316591.	5104226.	5508918.	17646829.	7808728.	40385292.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
	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						0.
С	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						40385292.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	4316591.	5104226.	5508918	17646829.	7808728 -	40385292.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,		115,500.		162,289.		
	and income from similar sources	99,220.	113,300.			132,330.	012,033.
	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	99,220.	113,500.	,		132,330.	012,033.
b	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	99,220.	115,500.	82,712.		152,338.	
b	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	99,220.	115,500. 509.	82,712.	162,289.	152,338.	612,059.
b c 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	99,220.	115,500.	82,712.		152,338.	612,059.
11 c 12 13	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	99,220. 36,836. 4452647.	509. 5220235.	82,712. 10,335. 5601965.	162,289. 17809118.	152,338. 15,941. 7977007.	612,059. 63,621. 41060972.
12 13 14	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	99,220. 36,836. 4452647. e organization's fir	509. 5220235. st, second, third, f	82,712. 10,335. 5601965. Fourth, or fifth tax y	162,289. 17809118. year as a section 5	152,338. 15,941. 7977007. 01(c)(3) organizatio	612,059. 63,621. 41060972.
c 11 12 13 14	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	99,220. 36,836. 4452647. e organization's fir	509. 5220235. st, second, third, f	82,712. 10,335. 5601965. Fourth, or fifth tax y	162,289. 17809118. year as a section 5	152,338. 15,941. 7977007. 01(c)(3) organization	612,059. 63,621. 41060972.
11 12 13 14 Sec 15	und income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Publi Public support percentage for 2022 (li	99,220. 36,836. 4452647. te organization's fir	509. 5220235. st, second, third, forcentage vided by line 13, contage	82,712. 10,335. 5601965. Tourth, or fifth tax y	162,289. 17809118. /ear as a section 50	152,338. 15,941. 7977007. 01(c)(3) organization	612,059. 63,621. 41060972. on, 98.35 %
c 11 12 13 14 Sec 15 16	und income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Publi Public support percentage from 2021 (Inc.)	36,836. 36,836. 4452647. The organization's firm of the second of the	509. 5220235. st, second, third, for the centage vided by line 13, colling 15.	82,712. 10,335. 5601965. Fourth, or fifth tax y	162,289. 17809118. /ear as a section 50	152,338. 15,941. 7977007. 01(c)(3) organization	612,059. 63,621. 41060972.
c 11 12 13 14 Sec 15 16 Sec	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2021 Extion D. Computation of Inves	36,836. 36,836. 4452647. The organization's firmulation of the second	509. 5220235. st, second, third, for the centage vided by line 13, continue 15. Percentage	82,712. 10,335. 5601965. Fourth, or fifth tax y	162,289. 17809118. /ear as a section 56	152,338. 15,941. 7977007. O1(c)(3) organization	63,621. 41060972. on, 98.35 % 98.19 %
11 12 13 14 Sec 15 16 Sec 17	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (in Public support percentage from 2021 Computation of Investiness Investment income percentage for 2020	36,836. 4452647. e organization's firme 8, column (f), di Schedule A, Part Income 122 (line 10c, column 122)	509. 5220235. st, second, third, formula to the centage vided by line 13, continue 15. Percentage on (f), divided by line 15.	10,335. 5601965. Fourth, or fifth tax y	162,289. 17809118. /ear as a section 50	152,338. 15,941. 7977007. O1(c)(3) organization	612,059. 63,621. 41060972. on, 98.35 % 98.19 % 1.49 %
b c c 11 12 13 14 Sec 15 16 Sec 17 18	und income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 Extion D. Computation of Investing the second of the s	36,836. 4452647. The organization's firmer as, column (f), dischedule A, Part Internation (f), dischedule A, Part Internation (f), dischedule A, Column (f), dischedule A, C	509. 5220235. st, second, third, formula to the second sec	10,335. 5601965. Fourth, or fifth tax y	162,289. 17809118. /ear as a section 50	152,338. 15,941. 7977007. 01(c)(3) organization	612,059. 63,621. 41060972. on, 98.35 % 98.19 % 1.49 % 1.69 %
b c c 11 12 13 14 Sec 15 16 Sec 17 18	und income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage from 2021 Ction D. Computation of Inves Investment income percentage from 20 Investment income percentage from 3 3 1/3% support tests - 2022. If the	36,836. 36,836. 4452647. The organization's firmer s, column (f), dischedule A, Part Internat Income 122 (line 10c, column 2021 Schedule A, lorganization did n	509. 5220235. st, second, third, forcentage vided by line 13, colli, line 15 Percentage II, line 15 Percentage In (f), divided by line Part III, line 17 ot check the box collisions.	10,335. 5601965. fourth, or fifth tax y	162,289. 17809118. Vear as a section 50	152,338. 15,941. 7977007. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 1	612,059. 63,621. 41060972. on, 98.35 % 98.19 % 1.49 % 1.69 % 7 is not
b c c 11 12 13 14 Sec 17 18 19a	und income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 Extion D. Computation of Investing the second of the s	36,836. 36,836. 4452647. The organization's firmer as a column (f), dischedule A, Part Interest Income (f)	509. 5220235. st, second, third, for the state of the contage of the state of the s	10,335. 10,335. 5601965. Fourth, or fifth tax y column (f)) The 13, column (f)) The 14, and line fies as a publicly so line 14 or line 19a	162,289. 17809118. Vear as a section 50 15 is more than 33 upported organizate, and line 16 is more	152,338. 15,941. 7977007. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 13 ion re than 33 1/3%, a	612,059. 63,621. 41060972. on, 98.35 % 98.19 % 1.49 % 1.69 % 7 is not X

