					"Pi	ublic Disclosu	re Copy	"				
Form	99	90	R	Return	of Organiz	ation Exen	npt Fro	om Incoi	ne Ta	x		OMB No. 1545-0047
						1) of the Internal			•		ations)	
		t of the Treasury venue Service ► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.									Open to Public	
-		ue Service 2020 calend	ar year, or tax y			m990 for instruc	ctions and	<u>d the latest i</u> , 2020, and		on.		Inspection
_		pplicable:				SCULPTURE, 3	INC.	, 2020, and	chang		D Emplo	yer identification number
	ddress c				OUNDS FOR S						p.	22-3694371
N;	ame cha	ange				livered to street addres	ss)	Ro	om/suite		E Teleph	none number
In	itial retu	rn	80 SCUL	PTORS W	IAY							(609)586-0616
🗌 Fi	nal retur	n/terminated	City or town	n, state or prov	vince, country, and ZIF	or foreign postal code	e				G Gross	s receipts
Ai	mended	return	HAMILTO	N, NJ 0	8619						\$	15,248,311
Ap	oplicatio	n pending			ncipal officer: Eric	Ryan			-			or subordinates? Yes X No
			Same as						H(b			es included? Yes No
				501(c) () < (insert no.)	4947(a)(1) or	527					t. See instructions
	ebsite:		corporation		ociation Other	<u> </u>		ear of formation:			xemption i	number al domicile: NJ
Par		Summar				•			1999	111 3	late of leg	
i ui	1			ation's miss	ion or most signif	icant activities:	Ground	ls For Sc	ulptur	e cor	nbine	s art and
	-	-	-		-	se, and enga			-			
JCe		inventio				, , , , , , , , , , , , , , , , , , , ,	2					
Governance												
ovel	2	Check this be	ox ► 🗌 if the o	organizatior	discontinued its	operations or dis	posed of n	nore than 25%	% of its n	et asset	s.	
	3	Number of v	oting members of	of the gove	rning body (Part	VI, line 1a)					3	20
Activities &	4	Number of ir	dependent votin	ng member	s of the governing	g body (Part VI, li	ine 1b) .				4	20
vitie	5	Total numbe	of individuals e	employed ir	n calendar year 2	020 (Part V, line 2	2a)				5	102
Acti	6		of volunteers (e								6	156
	7a				-	(C), line 12					7a	(141,524)
	b	Net unrelate	d business taxal	ble income	from Form 990-1	F, Part I, line 11 .					7b	0
		Cantributions	and success (Da		46)			_		ior Year	454	Current Year
đ	8		•			 		-		3,066		9,921,317
Revenue	10	-				7d)		F		2,806 185	,433	1,192,647
Seve	11		,			10c, and 11e)		-			,338	<u> </u>
	12					/III, column (A), li				6,258		11,597,062
	13			. (•	nes 1-3)				.,	/	0
	14					e4)		F				0
	15					K, column (A), line		F		3,456	,654	2,565,846
Expenses	16a	Professional	fundraising fees	s (Part IX, o	column (A), line 1	1e)		[0
ben	b	Total fundrai	sing expenses (I	Part IX, col	lumn (D), line 25)	►	59	99,274				
Ă	17	•	· ·	. ,.		24e)		-		3,459	,400	2,700,983
	18					lumn (A), line 25)				6,916	,054	5,266,829
	19	Revenue les	s expenses. Su	ubtract line	18 from line 12					(657		6,330,233
s or		-						_	Beginning			End of Year
ssets 3alar	20							F		8,495		36,793,406
Net Assets or Fund Balances	21 22		s (Part X, line 2	,		 20				2,000		2,874,591 33,918,815
Par			re Block	Subilaci		20		•••••	2	6,494	,015	33,910,015
				mined this retu	rn, including accompa	nying schedules and s	tatements, an	d to the best of n	ny knowledg	e and beli	ef, it is	
true, c	orrect, a	and complete. De	laration of preparer ((other than off	icer) is based on all inf	formation of which prep	parer has any	knowledge.				
		Marc	o Cucchi									
Sigr	1	Signatur	e of officer								Dat	e
Here	•	Marc	o Cucchi, S	Treasur	er							
		Type or	print name and title									
		Print/Type pre	parer's name		Preparer's signature		Da	ate		Check	if	PTIN
Paid										self-emp	loyed	
	barer		•						Firm's	EIN 🕨		
Use	Only	Firm's addres	5 >						Phone	no.		
May t	he IRS	3 discuss this	return with the p	preparer sh	own above? (see	e instructions) .						🗌 Yes 📋 No

	15		
Form	n 990 (2020) GROUNDS FOR SCULPTURE, INC.	22-3694371	Page 2
Pa	Int III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	Grounds For Sculpture combines art and beckoning spaces to welcome, surpris	e, and engage	all all
	visitors in the artist's act of invention.		
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ?	🗌 Yes 🛛	x No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes 🕴	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,406,493 including grants of \$) (Revenue	\$ 1,177	, 529)
	Visitor Services (includes Guest Services department): designed to provide	information s	services,
	process membership benefits, coordinate tour groups, perform introductory 1	ectures, assi	st with
	special events and collect entrance fees. Staff monitors multiple park entr	y points as w	ell as
	information desks located throughout the park. In 2020, GFS was forced to s	hutdown for a	lmost 4
	months at the beginning of the global pandemic. Additionally, once we opene	d it was on f	ewer days
	and to a reduced capacity with all indoor buildings remaining closed. With	a reduced sta	ff, Guest
	Services was able to accommodate guest needs and assure artwork safety. The	ticketing pr	ocess
	adapted to a full online advance purchase ticketing system that had been im	plemented sev	veral
	years earlier not allowing any in-person purchases to maintain a safe envir	onment.	

4b (Code:) (Expenses \$ 1,081,129 including grants of \$) (Revenue \$ Exhibitions: In 2020, over 100,000 people visited GFS. GFS embraces a wide range of contemporary sculpture and related art in its exhibitions. These projects affirm the organization's commitment to broadening our exhibition program and collection in ways that reflect the diversity of the region and the dynamic world around us. GFS maintains the work of the outdoor collection at the highest standards, with ongoing sculpture restoration projects worked on during during the year. With a 4 month park shutdown and adherence to safety guideline for limiting capacity, a new and existing exhibitions have been extended into 2021. Bruce Beasley's 60 Year Retrospective, was delayed until the reopening in July and limited to the outdoor areas since all indoor galleries remained closed through the end of the year. New installations of Seward Johnson's Viral Art took place which explore the artwork alongside the impressionist paintings that have inspired this work.

4c	(Code:) (Expenses \$851,943 including grants of \$) (Revenue \$14,988)
	ARTS EDUCATION: Due to the Covid 19 shutdown, many programs were suspended for 2020 with indoor
	galleries and classrooms closed. GFS initiated a series of hybrid programming with an online
	component paired with an in-person visit. This included a partnership with Mercer County Park
	System for a series of Zoom programs and field guides that explore the horticulture features of
	GFS. We increased wellness related programs that leverage the unique healing potential of art &
	nature. A series of in person, outdoor well being workshops were offered including yoga, family
	meditation, mindulness in nature and nature journaling in a safe and tranquil setting. Since
	hands-on workshops for youth and and familiies were unable to gather we introduced an Art Box kit
	with materials and instructions as well as series of family guides to encourage self-guided
	exploration of art and nature. Grnat funding was redirected to distribute over 500 Art Box kits
	in Trenton.

