

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Form header section A-M containing organization details: Name (Grounds For Sculpture, Inc.), EIN (22-3694371), Address (80 Sculptors Way, Hamilton, NJ), and Principal Officer (Eric Ryan).

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Marco Cucchi, Officer and Treasurer, including signature lines and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, firm name, address, EIN, and phone number.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

**Part 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, surprise, and engage 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  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  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,406,493 including grants of \$ ) (Revenue \$ 1,177,529 )

**Visitor Services (includes Guest Services department): designed to provide information services, process membership benefits, coordinate tour groups, perform introductory lectures, assist with special events and collect entrance fees. Staff monitors multiple park entry points as well as information desks located throughout the park. In 2020, GFS was forced to shutdown for almost 4 months at the beginning of the global pandemic. Additionally, once we opened it was on fewer days and to a reduced capacity with all indoor buildings remaining closed. With a reduced staff, Guest Services was able to accommodate guest needs and assure artwork safety. The ticketing process adapted to a full online advance purchase ticketing system that had been implemented several years earlier not allowing any in-person purchases to maintain a safe environment.**

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, mindfulness in nature and nature journaling in a safe and tranquil setting. Since hands-on workshops for youth and families 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 (Describe on Schedule O.)

(Expenses \$ 81,070 including grants of \$ ) (Revenue \$ 130 )

4e Total program service expenses ▶ 3,420,635

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, tax shelter transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> New Jersey
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.
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

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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.

| (A)<br>Name and title                       | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (1) Gary Schneider<br>Executive Director    | 40.00   |   |                       | X       |              |                              | 175,154 | 0  | 25,971  |   |
| (2) Robert Gross<br>Chief Financial Officer | 40.00   |   |                       | X       |              |                              | 143,462 | 0  | 2,707   |   |
| (3) Jerry Wind<br>Trustee                   | 5.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (4) Elizabeth Strong-Cuevas<br>Trustee      | 1.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (5) Scott McVay<br>Trustee                  | 5.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (6) Esther Novak<br>Trustee                 | 1.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (7) Nigel Brown<br>Trustee                  | 5.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (8) Jessica Moore<br>Trustee                | 5.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (9) Kalpana Patel<br>Trustee                | 5.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (10) David Timothy<br>Trustee               | 5.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (11) David Kaiser<br>Trustee                | 5.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (12) Michael Greenleaf<br>Trustee           | 5.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (13) Teri Cox<br>Trustee                    | 5.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (14) Ulli Arendt<br>Trustee                 | 5.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (15) Gordon Gund<br>Trustee                                    | 2.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (16) Sharon Lorenzo<br>Trustee                                 | 1.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (17) Penelope Lattimer<br>Trustee                              | 5.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (18) Ilana Gutierrez<br>Trustee                                | 5.00  | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (19) Barbara Lawrence<br>Vice President                        | 5.00  | X   |                       | X       |              |                              | 0       | 0  | 0   |   |
| (20) Eric Ryan<br>President                                    | 10.00   | X   |                       | X       |              |                              | 0       | 0  | 0   |   |
| (21) Alexander Gladney<br>Secretary                            | 5.00  | X   |                       | X       |              |                              | 0       | 0  | 0   |   |
| (22) Marco Cucchi<br>Treasurer                                 | 5.00  | X   |                       | X       |              |                              | 0       | 0  | 0   |   |
| (23)   |   |   |                       |         |              |                              |         |  |   |   |
| (24)   |   |   |                       |         |              |                              |         |  |   |   |
| (25)   |   |   |                       |         |              |                              |         |  |   |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              | 318,616 | 0  | 28,678  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |         |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 318,616 | 0  | 28,678  |   |

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

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                       | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| CJ LANDSCAPING, Chesterfield Rd. Chesterfield NJ 08515 | LANDSCAPING                    | 240,781             |
| BRUCE BEASLEY, 322 Lewis Street Oakland CA 94607       | ARTIST FEE                     | 150,000             |
| BRIGHTVIEW LANDSCAPES, PO BOX 740655 Atlanta GA 30374  | LANDSCAPING                    | 110,815             |
|  |                                |                     |