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
та		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		
 Λ /Γονν	- 000	2022

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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		
	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,			
		2		
Sect	tion C. Type II Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
		1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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	1		
•	7			
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 continued working relationship with the capported organization(c).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization supported a governmental entity. Provided in Part VI.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction Task Assume Vivo Task Assume Viv		- 1	NI -
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	and those definition of the definition of the definition	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			
_	and the state of t	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			
	The second details in	la		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).	, ,		,

Part V Type III Non-Functionally I	ntegrated 509((a)(3) Supporting Orga	anizations _{(contine}	ued)	
Section D - Distributions				.	Current Year
1 Amounts paid to supported organizations	to accomplish exer	mpt purposes		1	
2 Amounts paid to perform activity that dire	ctly furthers exemp	t purposes of supported			
organizations, in excess of income from a	ctivity			2	
3 Administrative expenses paid to accompli	sh exempt purpose	es of supported organization	S	3	
4 Amounts paid to acquire exempt-use asse	ts			4	
5 Qualified set-aside amounts (prior IRS app	roval required - pro	ovide details in Part VI)		5	
6 Other distributions (describe in Part VI). S	ee instructions.			6	
7 Total annual distributions. Add lines 1 th	rough 6.			7	
8 Distributions to attentive supported organ	izations to which th	ne organization is responsive	9		
(provide details in Part VI). See instruction	IS.			8	
9 Distributable amount for 2022 from Section	n C, line 6			9	
10 Line 8 amount divided by line 9 amount		T	T	10	
		(i)	(ii)		(iii)
Section E - Distribution Allocations (see instru	uctions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1 Distributable amount for 2022 from Section	n C, line 6				
2 Underdistributions, if any, for years prior to	o 2022 (reason-				
able cause required - explain in Part VI). S	ee instructions.				
3 Excess distributions carryover, if any, to 2	022				
a From 2017					
b From 2018					
c From 2019					
d From 2020					
e From 2021					
f Total of lines 3a through 3e					
g Applied to underdistributions of prior year	S				
h Applied to 2022 distributable amount					
i Carryover from 2017 not applied (see instr	ructions)				
j Remainder. Subtract lines 3g, 3h, and 3i f	rom line 3f.				
4 Distributions for 2022 from Section D,					
line 7:					
a Applied to underdistributions of prior year	S				
b Applied to 2022 distributable amount					
c Remainder. Subtract lines 4a and 4b from	line 4.				
5 Remaining underdistributions for years pri	or to 2022, if				
any. Subtract lines 3g and 4a from line 2.	For result greater				
than zero, explain in Part VI. See instructi	ons.				
6 Remaining underdistributions for 2022. Su	ıbtract lines 3h				
and 4b from line 1. For result greater than	zero, explain in				
Part VI. See instructions.	,				
7 Excess distributions carryover to 2023.	Add lines 3j				
and 4c.					
8 Breakdown of line 7:					
a Excess from 2018					
b Excess from 2019					
c Excess from 2020					
d Excess from 2021					
e Excess from 2022					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

GUILD HALL OF EAST HAMPTON, INC.