4d	Other program services (I	Describe on S	Schedule O.)				
	(Expenses \$	81,070	including grants of	\$) (Revenue \$	130)	
4e	Total program service exp	oenses 🕨	3,420	.635			

	990 (2020) GROUNDS FOR SCULPTURE, INC. 22-36943	71	Р	age 3
Pa	rt IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		v
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		х
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		~
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44-1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	x	
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		•	
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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," complete Schedule G, Part III.	19		x
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic agavernment on Part IX, column (A), line 12 /f "Yes," complete Schedule I, Parts I and II	24		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form	orm 990 (2020) GROUNDS FOR SCULPTURE, INC. 22-36943					
Pa	rt IV Checklist of Required Schedules (continued)					
		[Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x		
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					
240	employees? If "Yes," complete Schedule J	23	x	-		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b					
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		x		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a				
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240				
Ŭ	to defease any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?					
	If "Yes," complete Schedule L, Part I	25b		x		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key					
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these					
	persons? If "Yes," complete Schedule L, Part III	27		x		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part					
	IV instructions, for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If					
	"Yes," complete Schedule L, Part IV	28a		х		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If					
	"Yes," complete Schedule L, Part IV	28c		х		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
	conservation contributions? If "Yes," complete Schedule M	30		х		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					
~~	complete Schedule N, Part II	32		x		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22				
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x		
34	or IV, and Part V, line 1	34				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	x x			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	<u> </u>				
D.	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable					
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and					
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x			
Par						
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>			
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable					
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?	1c	х			

	990 (2020) GROUNDS FOR SCULPTURE, INC. 22-36943	71	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 102			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	ļ
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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		x
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?.	5c		<u> </u>
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	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	<u> </u>
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	7.		
e	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 7m		x
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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			
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

"Public Disclosure	Copy"
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Form	990 (2020) GROUNDS FOR SCULPTURE, INC. 22-36943	71	P	Page 6
Pa	rt 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 in Schedule O. See instruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			x
Sec	tion A. Governing Body and Management			<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		163	NO
iu	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 in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		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?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		-
0				
-	the year by the following:	0-		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>			
U	describe in Schedule O how this was done.	120	v	
40		12c	X	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		L
17	List the states with which a copy of this Form 990 is required to be filed New Jersey Continue of Anti-analysis Forme 4002 (4004 or 4004 A if analysis has been seen as a state of the former former for the state of the former			
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.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Robert Gross (609)249-0231, 80 SCULPTORS WAY, HAMILTON, NJ 08619

Form 990 (202) GROUNDS FOR SCULPTURE, INC.	22-3694371	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated Employee	es, 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 t	his table for all persons required to be listed. Report compensation for the calendar year ending with	n or within the	
organization's t	ax 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one s both ar		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	٩ آم		Q	Ke	en H	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for	dire	stitut	Officer	iy er	ghes	Forme	(00-2/1099-0013C)	(11 2) 1000 11100)	related organizations
	related organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below	ruste	Itrus		yee	mpe				
	dotted line)	ě	stee			nsat				
						ed				
(1) Gary Schneider	40.00									
Executive Director				х				175,154	0	25,971
(2) Robert Gross	40.00									
Chief Financial Officer				х				143,462	0	2,707
(3) Jerry Wind	5.00									
Trustee		х						0	0	0
(4) Elizabeth Strong-Cuevas	1.00									
Trustee		х						0	0	0
(5) Scott McVay	5.00									
Trustee		х						0	0	0
(6) Esther Novak	1.00									
Trustee		х						0	0	0
(7) Nigel Brown	5.00									
Trustee		х						0	0	0
(8) Jessica Moore	5.00									
Trustee		х						0	0	0
(9) Kalpana Patel	5.00									
Trustee		х						0	0	0
(10)David Timothy	5.00									
Trustee		х						0	0	0
(11)David Kaiser	5.00									
Trustee		х						0	0	0
(12)Michael Greenleaf	5.00									
Trustee		х						0	0	0
(13)Teri Cox	5.00									
Trustee		х						0	0	0
(14)Ulli Arendt	5.00									
Trustee		х						0	0	0
EEA										Form 990 (2020)

	PTURE, IN			L1:*				22-3694	3/1	P	Page
Part VII Section A. Officers, Directors, Truste	es, ĸey Emp	ioyee	s, and		lest Co	ompe	ensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not check unless per and a	person	than one is both ar pr/trustee))	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	col f orga	(F) nated arm of other mpensat rom the nization d organiz	ion and
15)Gordon Gund	2.00										
	1.00	х		_			0	0			0
16)Sharon Lorenzo	<u>1.00</u>						•	0			0
Trustee 17)Penelope Lattimer	5.00	х		-			0	0			0
Frustee		x					0	0			0
18)Ilana Gutierrez	5.00										
frustee		х					0	0			0
19)Barbara Lawrence	5.00										
Vice President		х		x			0	0			0
20)Eric_Ryan	10.00										
President		х		x			0	0			0
21)Alexander Gladney	5.00	v					0	0			~
Secretary (22)Marco Cucchi	5.00	х		x			0	0			0
reasurer		x	.	x			0	o			0
23)							•				
(24) (25) 1b Subtotal					· · ·	· •					
d Total (add lines 1b and 1c)							318,616	0		28,	678
2 Total number of individuals (including but not lim							-	of			
reportable compensation from the organization	•										
										Yes	No
	stor tructoo k	kev en	nlove	e, or	highest	com					
3 Did the organization list any former officer, dire		-									х
employee on line 1a? If "Yes," complete Sched	le J for such	indivic	lual						3		~
employee on line 1a? <i>If "Yes," complete Schede</i>For any individual listed on line 1a, is the sum of	<i>le J for such</i> eportable con	<i>indivic</i> npensa	<i>lual</i> ation a	 nd otl	ner com	npens	ation from the		3		
 employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the sum of organization and related organizations greater to the second secon	ule J for such eportable con han \$150,000	indivic npensa ? If "Y	lual ation a ′es,″ co	 nd otl	ner com ete Sch	npens edule	sation from the e <i>J for such</i>				•
 employee on line 1a? <i>If "Yes," complete Sched</i>. For any individual listed on line 1a, is the sum of organization and related organizations greater t <i>individual</i>. 	ule J for such reportable con han \$150,000	indivic npensa ? If "Y • • • •	lual ation a ′es,″ co	 nd otl o <i>mple</i>	ner com ete Sch	npens <i>edule</i>	ation from the		3	x	•
 employee on line 1a? <i>If "Yes," complete Schede</i> For any individual listed on line 1a, is the sum of organization and related organizations greater t <i>individual</i>. Did any person listed on line 1a receive or accrue 	ule J for such reportable con han \$150,000 	indivic npensa ? If "Y n from	dual ation a 'es," co any u	nd otl omple	ner com ete Sch ted orga	npens <i>edule</i> •••• aniza	Sation from the <i>J for such</i> 		4	x	
 employee on line 1a? If "Yes," complete Schedel For any individual listed on line 1a, is the sum of organization and related organizations greater the individual	ule J for such reportable con han \$150,000 	indivic npensa ? If "Y n from	dual ation a 'es," co any u	nd otl omple	ner com ete Sch ted orga	npens <i>edule</i> •••• aniza	Sation from the <i>J for such</i> 			x	x
 employee on line 1a? <i>If "Yes," complete Schede</i> For any individual listed on line 1a, is the sum of organization and related organizations greater t <i>individual</i> Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i> Section B. Independent Contractors 	ule J for such reportable con han \$150,000 	indivic npensa ? If "Y n from Schea	dual ation a 'es," co any u lule J f	nd oth comple nrela	ner com ete Sch ete orga ch pers	npens edule aniza	sation from the e J for such tion or individual		4	x	
 employee on line 1a? <i>If "Yes," complete Schede</i> For any individual listed on line 1a, is the sum of organization and related organizations greater trindividual. Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i> Section B. Independent Contractors 	ule J for such reportable com han \$150,000 compensatio s," complete ated independ	indivic npensa ? If "Y n from <u>Schea</u> ent co	dual ation a Yes," co any u lule J f	nd oth omple onrela or su	ner com ete Sch aed orga ch pers at recei	npens edule aniza son ved r	sation from the e J for such tition or individual		4	x	
 employee on line 1a? <i>If "Yes," complete Schedi</i>. For any individual listed on line 1a, is the sum of organization and related organizations greater to <i>individual</i>	ule J for such reportable com han \$150,000 compensatio s," complete ated independ	indivic npensa ? If "Y n from <u>Schea</u> ent co	dual ation a Yes," co any u lule J f	nd oth omple onrela or su	ner com ete Sch aed orga ch pers at recei	npens edule aniza son ved r	sation from the e J for such tition or individual		4	x	
 employee on line 1a? <i>If "Yes," complete Schedi</i>. For any individual listed on line 1a, is the sum of organization and related organizations greater t <i>individual</i>	ule J for such reportable com han \$150,000 	indivic npensa ? If "Y n from <u>Schea</u> ent co	dual ation a Yes," co any u lule J f	nd oth omple onrela or su	ner com ete Sch aed orga ch pers at recei	npens edule aniza son ved r	sation from the a J for such tion or individual nore than \$100,00 or within the organ	0 of hization's tax year.	4		
 employee on line 1a? <i>If "Yes," complete Schedi</i> For any individual listed on line 1a, is the sum of organization and related organizations greater trindividual	ule J for such reportable com han \$150,000 	indivic npensa ? If "Y n from Scheo lent co he cal	dual ation a ćes," co a any u lule J f ntracto endar	nd oth omple nrela or su ors th year	her com ete Sch ed orga ch pers at recei ending	npens edule aniza on ved r with	sation from the e J for such tition or individual more than \$100,00 or within the organ (B)	0 of hization's tax year.	4 5 (C) Compense		x
 employee on line 1a? <i>If "Yes," complete Schedi</i>. For any individual listed on line 1a, is the sum of organization and related organizations greater trindividual	the J for such a reportable con han \$150,000 compensation s," complete a ated independ pensation for t	indivic npensa ? If "Y n from Scheo lent co he cal	dual ation a ćes," co a any u lule J f ntracto endar	nd oth omple nrela or su ors th year	ner com ete Sch eed orga ch pers at recei ending	ved r	sation from the e J for such stion or individual 	0 of hization's tax year.	4 5 (C) Compense	ation	x 781