**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



**Part VIII Statement of Revenue**

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

|   |  |           | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|--|-----------|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts   | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b> |                      |  |                                      |   |  |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b> | 526,907              |  |                                      |   |  |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b> |                      |  |                                      |   |  |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b> |                      |  |                                      |   |  |
|   | <b>e</b> Government grants (contributions) . .   | <b>1e</b> | 167,234              |  |                                      |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above           | <b>1f</b> | 9,227,176            |  |                                      |   |  |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f . . . . .                                  | <b>1g</b> | \$ 221,473           |  |                                      |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . ▶  |           | 9,921,317            |  |                                      |   |  |
| Program Service<br>Revenue  |  |           | Business Code        |  |                                      |   |  |
|   | <b>2a</b> <u>ADMISSION FEES</u>  | 900099    | 1,177,529            | 1,177,529                                    |                                      |   |  |
|   | <b>b</b> <u>EDUCATIONAL WORKSHOPS</u>  | 611710    | 14,988               | 14,988                                       |                                      |   |  |
|   | <b>c</b> <u>EVENTS AND EXHIBITIONS</u>   | 713990    | 130                  | 130  |                                      |   |  |
|   | <b>d</b> _____   |           |                      |  |                                      |   |  |
|   | <b>e</b> _____   |           |                      |  |                                      |   |  |
|   | <b>f</b> All other program service revenue . . . . .   |           |                      |  |                                      |   |  |
| <b>g Total.</b> Add lines 2a-2f . . . . . ▶   |  | 1,192,647 |                      |  |                                      |   |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . . ▶ |           | 310,469              |  |                                      | 310,469   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶                                  |           |                      |  |                                      |   |  |
|   | <b>5</b> Royalties . . . . . ▶   |           |                      |  |                                      |   |  |
|   | <b>6a</b> Gross rents . . . . .  | <b>6a</b> | (i) Real             | 256,436                                      |                                      |   |  |
|   |  |           | (ii) Personal        |  |                                      |   |  |
|   |  |           |                      |  |                                      |   |  |
|   | <b>b</b> Less: rental expenses . . . . .   | <b>6b</b> | 221,783              |  |                                      |   |  |
|   | <b>c</b> Rental income or (loss)   | <b>6c</b> | 34,653               |  |                                      |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . . ▶   |           | 34,653               |  |                                      | 34,653  |  |
|   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory                               | <b>7a</b> | (i) Securities       | 3,546,090                                    |                                      |   |  |
|   |  |           | (ii) Other           |  |                                      |   |  |
|   |  |           |                      |  |                                      |   |  |
|   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .                                   | <b>7b</b> | 3,217,893            |  |                                      |   |  |
| <b>c</b> Gain or (loss) . . . . .   | <b>7c</b>  | 328,197   |                      |  |                                      |   |  |
| <b>d</b> Net gain or (loss) . . . . . ▶   |  | 328,197   |                      |  | 328,197                              |   |  |
| <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b>  |           |                      |  |                                      |   |  |
| <b>b</b> Less: direct expenses . . . . .  | <b>8b</b>  |           |                      |  |                                      |   |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . . ▶   |  |           |                      |  |                                      |   |  |
| <b>9a</b> Gross income from gaming<br>activities, See Part IV, line 19 . . . . .  | <b>9a</b>  |           |                      |  |                                      |   |  |
| <b>b</b> Less: direct expenses . . . . .  | <b>9b</b>  |           |                      |  |                                      |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . . ▶  |  |           |                      |  |                                      |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .   | <b>10a</b>   | 21,352    |                      |  |                                      |   |  |
| <b>b</b> Less: cost of goods sold . . . . .   | <b>10b</b>   | 211,573   |                      |  |                                      |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶   |  | (190,221) |                      | (141,524)                                    | (48,697)                             |   |  |
| Miscellaneous<br>Revenue  |  |           | Business Code        |  |                                      |   |  |
|   | <b>11a</b> _____   |           |                      |  |                                      |   |  |
|   | <b>b</b> _____   |           |                      |  |                                      |   |  |
|   | <b>c</b> _____   |           |                      |  |                                      |   |  |
|   | <b>d</b> All other revenue . . . . .   |           |                      |  |                                      |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶   |  |           |                      |  |                                      |   |  |
| <b>12 Total revenue.</b> See instructions . . . . . ▶   |  |           | 11,597,062           | 1,192,647                                    | (141,524)                            | 624,622   |  |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 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                      |
| 10  | Payroll taxes . . . . .   | 511,839               | 384,843                         | 72,001                                 | 54,995                      |
| 11  | Fees for services (nonemployees):   |                       |                                 |  |                             |
| a   | Management . . . . .  |                       |                                 |  |                             |
| b   | Legal . . . . .   | 4,549                 |                                 | 4,549                                  |                             |