Employer identification number 11-1776034

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds 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 v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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

Sche Pa i	rt III Organizations Maintaining Co	ollections of Art,		asures, or O	ther S		ets (contin		age Z
3	Using the organization's acquisition, accessio						•	ucu)	
	collection items (check all that apply):	.,	,,						
а	X Public exhibition	d	X Loan or exch	nange program					
b	Scholarly research	е	Other	3 1 3					
С	X Preservation for future generations								
4	Provide a description of the organization's col	lections and explain I	how they further th	e organization's	exempt	t purpose in F	art XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be mai		·	•			X Yes		No
Par	rt IV Escrow and Custodial Arrang	ements. Complet	e if the organization	n answered "Ye	s" on Fo	orm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ry for contributions	or other assets	not inc	luded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount	:	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	1, for escrow or cu	stodial account	liability?	?	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pai	rt V Endowment Funds. Complete if								
	-	(a) Current year	(b) Prior year	(c) Two years b	<u> </u>	Three years be	+ ` ′		
1a	Beginning of year balance	4,151,940.	4,007,285.	3,835,0		3,199,34		244,	
b	Contributions		11,999.	99,3		514,80			000.
С	Net investment earnings, gains, and losses	-177,379.	132,656.	72,9	01.	120,93	35.	-49,	553.
d	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs								
	Administrative expenses	2 074 561	4 151 040	4 007 0	0.5	2 025 00	24 2	100	240
g	End of year balance	3,974,561.	4,151,940.		85.	3,835,08	34. 3,	199,	349.
2	Provide the estimated percentage of the curre	ent year end balance) held as:					
a	Board designated or quasi-endowment Permanent endowment 100	0/	_%						
b		%							
С	Term endowment								
32	Are there endowment funds not in the posses	•	on that are held an	d administered	for the				
oa	organization by:	Sion of the organizati	on that are new an	a administered	ioi tiic		ſ	Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizati	ions listed as require	d on Schedule R?						
4	Describe in Part XIII the intended uses of the								
Par	rt VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. So	ee Form 990, Pa	art X, line	e 10.			
	Description of property	(a) Cost or oth	ner (b) Cost	or other	(c) Accı	umulated	(d) Bool	k value	
		basis (investme		I .		eciation	(1)		
1a	Land		4	2,987.				2,98	
		I			6,26	3,174.	10,029		
С	Leasehold improvements								
d	Equipment				2,04	6,895.),54	
	Other			0,656.			6,670	0,65	56.
Total	Add lines 1a through 1e (Column (d) must on	ual Form 000 Part V	column (P) line 10	no 1			17.100	3.82	20.

(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation: Cos (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	2. st or end-of-year market value
1) Financial derivatives	st or end-of-year market value
2) Closely held equity interests 3) Other (A) (B) (C) (D) (E) (F) (G) (H) [Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cos (1) (2) (3) (4) (5) (6) (7) (8) (9) [Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
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(A) (B) (C) (D) (E) (F) (G) (H) (total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation: Cos (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)	
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(C) (D) (E) (F) (G) (H) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation: Cos (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
(D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation: Cos (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
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(F) (G) (H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation: Cos (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13c. (a) Description of investment (b) Book value (c) Method of valuation: Cos (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
(H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13c. (a) Description of investment (b) Book value (c) Method of valuation: Cos (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
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Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13c. See Form 990, Part X, line 11c. See Form	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13c. (a) Description of investment (b) Book value (c) Method of valuation: Cos (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
(a) Description of investment (b) Book value (c) Method of valuation: Cos (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	st or end-of-year market value
(3) (4) (5) (6) (7) (8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
(4) (5) (6) (7) (8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
(5) (6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
(6) (7) (8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
(9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
otal: (Col. (b) inust equal room 990, Part X, Col. (b) line 13.)	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1	5
(a) Description	(b) Book value
(1)	(2,230,130,0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	•
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X,	, line 25.
(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TAXES PAYABLE	402
(3) OTHER ACCRUED LIABILITIES	61,799

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2) TAXES PAYABLE 402.

(3) OTHER ACCRUED LIABILITIES 61,799.