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

3

Form 99	0 (20	20) GROUN	DS	FOR SCULP	TUI	RE, INC.			22-36943	71 Page
Part V	/	Statement of Rev	enu	le						
		Check if Schedule O co	ontair	ns a response o	or n	ote to any line in thi	s Part VIII			[
						,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b				1b	526,907				
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events			1c					
n or	d				1d					
r Ar	е	Government grants (contr			1e	167,234				
jia Ci	f	All other contributions, gif		-						
Sin		and similar amounts not in	-		1f	9,227,176				
buti her	g					572277270				
ΞŌ	9	lines 1a-1f			10	\$ 221,473				
an C	h	Total. Add lines 1a-1f					9,921,317			
		Total. Add intes farm	••	•••••	•••	Business Code	9,921,317			
	20	ADVIGATON PRES					1 177 500	1 177 500		
8		ADMISSION FEES		-	_	900099	1,177,529	1,177,529		
Ξœ		EDUCATIONAL WORKS				611710	14,988	14,988		
enc		EVENTS AND EXHIBI				713990	130	130		
am Seve	d									
Program Service Revenue	e	<u> </u>								
1		All other program service								
	g	Total. Add lines 2a-2f .	••	••••	• •	•••••	1,192,647			
	3	Investment income (includi	ng d	ividends, intere	st, a	and				
		other similar amounts) .					310,469			310,46
	4	Income from investment of								
	5	Royalties	<u></u>			· · · · · · •				
				(i) Real		(ii) Personal				
	6a	Gross rents	6a	256,4	36					
	b	Less: rental expenses	6b	221,7	83					
	с	Rental income or (loss)	6c	34,6	53					
	d	Net rental income or (loss)				>	34,653			34,65
		Gross amount from		(i) Securities		(ii) Other				
	1.0	sales of assets								
		other than inventory	7a	3,546,0	90					
	b	Less: cost or other basis								
Ð		and sales expenses	7b	3,217,8	93					
nue	с	Gain or (loss)								
se v		Net gain or (loss)	L	-			328,197			328,19
Other Revenue		Gross income from fundral		r			010/10/			520725
Ę	, ou	events (not including \$	-							
0		of contributions reported o								
		1c). See Part IV, line 18			8a					
	h	Less: direct expenses .		1	8b					
		Net income or (loss) from t								
		Gross income from gaming			•	•••••				
	94		-		0-					
		activities, See Part IV, line			9a					
		Less: direct expenses .			9b					
	С	Net income or (loss) from	gami	ng activities	• •	· · · · · · •				
	10a	Gross sales of inventory, l								
		returns and allowances .			10a					
		Less: cost of goods sold			10b					
	C	Net income or (loss) from	sales	s of inventory			(190,221)		(141,524)	(48,69
						Business Code				
	11a									
anc	b									
Sver	с									
Revenue	d	All other revenue								
	е	Total. Add lines 11a-11d								
		Total revenue. See instru					11.597.062	1,192,647	(141.524)	624,62

GROUNDS FOR SCULPTURE, INC.

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ZZ-30943/I	i aye it

	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other orgar	nizations must complet	e column (A).	
	Check if Schedule O contains a response or note to				
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	318,616		318,616	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,370,520	920,945	186,732	262,843
8	Pension plan accruals and contributions (include	1/0/0/010	5207515	2007/02	2027013
-	section 401(k) and 403(b) employer contributions)	20,849	12,118	6,547	2,184
9	Other employee benefits	344,022	188,140	105,476	50,406
0		511,839	384,843	72,001	54,995
11	Fees for services (nonemployees):	511,055	5047045	72,001	51,555
a					
b		4,549		4,549	
c		35,587		35,587	
d		55,507		55,507	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	E Contraction de la contractio				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	280,652	114 409	166,244	
12			114,408	100,244	200
12 13	Advertising and promotion	67,934	67,625	3,274	309
13 14	Office expenses	17,569	1,487	-	12,808
	Royalties	125,102	63,833	46,929	14,340
15 16		756,410	COR 082	00.056	C1 001
		-	607,073	88,256	61,081
17		9,844	7,596	740	1,508
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,260	8,466	8,588	10,206
20		44,430		44,430	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	539,492	373,690	94,089	71,713
23		197,595	140,739	41,299	15,557
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	OUTSIDE ARTISTIC FEES/SVCS	352,136	351,786		350
b	PROGRAM MATERIALS	52,249	23,976	11,124	17,149
С	PRINTING	105,075	98,603	82	6,390
d	MERCHANT FEES/EQUIP RENTAL	85,099	55,307	12,357	17,435
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,266,829	3,420,635	1,246,920	599,274
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here F if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

Part X	Balance Sheet			
,	Check if Schedule O contains a response or note to any line in this Part X			[
	· · · · · ·	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	254,294	1	257,98
2	Savings and temporary cash investments	363,354	2	1,904,31
3	Pledges and grants receivable, net	138,495	3	88,53
4	Accounts receivable, net	93,366	4	154,89
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	
7	Notes and loans receivable, net		7	
ASSets 6 8	Inventories for sale or use	93,008	8	70,26
9 ASS	Prepaid expenses and deferred charges	168,846	9	92,73
10	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 23,916,648			
	Less: accumulated depreciation 10b 3,699,398	20,535,201	10c	20,217,25
11	Investments - publicly traded securities	5,173,056	11	12,384,22
12	Investments - other securities. See Part IV, line 11	520,000	12	520,00
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,156,000	15	1,103,21
16	Total assets. Add lines 1 through 15 (must equal line 33)	28,495,620	16	36,793,40
17	Accounts payable and accrued expenses	658,292	17	861,74
18	Grants payable		18	
19	Deferred revenue	172,040	19	157,83
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ທ 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
<mark>ہ</mark> 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	1,089,310	24	1,773,85
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	81,163	25	81,16
26	Total liabilities. Add lines 17 through 25	2,000,805	26	2,874,59
	Organizations that follow FASB ASC 958, check here 🛛 🕨 🕱			
ν.	and complete lines 27, 28, 32, and 33.			
ຍິ 27	Net assets without donor restrictions	26,006,195	27	26,002,53
28	Net assets with donor restrictions	488,620	28	7,916,27
n o	Organizations that do not follow FASB ASC 958, check here 🛛 🕨 🗌			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
ຊູ 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Vect Asserts of Fund Balances 28 28 28 29 20 20 20 20 20 20 20 20 20 20	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	26,494,815	32	33,918,81
<u>u</u>				36,793,40

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Form 990 (2020)

	"Public Disclosure Copy"				
Form	990 (2020) GROUNDS FOR SCULPTURE, INC. 22	2-369437	1	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,	597,	062
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	266,	829
3	Revenue less expenses. Subtract line 2 from line 1	3	6,	330,	233
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,	494,	815
5	Net unrealized gains (losses) on investments	5	1,	093,	767
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	33,	918,	815
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	•••	$\cdot \Box$
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	Ĺ
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		I T		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2020)

"Public	Disclosure	Copy"	

990-T	Exempt Organization Business Income Tax Return	0	MB No. 1545-0047
	(and proxy tax under section 6033(e))		2020
	For calendar year 2020 or other tax year beginning, 2020, and ending, 20	_	
epartment of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information.		n to Public Inspection for 501(c)(3)
ternal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Name of organization (Check box if name changed and see instructions.) D E		Organizations Only entification number
Check box if address changed.			
-	Print	-36943	7 L ption number
Exempt under section	or	see instructi	
X 501(c)(3)	Type 80 SCULPTORS WAY		
408(e) 220(e)	City or town, state or province, country, and ZIP or foreign postal code		
408A 530(a)	HAMILTON, NJ 08619 F	Check if an ame	nded return.
529(a)529A	C Book value of all assets at end of year		
Check organization t			einsurance entity
Check if filing only to			、 □
	organization filing a consolidated return with a 501(c)(2) titleholding corporation		
	ras the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		⊥ ∏Yes x No
• ·			
	ne and identifying number of the parent corporation >	(40 0001
	e of ► Robert Gross 80 SCULPTORS WAY HAMIL NJ 0860e9ephone number ► nelated Business Taxable Income	(609)2	49-0231
	business taxable income computed from all unrelated trades or businesses (see	1	(141 504)
		1	(141,524)
		2	(141 504)
3 Add lines 1 and 2	· · · · · · · · · · · · · · · · · · ·	3	(141,524)
	ions (see instructions for limitation rules)	4	
	iness taxable income before net operating losses. Subtract line 4 from line 3	5	(141,524)
	perating loss. See instructions	6	
	business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fron		7	(141,524)
	generally \$1,000, but see instructions for exceptions)	8	
	9A deduction. See instructions	9	
0 Total deductions.		10	
1 Unrelated busine	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero		11	0
	nputation		
-	able as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
	trust rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from:	☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3 Proxy tax. See ins		3	
4 Other tax amounts.		4	
5 Alternative minimu		5	
а т	iant facility income. See instructions	6	
•	hrough 6 to line 1 or 2, whichever applies		