| c   | Accounting . . . . .  | 35,587                |                                 | 35,587                                 |                             |
| d   | Lobbying . . . . .  |                       |                                 |  |                             |
| e   | Professional fundraising services. See Part IV, line 17 .   |                       |                                 |  |                             |
| f   | Investment management fees . . . . .  |                       |                                 |  |                             |
| g   | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .  | 280,652               | 114,408                         | 166,244                                |                             |
| 12  | Advertising and promotion . . . . .   | 67,934                | 67,625                          |  | 309                         |
| 13  | Office expenses . . . . .   | 17,569                | 1,487                           | 3,274                                  | 12,808                      |
| 14  | Information technology . . . . .  | 125,102               | 63,833                          | 46,929                                 | 14,340                      |
| 15  | Royalties . . . . .   |                       |                                 |  |                             |
| 16  | Occupancy . . . . .   | 756,410               | 607,073                         | 88,256                                 | 61,081                      |
| 17  | Travel . . . . .  | 9,844                 | 7,596                           | 740                                    | 1,508                       |
| 18  | 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  | Interest . . . . .  | 44,430                |                                 | 44,430                                 |                             |
| 21  | Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22  | Depreciation, depletion, and amortization . . . . .   | 539,492               | 373,690                         | 94,089                                 | 71,713                      |
| 23  | Insurance . . . . .   | 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.)   |                       |                                 |  |                             |
| a   | <b>OUTSIDE ARTISTIC FEES/SVCS</b>   | 352,136               | 351,786                         |  | 350                         |
| b   | <b>PROGRAM MATERIALS</b>  | 52,249                | 23,976                          | 11,124                                 | 17,149                      |
| c   | <b>PRINTING</b>   | 105,075               | 98,603                          | 82                                     | 6,390                       |
| d   | <b>MERCHANT FEES/EQUIP RENTAL</b>   | 85,099                | 55,307                          | 12,357                                 | 17,435                      |
| e   | All other expenses _____  |                       |                                 |  |                             |
| 25  | <b>Total functional expenses.</b> Add lines 1 through 24e. .  | 5,266,829             | 3,420,635                       | 1,246,920                              | 599,274                     |
| 26  | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**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 |            |            |
| Assets                      | 1  | Cash - non-interest-bearing   | 254,294    | 1           | 257,987    |            |
|                             | 2  | Savings and temporary cash investments  | 363,354    | 2           | 1,904,312  |            |
|                             | 3  | Pledges and grants receivable, net  | 138,495    | 3           | 88,535     |            |
|                             | 4  | Accounts receivable, net  | 93,366     | 4           | 154,892    |            |
|                             | 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           |            |            |
|                             | 8  | Inventories for sale or use   | 93,008     | 8           | 70,263     |            |
|                             | 9  | Prepaid expenses and deferred charges   | 168,846    | 9           | 92,734     |            |
|                             | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a        | 23,916,648  |            |            |
|                             | b  | Less: accumulated depreciation  | 10b        | 3,699,398   | 10c        | 20,217,250 |
|                             | 11   | Investments - publicly traded securities  | 5,173,056  | 11          | 12,384,221 |            |
|                             | 12   | Investments - other securities. See Part IV, line 11  | 520,000    | 12          | 520,000    |            |
|                             | 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          | 1,103,212  |            |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)   | 28,495,620  | 16         | 36,793,406  |            |            |
| Liabilities                 | 17   | Accounts payable and accrued expenses   | 658,292    | 17          | 861,742    |            |
|                             | 18   | Grants payable  |            | 18          |            |            |
|                             | 19   | Deferred revenue  | 172,040    | 19          | 157,830    |            |
|                             | 20   | Tax-exempt bond liabilities   |            | 20          |            |            |
|                             | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D   |            | 21          |            |            |
|                             | 22   | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons      |            | 22          |            |            |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties  |            | 23          |            |            |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties  | 1,089,310  | 24          | 1,773,856  |            |
|                             | 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          | 81,163     |            |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 2,000,805  | 26          | 2,874,591  |            |
| Net Assets or Fund Balances | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |   |            |             |            |            |
|                             | 27   | Net assets without donor restrictions   | 26,006,195 | 27          | 26,002,537 |            |
|                             | 28   | Net assets with donor restrictions  | 488,620    | 28          | 7,916,278  |            |
|                             | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |   |            |             |            |            |
|                             | 29   | Capital stock or trust principal, or current funds  |            | 29          |            |            |
|                             | 30   | Paid-in or capital surplus, or land, building, or equipment fund  |            | 30          |            |            |
|                             | 31   | Retained earnings, endowment, accumulated income, or other funds  |            | 31          |            |            |
|                             | 32   | <b>Total net assets or fund balances</b>  | 26,494,815 | 32          | 33,918,815 |            |
| 33                          | <b>Total liabilities and net assets/fund balances</b>  | 28,495,620  | 33         | 36,793,406  |            |            |