(4)

(5)

(6)

(7)

(8)

(9)

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

62,201.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 2

Part XI	Recond	ciliation	of Revenue	per Au	udited	Financial	Statements	With	Revenue	per	Return

Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements Wit	ın Reveni	. о ро о		
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.				
1	Total revenue, gains, and other support per audited financial statements				1	6,194,199.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-1,15	<u>4,069.</u>		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d		1,877.		
е	Add lines 2a through 2d				2e	-1,152,192.
3	Subtract line 2e from line 1				3	7,346,391.
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				
D				Į.	1 4 - 1	0.
	Add lines 4a and 4b				4c	-
с 5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)	2)			5	7,346,391.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1; rt XII Reconciliation of Expenses per Audited Financial S	2.) tatements W			5	7,346,391.
с 5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)	2.) tatements W			5 Returi	7,346,391. n.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1); rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I	2.) tatements W	ith Expen	ses per F	5	7,346,391.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1); rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I	2.) tatements W line 12a.	ith Expen	ses per F	5 Returi	7,346,391. n.
c 5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1; It XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tatements Wine 12a.	ith Expen	ses per F	5 Returi	7,346,391. n.
2 c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1: rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements Wine 12a.	ith Expen	ses per F	5 Returi	7,346,391. n.
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1: It XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements Wine 12a.	ith Expen	ses per R	5 Returi	7,346,391. n.
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1: IT XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2.) tatements W line 12a. 2a 2b 2c	ith Expen	ses per F	5 Returi	7,346,391. n. 4,892,537.
1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1: rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2.) tatements W line 12a. 2a 2b 2c 2d	ith Expen	ses per R	5 Returi	7,346,391. n. 4,892,537.
1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1: rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2.) tatements W line 12a. 2a 2b 2c 2d	ith Expen	ses per R	5 Return	7,346,391. n.
1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1: TEXII Reconciliation of Expenses per Audited Financial Some Complete if the organization answered "Yes" on Form 990, Part IV, ITOtal expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2.) tatements W line 12a. 2a 2b 2c 2d	ith Expen	ses per R	5 Return	7,346,391. n. 4,892,537.
1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1: TEXII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2.) tatements W line 12a. 2a 2b 2c 2d	ith Expen	ses per R	5 Return	7,346,391. n. 4,892,537.
1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1: rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2) tatements W line 12a. 2a 2b 2c 2d	ith Expen	ses per R	5 Return	7,346,391. n. 4,892,537. 1,877. 4,890,660.
Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1: rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2) tatements W ine 12a. 2a 2b 2c 2d 4a 4b	ith Expen	ses per R	5 Return	7,346,391. n. 4,892,537.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, ART OBJECTS PURCHASED OR DONATED ARE NOT INCLUDED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. THE VALUE OF OBJECTS ACQUIRED AS GIFTS IS NOT REPORTED AS A CONTRIBUTION AT THE TIME OF THE GIFT. WHEN WORKS OF ART ARE EITHER SOLD OR PURCHASED, THE PROCEEDS OR COSTS ARE REFLECTED AS UNRESTRICTED REVENUE OR EXPENSE IN THE STATEMENT OF ACTIVITIES. PROCEEDS FROM THE SALE OF WORKS OF ART FROM THE PERMANENT COLLECTION, AND ANY INVESTMENT INCOME DERIVED FROM THESE PROCEEDS, ARE DESIGNATED BY THE BOARD OF TRUSTEES TO BE USED SOLELY FOR THE PURCHASE OF ARTWORK IN THE PERMANENT COLLECTION.

THE ART COLLECTION IN THE CARE OF GUILD HALL OF EAST HAMPTON,

HOUSED IN AN OFFSITE LOCATION. THE COLLECTION IS HOUSED IN A CLIMATE

CONTROLLED ART STORAGE FACILITY WHICH IS MONITORED FOR TEMPERATURE AND

HUMIDITY. THE COLLECTIONS ARE CATALOGUED AND MAINTAINED ACCORDING TO

PROFESSIONAL STANDARDS ESTABLISHED AND MONITORED BY THE AMERICAN ALLIANCE

OF MUSEUMS. THE MANAGEMENT OF THE COLLECTIONS IS GOVERNED BY POLICIES OF

THE BOARD OF TRUSTEES, WHICH ARTICULATES THE FOCUS OF THE COLLECTIONS,

THEIR CARE AND HANDLING, INSURANCE AND CONSERVATION MAINTENANCE.