Form	990-T (2020) GROUNDS FOR SCULPTURE", TNC. Disclosure Copy" 22-369	94371	Р	age 2
	t III Tax and Payments			- 0 -
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a			
b	Other credits (see instructions)			
С	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
-		3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		
6a	Payments: A 2019 overpayment credited to 2020			
b	2020 estimated tax payments. Check if section 643(g) election applies ▶ □ 6b			
c	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
e	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f			
	Other credits, adjustments, and payments: Form 2439			
3	□ Form 4136 Other Total ► 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax ► Refunded ►	11		
Par	t IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here ►			x
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			х
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year			
4a	Did the organization change its method of accounting? (see instructions)			х
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V	<u></u>		
Par	t V Supplemental Information			
-				

rovid	e the exp	planation	required by	Part IV	, line 4b.	. Also, p	rovide an	y other	additiona	informat	ion. See	e instructions.
-------	-----------	-----------	-------------	---------	------------	-----------	-----------	---------	-----------	----------	----------	-----------------

Sign	Und belie	er penalties of perjury, I declare that I ha of, it is true, correct, and complete. Decla	ave examined this return, including aration of preparer (other than taxp	accompanying schedules ayer) is based on all infor	and statements, mation of which p	and to the reparer ha	best of my kr s any knowled	nowledge and dge.	
Here		gnature of officer	Date	Date Title			May the IRS discuss this with the preparer shown to (see instructions)?		
Paid		Print/Type preparer's name	Preparer's signature		Date	Che self-	ck if employed	PTIN	
Prepa	arer Firm's name					Firm's EIN ►			
Use O	nly	Firm's address ►				Pho	ne no.		

Form **990-T** (2020)

SCHE	DULE A
(Form	990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

2020

OMB No. 1545-0047

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

22-3694371

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

of 1

-		
Α	Name of the organization	

Department of the Treasury

Internal Revenue Service

GROUNDS FOR SCULPTURE, INC.

C Unrelated business activity code (see instructions) > 453220

D Sequence: 1

B Employer identification number

E Describe the unrelated trade or business **>** Taxable museum shop sales

Par	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales 15,886					
b	Less returns and allowances c Balance	1c	15,886			
2	Cost of goods sold (Part III, line 8)	2	25,753			
3	Gross profit. Subtract line 2 from line 1c	3	(9,867)			(9,867)
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) .	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	(9,867)			(9,867)
Part	t II Deductions Not Taken Elsewhere (See instructions	for limi	itations on deduction	ons) Deduction	ns must	be directly
	connected with the unrelated business income					
1					1	
2	Salaries and wages				2	20,583
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses		1 1		6	22,956
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on returm				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	10,744
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	77,374
15	Total deductions. Add lines 1 through 14				15	131,657
16	Unrelated business income before net operating loss deduction. Subtract					
	column (C)				16	(141,524)
17	Deduction for net operating loss (see instructions)				17	
18	Unrelated business taxable income. Subtract line 17 from line 16				18	(141,524)
For Pa	perwork Reduction Act Notice, see instructions.				Schedu	le A (Form 990-T) 2020

EEA

Sched	ule A (Form 990-T) 2020 GROUNDS FOR SCI	JLPTURE, INC.		22-3694371	Page 2
Par	t III Cost of Goods Sold	Enter method of inventory va	luation 🕨 Lower o	f Cost or Market	
1	Inventory at beginning of year			1	
2	Purchases			2	25,753
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				25,753
7					
8	Cost of goods sold. Subtract line 7 from line 6. E				25,753
9	Do the rules of section 263A (with respect to prope				Yes 🗴 No
Par	t IV Rent Income (From Real Propert				
1	Description of property (property street address, cit	ty, state, ZIP code). Check if a	a dual-use (see instructio	ons)	
	A []				
	B []				
	D [_]		_	-	
_		A	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)	•••			
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	1 ,	••			
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D	••			
3	Total rents received or accrued. Add line 2c colum	ns A through D. Enter here ar	nd on Part I, line 6, colun	nn (A) ►	
4	Deductions directly connected with the income				
-	in lines 2(a) and 2(b) (attach statement)				
			II		
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part I,	ine 6, column (B)	· · · · · · · · •	
Par	t V Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street addre	ss, city, state, ZIP code). Che	ck if a dual-use (see ins	tructions)	
	A 🗌				
	В 🗌				
	c 🗌				
	D		Г		
		Α	В	C	D
2	Gross income from or allocable to debt-financed				
	property	••			
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)	•••			
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement) .	••			
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6	••			
8	Total gross income (add line 7, columns A throu	gh D). Enter here and on Pa	t I, line 7, column (A) .		
9	Allocable deductions. Multiply line 3c by line 6				
				- (D)	
10	Total allocable deductions. Add line 9, columns				
<u>11</u>	Total dividends-received deductions included i	n line 10	<u></u> .		A (Form 990-T) 2020
EEA				Schedule	A (FUIII 990-1) 2020

Schedul	e A (Form 990-T) 2020 GROU	NDS FOR SCI	JLPTURE, IN	c.			22-369	94371 Page 3
Part					n Controlled Orga	anizati		<u> </u>
					Exempt Co	ontrolled	Organizations	
	 Name of controlled organization 	2. Employer identification number	ation income (los		 Total of specified payments made 	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexem	pt Co	ntrolled Organization	าร		
	7. Taxable income	inco	t unrelated me (loss) structions)	g	 Total of specified payments made 	that contro	Part of column 9 is included in the lling organization's gross income	11. Deductions directly connected with income in column 10
(1)								
(2)								
(3)								
(4)								
Total						Enter lin	columns 5 and 10. here and on Part I, e 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Part	VII Investment Inc	ome of a Sec	ction 501(c)(7	7), (9), or (17) Organiz	ation	(see instructions	5)
	1. Description of income	2. Amou	nt of income	1	3. Deductions directly connected (attach statement)		 Set-asides tach statement) 	5.Total deductions and set-asides (add columns 3 and 4)
(1)								
(2)								
(3)								
(4)		Add amour	ts in column 2.					Add amounts in column 5.
			e and on Part I, column (A)					Enter here and on Part I, line 9, column (B)
Total		►						\
Part			Income, Oth	er II	han Advertising I	ncome	e (see instruction	ns)
1	Description of exploited ac Gross unrelated business		o or husinges E	ator b	are and an Part L line 1		ο (Δ)	2
2	Expenses directly connected						()	2
3	line 10, column (B)							3
4	Net income (loss) from unr							
•	. ,					•		4
5	Gross income from activity	that is not unrela	ited business inc	ome				5
6	Expenses attributable to in							6
7	Excess exempt expenses.							
	4. Enter here and on Part I	I, line 12						7

EEA

Schedule A (Form 990-T) 2020

	le A (Form 990-T) 2020 GROUNDS FOR SCULP	TURE, INC.		22-3	3694371 Page
Part	IX Advertising Income Name(s) of periodical(s). Check box if reporting	two or more periodicale	an a consolidated basis		
1	A			5.	
	B				
	c 🗌				
	D				
inter a	amounts for each periodical listed above in the cor				_
2	Gross advertising income	Α	B	C	D
	-		I	I	
а	Add columns A through D. Enter here and on Pa	In I, line 11, column (A)			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)	•••••		►
4	Advertising gain (loss). Subtract line 3 from line				
	2.For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6					
7	Excess readership costs. If line 6 is less than				
•	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
а	Add line 8, columns A through D. Enter the great				
Part	Part II, line 13 Compensation of Officers, Direct				▶
				3. Percentage	4. Compensation
	1. Name	2. Ti	tle	of time devoted	attributable to
				to business	unrelated business
(1) (2)				%	
(2) (3)				%	
(3) (4)				%	
.,					
	Enter here and on Part II, line 1				
Part	XI Supplemental Information (see	e instructions)			