**Part XI Reconciliation of Net Assets**

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

|  |           |            |
|--|-----------|------------|
| <b>1</b> Total revenue (must equal Part VIII, column (A), line 12) . . . . .   | <b>1</b>  | 11,597,062 |
| <b>2</b> Total expenses (must equal Part IX, column (A), line 25) . . . . .  | <b>2</b>  | 5,266,829  |
| <b>3</b> Revenue less expenses. Subtract line 2 from line 1 . . . . .  | <b>3</b>  | 6,330,233  |
| <b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .                       | <b>4</b>  | 26,494,815 |
| <b>5</b> Net unrealized gains (losses) on investments . . . . .  | <b>5</b>  | 1,093,767  |
| <b>6</b> Donated services and use of facilities . . . . .  | <b>6</b>  |            |
| <b>7</b> Investment expenses . . . . .   | <b>7</b>  |            |
| <b>8</b> Prior period adjustments . . . . .  | <b>8</b>  |            |
| <b>9</b> Other changes in net assets or fund balances (explain on Schedule O) . . . . .  | <b>9</b>  | 0          |
| <b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . . | <b>10</b> | 33,918,815 |

**Part XII Financial Statements and Reporting**

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

|   |           | Yes | No |
|---|-----------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |           |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <b>2a</b> |     | x  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | <b>2b</b> | x   |    |
| <b>c</b> 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? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | <b>2c</b> | x   |    |
| <b>3a</b> 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? . . . . .  | <b>3a</b> |     | x  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .   | <b>3b</b> |     |    |

Form **990-T**

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

OMB No. 1545-0047

**2020**

For calendar year 2020 or other tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

Department of the Treasury  
Internal Revenue Service

|  |                     |  |   |
|--|---------------------|--|---|
| A <input type="checkbox"/> Check box if address changed.<br><br>B Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) ( 3 )<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | Print<br>or<br>Type | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>GROUNDS FOR SCULPTURE, INC.</b>   | D Employer identification number<br><b>22-3694371</b> |
|  |                     | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>80 SCULPTORS WAY</b><br><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>HAMILTON, NJ 08619</b> | E Group exemption number (see instructions)           |
| C Book value of all assets at end of year . . . . . ▶ <b>36,793,406</b>  |                     | F <input type="checkbox"/> Check if an amended return.   |   |

G Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

H Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ▶

J Enter the number of attached Schedules A (Form 990-T) . . . . . ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation ▶

L The books are in care of ▶ **Robert Gross 80 SCULPTORS WAY HAMIL NJ 08619** Telephone number ▶ **(609)249-0231**