PART III, LINE 4:

IN EAST HAMPTON, A TRADITION OF ARTISTS IN RESIDENCE DATED BACK TO THE

1870'S. WORKS BY EARLY RESIDENTS THOMAS MORAN AND CHILDE HASSAM ARE AMONG

GUILD HALL MUSEUM'S IMPORTANT ACQUISITIONS. IN THE 1960'S, THE COLLECTION

BEGAN TO FOCUS ON THE MANY ARTISTS WHO HAVE LIVED AND WORKED IN THE

EASTERN LONG ISLAND REGION, INCLUDING SOME OF THE COUNTRY'S MOST

CELEBRATED PAINTERS, SCULPTORS, PHOTOGRAPHERS AND GRAPHIC ARTISTS. BY 1973

THE MUSEUM RECEIVED THE DISTINCTION OF BEING ACCREDITED BY THE AMERICAN

ASSOCIATION OF MUSEUMS. TODAY, THE HOLDINGS OF 19TH, 20TH AND 21ST CENTURY

ART NUMBER SOME 2,400 OBJECTS WHICH INCLUDE PAINTINGS, SCULPTURE, PRINTS,

WATERCOLORS, PHOTOGRAPHS AND DRAWINGS BY INTERNATIONALLY RENOWNED ARTISTS.

THE MUSEUM CONTINUES TO ACQUIRE WORKS BY DONATION AND ACQUISITION.

GUILD HALL IS THE CULTURAL HEART OF THE EAST END: A MUSEUM, PERFORMING

ARTS, AND EDUCATION CENTER, FOUNDED IN 1931. WE INVITE EVERYONE TO

EXPERIENCE THE ENDLESS POSSIBILITIES OF THE ARTS: TO OPEN MINDS TO WHAT

ART CAN BE; INSPIRE CREATIVITY AND CONVERSATION; AND HAVE FUN.

GUILD HALL OF EAST HAMPTON, INC.'S PERMANENT COLLECTION IS THE CORE OF ITS

MISSION OF COLLECTING AND EXHIBITING ARTISTS OF OUR AREA.

PART V, LINE 4:

PART V, LINE 4 - ENDOWMENT FUNDS

THE GIUPPY NANTISTA FUND: THE INCOME FROM THIS FUND IS TO BE USED FOR THE PURPOSE OF ENCOURAGING AND DEVELOPING ARTISTS.

HOIE FUND: THE INCOME FROM THIS FUND IS TO BE USED FOR THE GENERAL PURPOSES OF THE MUSEUM.

E. WARREN AND ENEZ WHIPPLE PURCHASE FUND: THE INCOME FROM THIS FUND IS TO

BE USED FOR THE PURCHASE OF WORK FOR THE ENEZ WHIPPLE PRINT AND DRAWING

COLLECTION.

THE CULLMAN ENDOWMENT: ENDOWS IN PERPETUITY THE LEWIS B. CULLMAN EDUCATION

PROGRAM. THE INCOME FROM THIS FUND IS TO BE USED FOR THE PROGRAMS OF THE

LEWIS B. CULLMAN EDUCATION PROGRAM.

STRAUS ENDOWMENT: THE INCOME FROM THIS FUND IS TO BE USED FOR THE CULTURAL ARTS AND EDUCATION PROGRAMMING.

MARCUS ENDOWMENT: THE INCOME FROM THIS FUND IS TO BE APPLIED TO HIGH QUALITY MUSICAL PERFORMANCES.

MICHAEL LYNNE MUSEUM ENDOWMENT FUND: THE INCOME FROM THIS FUND IS TO BE
UTILIZED FOR MUSEUM AND MUSEUM PROGRAMMING.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES AND MEASURES ITS UNRECOGNIZED TAX POSITIONS