	1
HEDULE A	Р
rm 990 or 990-EZ)	
	Complete if the organi

SC	HEL	OULE A	в		ublic Disclosure Co				
		0 or 990-EZ)			y Status and Pu		••		2020
			Complete if the organiz		01(c)(3) organization or a s		7(a)(1) none	xempt charitable trus	•
		of the Treasury	b God		to Form 990 or Form				Open to Public Inspection
		enue Service e organization	F 601	Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification					
		•	PTURE, INC.					22-36943	
	rt I			v Status. (All o	rganizations must c	complete	this part		
					s 1 through 12, check onl	•		,	-
1					urches described in sect				
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 d	or 990-EZ)	.)		
3		A hospital or a	cooperative hospital	service organization	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical rese	earch organization ope	erated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)((1)(A)(iii). Enter the	
	_	hospital's nam	e, city, and state:						
5		An organizatio	n operated for the ben	efit of a college or u	university owned or operation	ated by a g	governmenta	al unit described in	
		•)(1)(A)(iv). (Complete	,					
6	Ц	-		0	init described in section				
7		•	•		t of its support from a gov	vernmental	unit or from	the general public	
•			ection 170(b)(1)(A)(vi	, , ,	,				
8		•	rust described in sect		,	roted in ac		with a land grant call	
9		0	0		ion 170(b)(1)(A)(ix) ope		•	0	ege
		university:	a non-ianu-grani cone	ege of agriculture (s	see instructions). Enter th	e name, ci	ly, and slate	of the college of	
10	х		n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, membe	ership fees, and gros	8
		-			subject to certain excepti				-
				•	siness taxable income (le		,		
					section 509(a)(2). (Com		,		
11		An organizatio	n organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).		
12		An organizatio	n organized and opera	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purpose	es
		of one or more	e publicly supported or	ganizations descrit	oed in section 509(a)(1)	or section	n 509(a)(2).	See section 509(a)	(3).
		Check the box	in lines 12a through 12	2d that describes th	ne type of supporting org	anization a	nd complete	e lines 12e, 12f, and	12g.
	а	Type I. A	supporting organizatio	n operated, superv	rised, or controlled by its	supported	l organizatio	on(s), typically by giv	ring
			•		appoint or elect a major	rity of the c	lirectors or	trustees of the	
		•	-		IV, Sections A and B.				
	b			•	ontrolled in connection w		•	.,	
			•		on vested in the same pe	rsons that (control or m	anage the supported	1
			on(s). You must com		anization operated in co	an antion w	ith and fun		with
	С			11 0 0	u must complete Part I			, ,	with,
	d		0 ()(,	g organization operated i				on(s)
	u				generally must satisfy a d				
				• •	e Part IV, Sections A a		•		-
	е	_		-	determination from the IF			ype II, Type III	
		functional	y integrated, or Type II	I non-functionally ir	ntegrated supporting org	anization.			
	f	Enter the num	per of supported organ	izations					
	g	Provide the fol	lowing information abo	ut the supported or	ganization(s).				
	(i) Name of supported	lorganization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									

(E)

Part III Support Schedule for Organizations Described in Sections 170(b)(1/k)(vi) (Complete only if you checked the box on line 5, r.or of 6 Part 1 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III. Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, constitutions, and membership fees received. Ob ond include any "unusual grants.") (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Ord space field of its behalf (f) Total (f) Total (f) Total (f) Total 1 Ord space field of its behalf (f) Total (f) Total (f) Total (f) Total 1 Totak, constitutions benefit and either paid to or expended on its behalf (f) Total (f) Total (f) Total 1 Totak, constitutions by a governmenial unit to the organization its through 3 (f) Total (f) Total (f) Total 1 Totak, constitutions by a governmenial unit to the organization its form line 4 (f) Total (f) Total 2 Totak, constitutions (f)							
Pa							
							lify under
0		o quality unde	er the tests lis	sted below, pl	lease comple	te Part III.)	
	**	(.) 0040	(1) 0047	(.).0040	(1) 0040	(.).0000	
		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) I otal
1	-						
•							
2							
•							
3							
4							
	-						
J							
	··· •						
6							
_		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_		(.,		(0) = 0 + 0		(0) = 0 = 0	(1)
8							
	-						
9							
	activities, whether or not the business						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	-						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (se	e instructions				12	
13	First five years. If the Form 990 is for the or	ganization's fi	rst, second, thi	ird, fourth, or fi	fth tax year as	a section 501(c	:)(3)
	organization, check this box and stop here						· · · · · ► 🗌
Se						<u>, , , , , , , , , , , , , , , , , , , </u>	
14	Public support percentage for 2020 (line 6, c	olumn (f), divid	ded by line 11,	column (f)) .		14	%
							%
16a							
k							
			• • • •	•			
17a		-					
	-			-			
-							
k							
	-			-			
40	•						
18	Private foundation. If the organization did n						
	instructions						<u></u> ▶ ∐

Schedule A (Form 990 or 990-EZ) 2020

Schee	dule A (Form 990 or 990-EZ) 2020 GROUNDS F(OR SCULPTUR	E, INC.			22-369437	71 Page 3
Pa	rt III Support Schedule for Organiz			ion 509(a)(2))		0
	(Complete only if you checked the	he box on line	10 of Part I	or if the organ	, nization failed	to qualify un	der Part II.
	If the organization fails to qualify						
Sec	ction A. Public Support			· •	•	,	
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees		(1)	(-)	(1)		()
	received. (Do not include any "unusual grants.")	3,609,604	3,606,929	3,282,441	3,066,454	9,921,317	23,486,745
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose	3,029,182	3,478,177	2,999,814	3,218,884	1,213,999	13,940,056
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	6,638,786	7,085,106	6,282,255	6,285,338	11,135,316	37,426,801
	Amounts included on lines 1, 2, and 3					, ,	, , , , , , , , , , , , , , , , ,
	received from disqualified persons	2,401,600	2,149,438	1,987,285	1,671,316	8,823,513	17,033,152
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			139,224			139,224
с	Add lines 7a and 7b	2,401,600	2,149,438	-	1,671,316	8,823,513	17,172,376
8	Public support. (Subtract line 7c from				· · ·		<u> </u>
	line 6.)						20,254,425
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	6,638,786	7,085,106	6,282,255	6,285,338	11,135,316	37,426,801
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	438,930	549,016	627,142	647,814	566,905	2,829,807
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	438,930	549,016	627,142	647,814	566,905	2,829,807
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						40,256,608
14	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here						🕨 🗌
	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c					15	50.31 %
	Public support percentage from 2019 Sched					16	63.13 %
	ction D. Computation of Investment Inc		-				
	Investment income percentage for 2020 (line					17	7.00 %
	Investment income percentage from 2019 So					18	7.00 %
19a	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box	-	-	-			
b	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this	box and stop h	ere. The orga	nization qualifi	es as a publicl	y supported org	janization 🕨 🗌

line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization > **20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . >

Schedul		594371	Р	age 4
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, cor	nplete Sec	tions	A
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c,			
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and com			
Sect	ion A. All Supporting Organizations		/	
0000			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		103	
•	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.	1		
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	d		
	organization was described in section $509(a)(1)$ or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ	er		
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar	d		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)$			
C				
4 -	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
_	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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	d		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
ou	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 acti			
_	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	ı		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	1		
	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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo			
-	(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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7			
o	-			
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in 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.	9c		
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 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
U		10b		
	determine whether the organization had excess business holdings.)			
EEA		lule A (Form 990		Z) 2020

Schedule A (Form 990 or 990-EZ) 2020 GROUNDS FOR SCULPTURE, INC.	22-3694371	P	age
Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines	s 11b and		
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11	1c, provide		
detail in Part VI.	11c		
Section 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	2		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a [] The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain* how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*
- YesNo2a...2a...2b...3b...