**Part I Total Unrelated Business Taxable Income**

|    |  |    |           |
|----|--|----|-----------|
| 1  | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .               | 1  | (141,524) |
| 2  | Reserved . . . . .   | 2  |           |
| 3  | Add lines 1 and 2 . . . . .  | 3  | (141,524) |
| 4  | Charitable contributions (see instructions for limitation rules) . . . . .   | 4  |           |
| 5  | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .                             | 5  | (141,524) |
| 6  | Deduction for net operating loss. See instructions . . . . .   | 6  |           |
| 7  | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . . | 7  | (141,524) |
| 8  | Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .  | 8  |           |
| 9  | Trusts. Section 199A deduction. See instructions . . . . .   | 9  |           |
| 10 | Total deductions. Add lines 8 and 9 . . . . .  | 10 |           |
| 11 | Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .               | 11 | 0         |

**Part II Tax Computation**

|   |  |   |   |
|---|--|---|---|
| 1 | Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) . . . . . ▶  | 1 | 0 |
| 2 | Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶ | 2 |   |
| 3 | Proxy tax. See instructions . . . . . ▶  | 3 |   |
| 4 | Other tax amounts. See instructions . . . . .  | 4 |   |
| 5 | Alternative minimum tax (trusts only) . . . . .  | 5 |   |
| 6 | Tax on noncompliant facility income. See instructions . . . . .  | 6 |   |
| 7 | Total. Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .   | 7 |   |

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Part III Tax and Payments

Table with 11 rows and 2 columns. Rows include: 1a Foreign tax credit, 1b Other credits, 1c General business credit, 1d Credit for prior year minimum tax, 1e Total credits, 2 Subtract line 1e from Part II, line 7, 3 Other taxes, 4 Total tax, 5 2020 net 965 tax liability, 6a-6g Payments, 7 Total payments, 8 Estimated tax penalty, 9 Tax due, 10 Overpayment, 11 Enter the amount of line 10.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

Table with 5 rows and 3 columns. Rows include: 1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year 4a Did the organization change its method of accounting? 4b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128?

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer, Date, Treasurer, Title, May the IRS discuss this return with the preparer shown below (see instructions)? Yes No. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

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

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

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

|  |  |
|--|--|
| <b>A</b> Name of the organization<br><b>GROUNDS FOR SCULPTURE, INC.</b>      | <b>B</b> Employer identification number<br><b>22-3694371</b> |
| <b>C</b> Unrelated business activity code (see instructions) ▶ <b>453220</b> | <b>D</b> Sequence: <b>1</b> of <b>1</b>                      |

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

| <b>Part I</b> | <b>Unrelated Trade or Business Income</b>  |           | (A) Income | (B) Expenses | (C) Net |
|---------------|--|-----------|------------|--------------|---------|
| <b>1a</b>     | Gross receipts or sales <span style="float:right">15,886</span>                    |           |            |              |         |
| <b>b</b>      | Less returns and allowances <span style="float:right">c Balance ▶</span>           | <b>1c</b> | 15,886     |              |         |
| <b>2</b>      | Cost of goods sold (Part III, line 8)  | <b>2</b>  | 25,753     |              |         |
| <b>3</b>      | Gross profit. Subtract line 2 from line 1c   | <b>3</b>  | (9,867)    |              | (9,867) |
| <b>4a</b>     | Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) | <b>4a</b> |            |              |         |
| <b>b</b>      | Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)                  | <b>4b</b> |            |              |         |
| <b>c</b>      | Capital loss deduction for trusts  | <b>4c</b> |            |              |         |
| <b>5</b>      | Income (loss) from a partnership or an S corporation (attach statement)            | <b>5</b>  |            |              |         |
| <b>6</b>      | Rent income (Part IV)  | <b>6</b>  |            |              |         |
| <b>7</b>      | Unrelated debt-financed income (Part V)  | <b>7</b>  |            |              |         |
| <b>8</b>      | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | <b>8</b>  |            |              |         |
| <b>9</b>      | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)      | <b>9</b>  |            |              |         |
| <b>10</b>     | Exploited exempt activity income (Part VIII)                                       | <b>10</b> |            |              |         |
| <b>11</b>     | Advertising income (Part IX)   | <b>11</b> |            |              |         |
| <b>12</b>     | Other income (see instructions; attach statement)                                  | <b>12</b> |            |              |         |
| <b>13</b>     | <b>Total.</b> Combine lines 3 through 12   | <b>13</b> | (9,867)    |              | (9,867) |