The state of the s
AND ASSESSES THE LIKELIHOOD, BASED ON THEIR TECHNICAL MERIT, THAT TAX
POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS,
CIRCUMSTANCES, AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. THE
MEASUREMENT OF UNRECOGNIZED TAX POSITIONS IS ADJUSTED WHEN NEW INFORMATION
IS AVAILABLE, OR WHEN AN EVENT OCCURS THAT REQUIRES A CHANGE. INTEREST AND
PENALTIES ASSOCIATED WITH UNRECOGNIZED TAX POSITIONS, IF ANY, WOULD BE
CLASSIFIED AS INTEREST EXPENSE AND ADDITIONAL INCOME TAXES, RESPECTIVELY,
IN THE STATEMENTS OF ACTIVITIES. THE ORGANIZATION DID NOT IDENTIFY ANY
UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021.
THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;
HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY PERIODS PENDING OR IN
PROGRESS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SHOP MERCHANDISE 1,877.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SHOP MERCHANDISE 1,877.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization GUILD H.	ALL OF EAST HAMPTO	N.]	INC.			Employer ide 11-1776	ntification number 0.3.4
	Complete if the organization answe						
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-govern govern sising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	I IIII ACTIVITY				to (o	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	contrib	utions	or has been notified	it is e	exempt from reg	gistration

232081 10-27-22

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
			(a) Event #1	(b) Event #2	(c) Other events	(d) Tatal avanta			
				ACADEMY		(d) Total events			
			SUMMER GALA	DINNER	2	(add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
e			(event type)	(event type)	(total number)				
Revenue			772 000	001 015	104 400	1 600 040			
ě	1	Gross receipts	773,000.	801,815.	124,428.	1,699,243.			
	2	Less: Contributions	718,440.	741,440.	88,056.	1,547,936.			
	3	Gross income (line 1 minus line 2)	54,560.	60,375.	36,372.	151,307.			
		· · · · · · · · · · · · · · · · · · ·							
	4	Cash prizes							
	-								
	5	Noncash prizes							
S	3	Noncash prizes							
Direct Expenses		Don't for all the search							
per	6	Rent/facility costs							
ŭ									
ect	7	Food and beverages							
Ë									
	8	Entertainment							
	9	Other direct expenses	385,978.	182,136.	60,625.	628,739.			
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			628,739.			
	11	Net income summary. Subtract line 10 from li				-477,432.			
Pa	rt I	Gaming. Complete if the organization		990, Part IV, line 19, or r	eported more than	•			
		\$15,000 on Form 990-EZ, line 6a.		, , ,					
		,		(b) Pull tabs/instant		(d) Total gaming (add			
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)			
Revenue						(2)			
Вè									
	1	Gross revenue							
S	2	Cash prizes							
Direct Expenses									
xpe	3	Noncash prizes							
Ű H									
9	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No	No No				
	7	Direct expense summary. Add lines 2 through	5 in column (d)						
	′	Direct expense summary. Add lines 2 tillough							
		Not coming income cumman, Cubtract line 7	from line 1 column (d)						
	8	Net gaming income summary. Subtract line 7	nomine i, column (a)			l			
_									
		ter the state(s) in which the organization condu							
		the organization licensed to conduct gaming ac				Yes No			
b	If "	No," explain:							
	_								
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No			
b	lf "`	Yes," explain:							
	_								

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 GUILD HALL OF EAST HAMPTON, INC. 11-1	<u> 1776034</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		13a	%
	The organization's facility	13b	
	An outside facility	130	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	: If "Yes," enter name and address of the third party:		
_			
	Name		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatany distributions:		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		┌
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			-
_			

Schedule G	G (Form 990)	${ t GUILD}$	${ t HALL}$	OF	EAST	HAMPTON,	INC.	11-1776034 Pag	ge 4
Part IV	G (Form 990) Supplemental Infor	mation (co	ntinued)			-			•
		100	intinaca)						

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.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

GUILD HALL OF EAST HAMPTON, INC. Employer identification number 11-1776034

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

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

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANDREA GROVER	(i)	208,186.	0.	0.	0.	23,836.	232,022.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTIN EBERSTADT	(i)	177,698.	0.	0.	0.	43,924.	221,622.	0.
CHIEF PHILANTHROPY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEANNINE DYNER	(i)	151,152.	0.	0.	0.	49,671.	200,823.	0.
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTINA STRASSFIELD	(i)	115,000.	0.	0.	0.	16,122.	131,122.	0.
FORMER MUSEUM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMY KIRWIN	(i)	104,770.	0.	0.	0.	13,629.		0.
CHIEF CREATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KARINE HOLLANDER	(i)	100,218.	0.	0.	0.	9,737.		0.
FORMER CHEIF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Sup	oplemei	ntal Informat	ion								
Provide the in	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.										
PART I,	LIN	NE 1A:									
EMPLOYM	ENT	COVERS	REIMBU	JRSEMENT	OF	ALL	REASONABLE	WORK	RELATED	EXPENSES.	