1

2

1

Yes No

Schedule A (Form 990 or 990-EZ) 2020

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Scheo	lule A (Form 990 or 990-EZ) 2020 GROUNDS FOR SCULPTURE, INC.		22-369	94371 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1				
	instructions. All other Type III non-functionally integrated supporting organi	izations	must complete Section	
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction 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-functionally	/ integra	ted Type III supporting	a organization

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

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Schedule A (Form 990 or 990-EZ) 2020

	"Public Dis	sclosure Copy"			
_	ILE A (Form 990 or 990-EZ) 2020 GROUNDS FOR SCULPTURE, IN			-3694	371 Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3	b) Supporting Organiz	zations (continue	ed)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is respons	ive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		F16-2020		Amount for 2020
2	Underdistributions, if any, for years prior to 2020				
-	(reasonable cause required - <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
-	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				
EEA				Schedu	ule A (Form 990 or 990-EZ) 2020

Sobodula A (E	
Part VI	Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE	D
(Form 990)	

"Public Disclosure Copy"

SCHEDULE D		Supplemen	tal Financial Statements		OMB No. 1545-0047
(Form 990)		 Complete if the organization answered "Yes" on Form 990, 			2020
(Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			2020
Demokratik (the Terrore		► Attach to Form 990.			Open to Public
Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the I		990 for instructions and the latest informa	tion.	Inspection	
Name				Employer identificatio	n number
GRO	UNDS FOR SCUL	PTURE, INC.		22-369437	1
Pa	rt I Organizat	tions Maintaining Donor Advised Fu	unds or Other Similar Funds or Accou	unts.	
	Complete	if the organization answered "Yes" or	Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds a	and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		tend of year			
5	-	n inform all donors and donor advisors in w	-		
_	•	nization's property, subject to the organizati	•		. 🔄 Yes 🔄 No
6	-	-	visors in writing that grant funds can be used		
			r or donor advisor, or for any other purpose		
De			· · · · · · · · · · · · · · · · · · ·		Yes _ No
Pa		vation Easements.	n Form 000 Port IV/ line 7		
_		e if the organization answered "Yes" o			
1		servation easements held by the organization		a historia allusione au	tent level even
		f land for public use (e.g., recreation or edu		a historically impor	
	Protection of n			a certified historic	structure
2	Preservation o		d conservation contribution in the form of a co	convotion	
2		ist day of the tax year.			the First of the Terry Veen
а		nservation easements		. 2a Heid at	the End of the Tax Year
b					
c	•	vation easements on a certified historic stru			
d		vation easements included in (c) acquired a			
			· · · · · · · · · · · · · · · · · · ·	. 2d	
3		-	eased, extinguished, or terminated by the orga		
-	tax year ►				
4		where property subject to conservation ease	ement is located		
5		ion have a written policy regarding the period			
	-	prcement of the conservation easements it h			. Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservation	on easements durin	g the year
	►				
7	Amount of expense	es incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation ea	asements during th	e year
	▶\$				
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4))(B)(i)	
	and section 170(h)	(4)(B)(ii)?			. 🗌 Yes 🗌 No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense state	ement and	
	balance sheet, and	include, if applicable, the text of the footnot	e to the organization's financial statements the	at describes the	
		ounting for conservation easements.			
Pa	U	-	of Art, Historical Treasures, or O	ther Similar A	ssets.
	Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and ba	alance sheet works	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public				
	service, provide, in	Part XIII the text of the footnote to its finan	cial statements that describes these items.		

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1▶\$

\mathbf{V} , and the second secon
(ii) Assets included in Form 990, Part X
f the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
ollowing amounts required to be reported under FASB ASC 958 relating to these items:
Revenue included on Form 990, Part VIII, line 1
Assets included in Form 990, Part X

			isclosure Copy			
	ule D (Form 990) 2020 GROUNDS FOR SC rt III Organizations Maintaining		Art Historiaal T		22-3694	<u>v</u>
						sets (continued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):					
а	$\overline{\mathbf{X}}$ Public exhibition		d 🛛 Loan d	or exchange prog	rame	
b	Scholarly research		e Other	0 1 0	Tamo	
c	Preservation for future generations					
4	Provide a description of the organization's col	lections and explain h	now they further the c	organization's exe	mot ouroose in Part	
•	XIII.			iganization o ono		
5	During the year, did the organization solicit or	receive donations of	art, historical treasur	es, or other simila	r	
	assets to be sold to raise funds rather than to			-		. Yes X No
Pa	rt IV Escrow and Custodial Arra					
	Complete if the organization	answered "Yes" o	on Form 990, Pa	rt IV, line 9, o	r reported an amo	ount on Form
	990, Part X, line 21.				-	
1a	Is the organization an agent, trustee, custodia	n or other intermediar	y for contributions or	other assets not		
						🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	wing table:	F		
				-	Am	iount
С	Beginning balance			•••••	1c	
d	5,	•••••		F	1d	
е	J	•••••			1e	
f	Ending balance			· · · · · · L	1f	
2a	Did the organization include an amount on Fo				•	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been pr	ovided on Part XI	II	•••••
Га	rt V Endowment Funds. Complete if the organization a	answered "Ves" (on Form 000 Pa	ort IV/ line 10		
					(d) There exists have been	
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years back		(e) Four years back
b	Contributions	3,971,080 7,501,950	3,289,085 2,850	3,419,47 106,52		
c	Net investment earnings, gains, and	7,501,950	2,850	100,52	2 202,725	1,523,013
C		1,500,404	694,794	(213,79	4) 481,073	1,215,048
d	Grants or scholarships	1,500,404	091,791	(213,79	<u>+)</u> +01,075	1,215,040
e	Other expenditures for facilities and					
•	programs	264,200	13,030	(21,21	2)	
f	Administrative expenses	2,714	2,619	1,90		861
g	End of year balance	12,706,520	3,971,080	3,331,50		
2	Provide the estimated percentage of the curre					
а	Board designated or quasi-endowment					
b	Permanent endowment > 67.70	%				
с	Term endowment ►%					
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.				
3a	Are there endowment funds not in the posses	sion of the organizati	on that are held and	administered for t	he	
	organization by:					Yes No
	(i) Unrelated organizations					. 3a(i) x
		•••••				. 3a(ii) X
b	If "Yes" on line 3a(ii), are the related organiza				•••••	. 3b
4	Describe in Part XIII the intended uses of the		ment funds.			
Pa	rt VI Land, Buildings, and Equip		E 000 B		0 = 000	
	Complete if the organization					
	Description of property	(a) Cost or othe		r other basis	(c) Accumulated	(d) Book value
	Lond	(investme	, , ,	other)	depreciation	- -
1a				511,306	0.61.6	5,511,306
b	Buildings		16,9	949,788	2,614,914	14,334,874
с с	Leasehold improvements				1 084 404	281 080
d	Equipment		1,	455,554	1,084,484	371,070
e Tota	Other		t X column (P) line	100.)		20 217 250
	. Aud intes la tribugit le. (Column (d) must	equal Fulli 990, Par	ал, сошни (<i>b)</i> , ше	100		20,217,250

EEA

Schedule D (Form 990) 2020

GROUNDS FOR SCULPTURE, INC.

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	520,000	Cost
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	520,000	
Part VIII Investments - Program Related.		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 13.).		

Part IX Other Assets.

Schedule D (Form 990) 2020

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

(a) Description	(b) Book value
(1) REPAID UTILITY BENEFIT	1,103,212
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,103,212

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Federa	al income taxes	
(2)AFFIL:	IATED COMPANY LOAN	81,163
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.).	81,163

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.

х

	"Public Disclosure Copy"					
Sched	ule D (Form 990) 2020 GROUNDS FOR SCULPTURE, INC. 2	2-369	94371 Page 4			
Par	T XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Ret	urn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	13,226,185			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	-				
b	Donated services and use of facilities	-				
С	Recoveries of prior year grants	-				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	2e	1,629,123			
3	Subtract line 2e from line 1	3	11,597,062			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b	-				
c c	Add lines 4a and 4b	4c				
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>).	5	11,597,062			
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	-				
l'ui	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	por				
1	Total expenses and losses per audited financial statements	1	5,802,185			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments	1				
с	Other losses	1				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	2e	535,356			
3	Subtract line 2e from line 1	3	5,266,829			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b	4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,266,829			
	t XIII Supplemental Information.					
	de 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			
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.					
01.	Not reporting collections (Part III, line 1a)					
a-1.	lestions consist of sculptures and other contemporary out sizes. There as		d sithen thusuah			
<u>CO1</u> .	lections consist of sculptures and other contemporary art pieces. Items ac	quire	ed either through			
הוודי	chase or donation are not capitalized. Purchase of collection items are re	corde	d as decreases in			
Purv		corac	<u>ia ab accreabeb in</u>			
unre	estricted net assets if purchased with unrestricted assets and as decreases	in t	emporarily			
rest	tricted or permanently restricted net assets if purchased with donor-restri	cted	assets.			
		-				
Cont	tributions of collection items are not recognized in the statement of activ	ities	. Proceeds from			
dead	ccessions or insurance recoveries are reflected on the statement of activit	ies b	pased on the			
absence or existence and nature of donor-imposed restrictions.						