| <b>Part II</b> | <b>Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income |           |  |           |           |
|----------------|---|-----------|--|-----------|-----------|
| <b>1</b>       | Compensation of officers, directors, and trustees (Part X)  |           |  | <b>1</b>  |           |
| <b>2</b>       | Salaries and wages  |           |  | <b>2</b>  | 20,583    |
| <b>3</b>       | Repairs and maintenance   |           |  | <b>3</b>  |           |
| <b>4</b>       | Bad debts   |           |  | <b>4</b>  |           |
| <b>5</b>       | Interest (attach statement) (see instructions)  |           |  | <b>5</b>  |           |
| <b>6</b>       | Taxes and licenses  |           |  | <b>6</b>  | 22,956    |
| <b>7</b>       | Depreciation (attach Form 4562) (see instructions)  | <b>7</b>  |  |           |           |
| <b>8</b>       | Less depreciation claimed in Part III and elsewhere on return   | <b>8a</b> |  | <b>8b</b> |           |
| <b>9</b>       | Depletion   |           |  | <b>9</b>  |           |
| <b>10</b>      | Contributions to deferred compensation plans  |           |  | <b>10</b> |           |
| <b>11</b>      | Employee benefit programs   |           |  | <b>11</b> | 10,744    |
| <b>12</b>      | Excess exempt expenses (Part VIII)  |           |  | <b>12</b> |           |
| <b>13</b>      | Excess readership costs (Part IX)   |           |  | <b>13</b> |           |
| <b>14</b>      | Other deductions (attach statement) <span style="float:right">Statement #9.</span>  |           |  | <b>14</b> | 77,374    |
| <b>15</b>      | <b>Total deductions.</b> Add lines 1 through 14   |           |  | <b>15</b> | 131,657   |
| <b>16</b>      | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)  |           |  | <b>16</b> | (141,524) |
| <b>17</b>      | Deduction for net operating loss (see instructions)   |           |  | <b>17</b> |           |
| <b>18</b>      | <b>Unrelated business taxable income.</b> Subtract line 17 from line 16.  |           |  | <b>18</b> | (141,524) |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

| <b>Part III Cost of Goods Sold</b> |  | Enter method of inventory valuation ▶ <b>Lower of Cost or Market</b> |   |
|------------------------------------|--|--|---|
| 1                                  | Inventory at beginning of year . . . . .   | 1  |   |
| 2                                  | Purchases . . . . .  | 2  | 25,753  |
| 3                                  | Cost of labor . . . . .  | 3  |   |
| 4                                  | Additional section 263A costs (attach statement) . . . . .   | 4  |   |
| 5                                  | Other costs (attach statement) . . . . .   | 5  |   |
| 6                                  | <b>Total.</b> Add lines 1 through 5 . . . . .  | 6  | 25,753  |
| 7                                  | Inventory at end of year . . . . .   | 7  |   |
| 8                                  | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .                 | 8  | 25,753  |
| 9                                  | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

| 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)                                    |   |   |   |   |
|---|---|---|---|---|
|   | A | B | C | D |
| A <input type="checkbox"/>  |   |   |   |   |
| B <input type="checkbox"/>  |   |   |   |   |
| C <input type="checkbox"/>  |   |   |   |   |
| D <input type="checkbox"/>  |   |   |   |   |
| 2 Rent received or accrued  |   |   |   |   |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .                           |   |   |   |   |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . . |   |   |   |   |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .   |   |   |   |   |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . ▶                            |   |   |   |   |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .   |   |   |   |   |
| 5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . . ▶                                   |   |   |   |   |

**Part V Unrelated Debt-Financed Income** (see instructions)

| 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)         |   |   |   |   |
|---|---|---|---|---|
|   | A | B | C | D |
| A <input type="checkbox"/>  |   |   |   |   |
| B <input type="checkbox"/>  |   |   |   |   |
| C <input type="checkbox"/>  |   |   |   |   |
| D <input type="checkbox"/>  |   |   |   |   |
| 2 Gross income from or allocable to debt-financed property . . . . .  |   |   |   |   |
| 3 Deductions directly connected with or allocable to debt-financed property . . . . .   |   |   |   |   |
| a Straight line depreciation (attach statement) . . . . .   |   |   |   |   |
| b Other deductions (attach statement) . . . . .   |   |   |   |   |
| c 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 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . . ▶         |   |   |   |   |
| 9 Allocable deductions. Multiply line 3c by line 6 . . . . .  |   |   |   |   |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . ▶ |   |   |   |   |
| 11 <b>Total dividends-received deductions</b> included in line 10. . . . . ▶  |   |   |   |   |