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

			LL OF EAS					11	-17	r ident		on nu	mber	
Part I						ion 501(c)(4), and sec								
1		(h	nswered "Yes" on) Relationship bet			art IV, line 25a or 25b	, or Form 990-EZ,	Part V,	line 40)b	(d)	Corre	cted?	
(a) Name of disqualified person			person and o			(4	(c) Description of trans					Yes		
												+		
												+		
2 - 1						115								
	er the amount of tax i ion 4958					qualified persons dur			\$					
	er the amount of tax,													
Part II	L cono to one	Nor From I	nterested Per	2020										
Partii	_					, Part V, line 38a or F	orm 990 Part IV	line 26:	or if th	o oraș	nizatio	'n		
	•	· ·	90, Part X, line 5,			, i ait v, iiile soa oi i	omi 990, i aitiv,	11116 20,	OI II UI	ie orga	iiizatio	,,,,		
(a) Name of (b) Relation					an to or	(e) Original	(f) Balance due) In		proved ard or	ard or agreemen		
IIILE	interested person with or		on of loan		zation? From	principal amount			ault?	Yes	nittee?	Yes	Т	
				To	FIOIII			Yes	No	res	No	162	No	
										₩				
										\vdash				
										↓				
				-						\vdash				
Total		• • • • •				\$								
Part III	_		enefiting Inter											
(a)	Name of interested p		(b) Relationship			(c) Amount of	(d) Tv	pe of		(e) Purp	ose o	f	
()	(a) Name of Interested person		interested pers the organiz	son and		assistance		(d) Type of assistance			(e) Purpose of assistance			
			<u> </u>											
									\dashv					
									\dashv					

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

Part IV Business Transactions Involvi	ng Interested Persons.	-			
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz rever	aring of zation's nues?
GEORGE YATES	TRUSTEE	0.	GEORGE YATE	Yes	No X
					-
Part V Supplemental Information. Provide additional information for response.	nses to questions on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS TI	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: GEORGE	YATES				
(B) RELATIONSHIP BETWEEN II	NTERESTED PERSON AND	ORGANIZATI	ON:		
TRUSTEE					
(G) AMOUNTE OF TRANSPORTION	† /D) DEGCETON O				
(C) AMOUNT OF TRANSACTION	\$ (D) DESCRIPTION O				
(D) DESCRIPTION OF TRANSAC	TION: GEORGE YATES I	S GUILD HAL	L OF EAST		
HAMPTON, INC.'S INSURANCE	BROKER.				
(E) SHARING OF ORGANIZATION	N REVENUES? = NO				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection Employer identification number

	GUILD HALL O	F EAST	HAMPTON,	INC.	11	-17760	34	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) f determinir ribution am	•	
1	Art - Works of art	Х	5					
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	11	116,669.	FAIR MARK	ET VAL	UE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
.0	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21								
22	,							
23	Historical artifacts							
23 24	Scientific specimens							
24 25	Archeological artifacts Other (LEGAL SERVICES)	Х	2	90 270	FAIR MARK	FT 17AT.	TIE	
	DED1 TD 6 11TD 161 T	X	6	30,270.	FAIR MARK	CU 1171	IIE DE	
26		Α	0	390.	PAIR MARK	PI AVD	015	
27	Other ()							
<u>28</u> 29	Other ()	tation duvins	the tax year for a	antributions				
29	Number of Forms 8283 received by the organization completed Form 828							
	for which the organization completed Form 826	oo, Part V, L	onee Acknowledg	ement 29			Yes	Na
20-	During the year did the examination receive by	, contribution	n any nyanasty yan	autod in Dout I lines 1 throug	h 00 that it		res	No
Sua	During the year, did the organization receive by must hold for at least 3 years from the date of		• • • • •					
						200		Х
L	exempt purposes for the entire holding period?					30a		77
	If "Yes," describe the arrangement in Part II.	aliov that ra	auiroo tho rovious	of any populandard contribut	iono?	04		Х
31	Does the organization have a gift acceptance p	-	•	•		31		
32a	Does the organization hire or use third parties		_	· ·		00-		Х
	contributions?					. 32a		
	If "Yes," describe in Part II.	alia. (-)		. four de la la contract (-) !- !	al a al			
33	If the organization didn't report an amount in c	oiumn (c) foi	a type of property	ror wnich column (a) is chec	скеа,			
	describe in Part II.							