"Public Disclosure Copy"
Schedule D (Form 990) 2020GROUNDS FOR SCULPTURE, INC.22-3694371Page 5
Part XIII Supplemental Information (continued)
02. Collections descriptions (Part III, line 4)
The entropy that is entitlisted in some the the entropy is a in the form entitles, will enter an
The artwork that is exhibited is owned by the organization or is on loan from artists, galleries and
a foundation that owns and produces works. GFS produces a rich and diverse roster of art and
a roundation that owns and produces works. Grs produces a fich and diverse roster of art and
cultural programs built upon the foundation of the sculpture collection and gallery exhibitions.
The more than 300 works are eclectic and wide-ranging; consistent with the vision of enabling the
broadest possible public to engage in a self-directed journey that leads from the familiar and
comfortable to the new and challenging. Exhibitions strive for a high degree of diversity in media,
content, materials, style, culture and place of origin.
03. Endowment funds intended uses (Part V, line 4)
The permanent, donor-restricted Endowment Funds will be used to support acquisitions, conservation
care and exhibition development, preservation of fixed assets as well as support general operations.
04. Other revenues not included on Form 990 (Part XI, line 2d)
Same explanation as part XII, line 2d; \$433,356
05. Other expenses not included on Form 990 (Part XII, line 2d)
These are expenses not included in the 990 expense section but are netted against revenues in 990,
Part VIII. Line 6b Rental Expenses, \$221,783; Line 10b Cost of goods sold, \$211,573 for a total of
\$433,356.
AC Beekeeke for uncertain her negitier ander TTV 40 (Death V)
06. Footnote for uncertain tax position under FIN 48 (Part X)
Grounds For Saulature. Ins. is exampt from Federal insome taxes under Sections $501(a)(2)$ of the
Grounds For Sculpture, Inc. is exempt from Federal income taxes under Sections 501(c)(3) of the
Internal Revenue Code. Accordingly, the financial statements do not reflect a provision for Federal
income taxes related to its income. There were no uncertain tax positions at December 31, 2020.
Additionally, there were no income tax related penalties or interest covered by the financial
statements

"Public	Disclosure	Copy"

SCHEDULE J (Form 990) Compensation Information OME For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Compensated Employees)47
Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.						с
	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest inform	mation.	Inspec	tion	
	-			liber		
Pa	UNDS FOR SCUL	ns Regarding Compensation	22-3694371			
					Yes	No
1a	990, Part VII, Se First-class or Travel for co Tax indemnit Discretionary	fication and gross-up payments Health or social club dues or initiati y spending account Personal services (such as maid, c	rding these items. r personal use onal residence on fees hauffeur, chef)			
b	or reimbursemer	es on line 1a are checked, did the organization follow a written policy regard nt or provision of all of the expenses described above? If "No," complete Pa	- · ·	1b		
2	directors, trustee	tion require substantiation prior to reimbursing or allowing expenses incurrees, and officers, including the CEO/Executive Director, regarding the items of the second secon	-	2		
3	organization's C related organiza Compensation Independent	f any, of the following the organization used to establish the compensation of EO/Executive Director. Check all that apply. Do not check any boxes for mettion to establish compensation of the CEO/Executive Director, but explain in committee r compensation consultant other organizations Written employment contract Compensation survey or study Approval by the board or compensation Written employment contract Compensation survey or study Main and Approval by the board or compensation Compensation compensation Compensation survey or study Compensation survey or stu	ethods used by a n Part III.			
4		did any person listed on Form 990, Part VII, Section A, line 1a, with respec a related organization:	t to the filing			
b	Participate in or	receive payment from a supplemental nonqualified retirement plan?	· · · · · · · · · · · · · · · · · · ·	4a 4b 4c		x x x
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or acc	rue any			
-		ontingent on the revenues of:		E -		
	-	n?		5a 5b		x x
D		ia or 5b, describe in Part III.		50		
6	compensation co	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or acc ontingent on the net earnings of:				
	•	1?		6a		х
b		anization?		6b		x
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide an escribed on lines 5 and 6? If "Yes," describe in Part III	-	7		v
8	Were any amount to the initial cont	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract t ract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," of	hat was subject describe			x
	in Part III			8		x
9		B, did the organization also follow the rebuttable presumption procedure destination 53.4958-6(c)?		9		

Schedule J (Form 990) 2020 GROUNDS FOR SCULPTURE, INC.

Page 2 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-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Gary Schneider	(i)	175,154	0	0	0	25,971	201,125	(
1 Executive Director	(ii)	0	0	0	0	0	0	(
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
0	(ii)							
	(i)							
1	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							

22-3694371

Noncash Contributions

SCHEDULE M (Form 990)

► 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.

Department of the Treasury Internal Revenue Service Name of the organization

GROUNDS FOR SCULPTURE, INC.

Employer identification number	er
--------------------------------	----

22-3694371

OMB No. 1545-0047

2020

Open to Public

Inspection

Part	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	Method o			
1	Art - Works of art						-	-
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	x	6	211,686	FAIR MARK	CET V	ALUF	2
10	Securities - Closely held stock						-	-
11	Securities - Partnership, LLC,						-	-
	or trust interests							
12	Securities - Miscellaneous					-		
13	Qualified conservation					-		
	contribution - 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	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Horticulture ma)	x	7	9,787	MARKET VA	ALUE		
26	Other ► ()							
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the	organization	during the tax year for contribut	tions for				
	which the organization completed Form 8	8283, Part V	, Donee Acknowledgement		29		Yes	No
30a	During the year, did the organization rece	aiva hv contri	ibution any property reported in	Part I lines 1 through			103	140
504	28, that it must hold for at least three yea							
	to be used for exempt purposes for the e			a which isn't iequileu		30a		v
b	If "Yes," describe the arrangement in Par	-				Jua		х
ы 31	Does the organization have a gift accept		hat requires the review of any r	nonstandard				
. .	Boos and organization nave a girt accept	and pointy t	nacioqui co no review or ally r	iono ana ana ana ana ana ana ana ana ana				

31	Does the organization have a gift acceptance policy that requires the review of any nonstandard			
	contributions?	31	x	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a	х	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization "Public Disclosure Copy"

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 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2020
Open to Public
Inspection

Employer identification number

GROUNDS FOR SCULPTURE, INC.

22-3694371

01. Form 990 governing body review (Part VI, line 11)

Management submits a draft of the Internal Revenue Service 990 Form to the Board of

Trustees for initial review and comments. The Finance committee of the Board reviews the

990 and after any changes are made recommendations are made to the full Board to accept

it. Any comments or questions are discussed with the Board Treasurer and Chief Financial

Officer.

02. Conflict of interest policy compliance (Part VI, line 12c)

Annually, Grounds For Sculpture requires all officers and Trustees to complete a conflict of interest statement which is designed to disclose any actual or potential conflicts of interests, including material affiliations and direct or indirect relationships. These statements are reviewed to ascertain that no material conflicts exist. All Board members are required to sign and submit a conflict of interest statement.

03. CEO, executive director, top management comp (Part VI, line 15a)

Our Human Resources manager obtains independent salary surveys and guidelines for the Executive Director as well as all director and manager level and other key staff members with salary ranges based on job titles and descriptions and are measured against similar type organizations for functionally comparable positions. Any new positions or major changes to exisiting job titles will involve an independent consultant to help evaluate. Wage adjustments are budgeted and recommended for all employees by the department managers. The budgeted wage adjustments for all positions are reviewed and approved by a compensation committee comprised of members of the Board of Trustees.

04. Other officer or key employee compensation (Part VI, line 15b

 Our Human Resources Manager obtains independent salary surveys for other key employees of

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2020)

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 EEA

	_	~ "
"Public	Disclosure	Copy"

Schedule O (Form 990 or 990-EZ) (2020)	Page 2
Name of the organization	Employer identification number
GROUNDS FOR SCULPTURE, INC.	22-3694371
the organization. This is compared to the suggested payroll increases rec	ommended by
department directors and incorporated into the annual budget that is prese	nted to the
Board of Trustees for approval.	
05. Governing documents, etc, available to public (Part VI, line 19)	
Grounds For Sculpture makes its governing documents, conflict of interest	policy and
audited financial statements available to the public upon written request.	Also, the 990
and audited financial statements are posted on its website.	