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. 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)                                |                                   |   |                                     |   |  |

| Nonexempt Controlled Organizations |   |                                     |  |  |
|------------------------------------|---|-------------------------------------|--|--|
| 7. Taxable income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
| (1)                                |   |                                     |  |  |
| (2)                                |   |                                     |  |  |
| (3)                                |   |                                     |  |  |
| (4)                                |   |                                     |  |  |

|                     |  |  |  |  |
|---------------------|--|--|--|--|
|                     |  |  | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
| <b>Totals</b> ..... |  |  |  |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|--|
| (1)                      |                     |   |                                  |  |
| (2)                      |                     |   |                                  |  |
| (3)                      |                     |   |                                  |  |
| (4)                      |                     |   |                                  |  |

|                     |  |   |  |   |
|---------------------|--|---|--|---|
|                     |  | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| <b>Totals</b> ..... |  |   |  |   |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |
|---|--|---|
| 1 | Description of exploited activity: _____   |   |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . . . .                                    | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .                  | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .                   | 4 |
| 5 | Gross income from activity that is not unrelated business income . . . . .   | 5 |
| 6 | Expenses attributable to income entered on line 5 . . . . .  | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . . | 7 |

**Part IX Advertising Income**

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
- A  \_\_\_\_\_
- B  \_\_\_\_\_
- C  \_\_\_\_\_
- D  \_\_\_\_\_

Enter amounts for each periodical listed above in the corresponding column.

|   | A | B | C | D |
|---|---|---|---|---|
| 2 Gross advertising income . . . . .  |   |   |   |   |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . . ▶  |   |   |   |   |
| 3 Direct advertising costs by periodical . . . . .  |   |   |   |   |
| a Add columns A through D. Enter here and on Part 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 Circulation income . . . . .  |   |   |   |   |
| 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 line 4, enter the lesser of line 4 or line 7 . . . . .  |   |   |   |   |
| a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . . ▶   |   |   |   |   |

**Part X Compensation of Officers, Directors, and Trustees (see instructions)**

| 1. Name   | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|---|--|
| (1)   |          | %   |  |
| (2)   |          | %   |  |
| (3)   |          | %   |  |
| (4)   |          | %   |  |
| <b>Total.</b> Enter here and on Part II, line 1 . . . . . ▶ |          |   |  |

**Part XI Supplemental Information (see instructions)**

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

"Public Disclosure Copy"  
**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

**GROUPS FOR SCULPTURE, INC.**

**22-3694371**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 50.31%. Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 63.13%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 7.00%. Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 7.00%.

- 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and 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.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| Section D - Distributions  | Current Year |
|--|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>     |
| <b>4</b> Amounts paid to acquire exempt-use assets   | <b>4</b>     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>   | <b>5</b>     |
| <b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>     |
| <b>9</b> Distributable amount for 2020 from Section C, line 6  | <b>9</b>     |
| <b>10</b> Line 8 amount divided by line 9 amount   | <b>10</b>    |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2020 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2020   |                             |  |   |
| <b>a</b> From 2015 . . . . .   |                             |  |   |
| <b>b</b> From 2016 . . . . .   |                             |  |   |
| <b>c</b> From 2017 . . . . .   |                             |  |   |
| <b>d</b> From 2018 . . . . .   |                             |  |   |
| <b>e</b> From 2019 . . . . .   |                             |  |   |
| <b>f Total</b> of lines 3a through 3e  |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2020 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2015 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2020 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2020 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2016 . . . .  |                             |  |   |
| <b>b</b> Excess from 2017 . . . .  |                             |  |   |
| <b>c</b> Excess from 2018 . . . .  |                             |  |   |
| <b>d</b> Excess from 2019 . . . .  |                             |  |   |
| <b>e</b> Excess from 2020 . . . .  |                             |  |   |



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2020

Attach to Form 990.