LHA

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

Schedule M (Form 990) 2022 232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GUILD HALL OF EAST HAMPTON, INC.

Employer identification number 11-1776034

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

FOUNDED IN 1931. WE INVITE EVERYONE TO EXPERIENCE THE ENDLESS

POSSIBILITIES OF THE ARTS: TO OPEN MINDS TO WHAT ART CAN BE; INSPIRE

CREATIVITY AND CONVERSATION; AND HAVE FUN.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP IS OPEN TO ALL MEMBERS OF THE COMMUNITY FOR A FEE.

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

GUILD HALL OF EAST HAMPTON, INC.'S 990 IS REVEIWED ANNUALLY BY THE

TREASURER OF THE BOARD OF TRUSTEES, ONCE THE TREASURER APPROVES THE 990, IT

IS THEN FILED WITH THE INTERNAL REVENUE SERVICE.

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

GUILD HALL OF EAST HAMPTON, INC. MONITORS AND ENFORCES COMPLIANCE WITH ITS

CONFLICT OF INTEREST POLICY ANNUALLY. THE BOARD OF TRUSTEES FILL OUT AND

RETURN A QUESTIONNAIRE. THE QUESTIONNAIRES ARE THEN REVIEWED AND IF ANY

CONFLICTS EXIST THEY ARE ADDRESSED BY THE BOARD.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEW AND APPROVE

COMPENSATION, BONUSES AND INCREASES. A COMPARISON TO OTHER ENTITIES

SIMILAR IN NATURE AND SIZE IS ALSO CONSIDERED WHEN DETERMINING

COMPENSATION.

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

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

Schedule O (Form 990) 2022	Page 2
Name of the organization GUILD HALL OF EAST HAMPTON, INC.	Employer identification number 11-1776034
GUILD HALL OF EAST HAMPTON, INC.'S 990 IS AVAILABLE FOR PU	BLIC INSPECTION
UPON REQUEST OR IT CAN BE FOUND AT WWW.GUIDESTAR.ORG.	
FORM 990, PART VI, SECTION C, LINE 19:	
GUILD HALL OF EAST HAMPTON, INC.'S GOVERNING DOCUMENTS, CO	NFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO	THE PUBLIC UPON
REQUEST.	
FORM 990, PART XII, LINE 2C	
FORM 990, PART X11, LINE 2C: GUILD HALL OF EAST HAMPTON, I	NC. DID NOT
CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING T	HE TAX YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

11-1776034

GUILD HALL OF	F EAST HAMPTON, IN	C.				11-17760	34	
Part I Identification of Disregarded Entities. Comp	olete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		Direct o	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organizat	cion answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more	related tax-exel	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) et controlling entity	ent	rolled ity?
12 DUNEMERE INC 46-5416909 158 MAIN STREET EAST HAMPTON, NY 11937	TO PROVIDE ESSENTIAL HOUSING FOR VISITING ACTORS AND ARTISTS.	NEW YORK	501(C)(3)	LINE 7	N/A		Yes	No X
,								

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

		0 11 200 1 11	", " = 000	D . N		
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34,	because it had one or mo	re related
raitiii	organizations treated as a partnership during the tax year.					

	, ,	,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
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	1										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Couriery)						Yes	No

Page 3

Yes No

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

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х	
b	Gift, grant, or capital contribution to related organization(s)				1b		Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X	
d	Loans or loan guarantees to or for related organization(s)				1d		Х	
е	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1g		X	
	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		Х	
j Lease of facilities, equipment, or other assets to related organization(s)								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х		
	Performance of services or membership or fundraising solicitations for related organiz				11		Х	
	Performance of services or membership or fundraising solicitations by related organiz	()			1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		Х	
	Sharing of paid employees with related organization(s)				10		Х	
	3 ()							
р	Reimbursement paid to related organization(s) for expenses				1p		Х	
a	Reimbursement paid by related organization(s) for expenses				1q		Х	
-								
r	Other transfer of cash or property to related organization(s)				1r	х		
	Other transfer of cash or property from related organization(s)				1s		Х	
	If the answer to any of the above is "Yes," see the instructions for information on who							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved			
1) .	2 DUNEMERE INC.	R	143,990.	CASH				
2)								
3)								
4)								
5)								
-,								
6)								
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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