"Public Disclosure (Copy"
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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. Internal Revenue Service									OMB No. 1545-0 2020 Open to Put		
Internal Revenue	Service	► Go to ww	vw.irs.gov/Fo	orm990 for in	structions and the	latest information.		Employer identificat	Inspection	n	
Name of the orga GROUNDS	FOR SCULPTURE,	INC.						22-3694371			
Part I	Identification of	Disregarded Entities. Comple	te if the or	ganization a	answered "Yes"	on Form 990, Par	t IV, line 33.				
	Name, address, and	(a) EIN (if applicable) of disregarded entity		Prim	(b) hary activity	(C) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	, (f) Direct contro entity	olling	
(1)											
(2)											
(3)											
(4)											
(5)											
Part II		Related Tax-Exempt Organizations du			e organization a	answered "Yes" or	n Form 990, Pa	art IV, line 34 be	ecause it had		
	Name, address, and	(a) EIN of related organization	Prima	(b) ry activity	(C) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity state (if section 501(c)(3		controlled) (b)(13) d entity? No	
(1)											
(2)											
(3)											
(4)											
(5)											

	5 FOR SCULPTURE, INC					22-36943			Page 2
Part III Identification of Related Or because it had one or more					wered "Yes	" on Form 990	, Part IV,	line 34,	
(a)	(b) (c)	(d) Direct controlling entity ex	(e) Predominant Sha come (related, unrelated, xcluded from tax under	(f) (g) are of total income year ass	nd-of- Disproporti iets allocatio	LODE V-UBL	-1 partn	ging o	(k) ercentage wnership
(1)		Sec	ctions 512-514)		103		103		
(2)									
(3)									
(4)									
(5)									
Part IV Identification of Related Or line 34, because it had one of						ered "Yes" on I	Form 990	, Part I\	V,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign countr	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5	rolled
								Yes	No
(1) GFSL INC., 52-1868420 80 SCULPTORS WAY Trenton NJ 08619	FOODSERVICE	ŊJ	GROUNDS FOR SCULPTURE	C Corp			100	x	
(2)									
(3)									
(4)									
(5)									

"Public Disclosure Copy"			
Schedule R (Form 990) 2020 GROUNDS FOR SCULPTURE, INC.	22-3694371		Page 3
Part V Transactions with Related Organizations. Complete if the organization answered "Yes" of	on Form 990, Part IV, line 34, 35b, or 36.		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Y	es No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations list	ed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a	x
b Gift, grant, or capital contribution to related organization(s)		1b	x
c Gift, grant, or capital contribution from related organization(s)		1c	x
d Loans or loan guarantees to or for related organization(s)		1d	x
e Loans or loan guarantees by related organization(s)		1e	x
f Dividends from related organization(s)		1f	x
g Sale of assets to related organization(s)		1g	x
h Purchase of assets from related organization(s)		1h	x
i Exchange of assets with related organization(s)		1i	x
j Lease of facilities, equipment, or other assets to related organization(s)		1j	x
k Lease of facilities, equipment, or other assets from related organization(s)		1k	x
I Performance of services or membership or fundraising solicitations for related organization(s)		11	x
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	x
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	x
o Sharing of paid employees with related organization(s)		10	x
p Reimbursement paid to related organization(s) for expenses	· · · · · · · · · · · · · · · · · · ·	1p	x
q Reimbursement paid by related organization(s) for expenses		1q	x
r Other transfer of cash or property to related organization(s)	· · · · · · · · · · · · · · · · · · ·	1r	x
s Other transfer of cash or property from related organization(s)		1s	x

2	If the answer to any of the above is "Yes	" see the instructions for information on whe	o must complete this line, ind	cluding cover	ed relationships	and transaction thresh	nolds.

(a)	(b)	(c)	(d)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
EA			Schedule R (Form 990) 20

	1 0111 0007 2020	DS FOR SCUI									22-3694371			Page
Part V														
	e following information for each entity ta							ent of its activitie	es (meas	ured b	y total assets			
r gross r	evenue) that was not a related organiza										1			
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	ı)	(i)	(j))	(k)
	Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant		partners	Share of	Share of		ortionate	Code V-UBI	(j) General or managing partner? Yes No		Percentag
			(state or foreign country)	income (related, unrelated, excluded	sect 501(total income	end-of-year assets	alloca	ations?	amount in box 20 of Schedule K-1			ownershi
				from tax under sections 512-514)	organi	zations					(Form 1065)	P ==		
				Sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
,														
(6)														
(-)														
(7)														
(-)														
(8)														
(-)														
(9)														
(-)														
0)												1		
-,														
1)														
,														
2)														
)														

	"Public Disclosure Copy"		
	IRS <i>e-file</i> Signature Authorization		
Form 8879-EO	for an Exempt Organization		OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning , and ending		
Department of the Treasury	Do not send to the IRS. Keep for your records.		2020
Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization or	person subject to tax	Taxpayer identification	n number
GROUNDS FOR SCUL	PTURE, INC.	22-3694371	
Name and title of officer or perso	a subject to tax		
Marco Cucchi, Tr			
Part I Type of I	Return and Return Information (Whole Dollars Only)		
	im for which you are using this Form 8879-EO and enter the applicable amount, if an		u
	2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being file		
	2b , 3b , 4b , 5b , 6b , or 7b , whichever is applicable, blank (do not enter -0-). But, if y	ou entered -0- on the	
	he applicable line below. Do not complete more than one line in Part I.		
1a Form 990 check her	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	11,597,062
2a Form 990-EZ check			
3a Form 1120-POL che	ck here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check	here b Tax based on investment income (Form 990-PF, Part VI, line 5	5) 4b	
5a Form 8868 check he	b Balance due (Form 8868, line 3c). .	5b	
6a Form 990-T check h	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check he			
Part II Declarat	on and Signature Authorization of Officer or Person Subject to		
Under penalties of perjury	r, I declare that 🔄 I am an officer of the above organization or 📋 I am a person	n subject to tax with res	pect to
(name of organization)	, (EIN) and that I		ý
of the 2020 electronic ret	Im and accompanying schedules and statements, and, to the best of my knowledge a	and belief, they are	
true, correct, and complet	e. I further declare that the amount in Part I above is the amount shown on the copy of	of the electronic return.	
I consent to allow my inte	rmediate service provider, transmitter, or electronic return originator (ERO) to send th	he return to the IRS and	d
to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the	e reason for any delay	in
processing the return or	efund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury ar	nd its designated Finar	ncial
Agent to initiate an electr	onic funds withdrawal (direct debit) entry to the financial institution account indicated i	in the tax preparation	
software for payment of th	e federal taxes owed on this return, and the financial institution to debit the entry to th	is account. To revoke	
a payment, I must contact	the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days	prior to the payment	
, ,	uthorize the financial institutions involved in the processing of the electronic payment		
confidential information n	ecessary to answer inquiries and resolve issues related to the payment. I have select	ted a personal	
identification number (PIN	 as my signature for the electronic return and, if applicable, the consent to electronic 	c funds withdrawal.	
PIN: check one box only			
I authorize	to enter my PIN	as my signature	
	ERO firm name Enter five numbers, do not enter all zero		
on the tax year 2	020 electronically filed retum. If I have indicated within this retum that a copy of the re	tum is being filed with	а
	regulating charities as part of the IRS Fed/State program, I also authorize the afore		
	's disclosure consent screen.		
	erson subject to tax with respect to the organization, I will enter my PIN as my signate		0
	d retum. If I have indicated within this retum that a copy of the retum is being filed wit as as part of the IRS Fed/State program, I will enter my PIN on the retum's disclosure		
regulating chant	es as part of the first real state program, I will effer my first of the retaint's disclosure	e consent screen.	
24902			
Signature of officer or person sub		▶ 06-30-2021	
Part III Certifica	tion and Authentication		
ERO's EFIN/PIN. Entery	our six-digit electronic filing identification		
number (EFIN) followed I	by your five-digit self-selected PIN. 20	08038 25904	
		Do not enter	all zeros
I certify that the above pu	meric entry is my PIN, which is my signature on the 2020 electronically filed return inc	dicated above I confirm	n
•	eturn in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF)		
IRS <i>e-file</i> Providers for B		Aution for Aution	200
ERO's signature	Date	▶	
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested Te	o Do So	
For Paperwork Reduction	on Act Notice, see instructions.		Form 8879-EO (2020)

Statement of Program Service Accomplishments	2020 PG01
Name(s) as shown on return	Your Social Security Number
GROUNDS FOR SCULPTURE, INC.	22-3694371
Form 990-Part III(a) Statement of Service Accomplishment	Statement #4
Program Service Code	
Program Service Expenses \$81070)
Grants and allocations included in above expense \$0	
Program Services Revenue \$130	
Explanation In 2020 all Events were suspended due to the Covid-19 pandemic closure through the end of the year.	e beginning in mid-Marc

Federal Supporting Statements	2020 PG01
Name(s) as shown on return	Tax ID Number
GROUNDS FOR SCULPTURE, INC.	22-3694371
990-T Schedule A Part II - Line 14 Other Deductions	Statement #9
Form 990-T Schedule A: Taxable museum shop sales	
Description	Amount
Travel & Meals	359
Telephone	495
Program Materials and equipment	1,666
Outside Services	251
Office expense	272
Occupancy costs	66,806
Insurance	1,713
Education/ Training	112
Depreciation	403
Credit card and bank charges	509
Computer Network Admin	4,756
Advertising and marketing	32
Total	77,374