Open to Public Inspection

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: 22-3694371

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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):
a [X] Public exhibition
b [ ] Scholarly research
c [ ] Preservation for future generations
d [X] Loan or exchange programs
e [ ] Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [X] No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII [ ]

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 32.30 %
b Permanent endowment 67.70 %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)              | (b) Book value | (c) Method of valuation:<br>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) _____  |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1) _____  |                |  |
| (2) _____  |                |  |
| (3) _____  |                |  |
| (4) _____  |                |  |
| (5) _____  |                |  |
| (6) _____  |                |  |
| (7) _____  |                |  |
| (8) _____  |                |  |
| (9) _____  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.). . . . . ▶ |                |  |

**Part IX Other Assets.**

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1) PREPAID UTILITY BENEFIT  | 1,103,212      |
| (2) _____  |                |
| (3) _____  |                |
| (4) _____  |                |
| (5) _____  |                |
| (6) _____  |                |
| (7) _____  |                |
| (8) _____  |                |
| (9) _____  |                |
| <b>Total.</b> (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) Federal income taxes   |                |
| (2) AFFILIATED COMPANY LOAN  | 81,163         |
| (3) _____  |                |
| (4) _____  |                |
| (5) _____  |                |
| (6) _____  |                |
| (7) _____  |                |
| (8) _____  |                |
| (9) _____  |                |
| <b>Total.</b> (Column (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. . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |                     |           |                   |
|----------|--|---------------------|-----------|-------------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |                     | <b>1</b>  | <b>13,226,185</b> |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |                     |           |                   |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> 1,093,767 |           |                   |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> 102,000   |           |                   |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b>           |           |                   |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> 433,356   |           |                   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |                     | <b>2e</b> | 1,629,123         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |                     | <b>3</b>  | 11,597,062        |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |                     |           |                   |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b>           |           |                   |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b>           |           |                   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |                     | <b>4c</b> |                   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |                     | <b>5</b>  | 11,597,062        |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |                   |           |                  |
|----------|---|-------------------|-----------|------------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |                   | <b>1</b>  | <b>5,802,185</b> |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |                   |           |                  |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> 102,000 |           |                  |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b>         |           |                  |
| <b>c</b> | Other losses . . . . .  | <b>2c</b>         |           |                  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> 433,356 |           |                  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |                   | <b>2e</b> | 535,356          |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |                   | <b>3</b>  | 5,266,829        |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |                   |           |                  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b>         |           |                  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b>         |           |                  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |                   | <b>4c</b> |                  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |                   | <b>5</b>  | 5,266,829        |

**Part XIII Supplemental Information.**

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

**01. Not reporting collections (Part III, line 1a)**

Collections consist of sculptures and other contemporary art pieces. Items acquired either through purchase or donation are not capitalized. Purchase of collection items are recorded as decreases in unrestricted net assets if purchased with unrestricted assets and as decreases in temporarily restricted or permanently restricted net assets if purchased with donor-restricted assets.

Contributions of collection items are not recognized in the statement of activities. Proceeds from deaccessions or insurance recoveries are reflected on the statement of activities based on the absence or existence and nature of donor-imposed restrictions.

**Part XIII** Supplemental Information (continued)

02. Collections descriptions (Part III, line 4)

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 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.

06. Footnote for uncertain tax position under FIN 48 (Part X)

Grounds For Sculpture, Inc. is exempt from Federal income taxes under Sections 501(c)(3) of the Internal Revenue Code. Accordingly, the financial statements do not reflect a provision for Federal income taxes related to its income. There were no uncertain tax positions at December 31, 2020. Additionally, there were no income tax related penalties or interest covered by the financial statements

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

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

2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

GROUNDWORK FOR SCULPTURE, INC.

22-3694371

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include questions 1a through 9 regarding compensation details, travel, and contingencies.



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

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

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

| (A) Name and Title                     |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| Gary Schneider<br>1 Executive Director | (i)  | 175,154  | 0                                   | 0                                   | 0  | 25,971                  | 201,125                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 3                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 4                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 5                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 6                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**GROUNDWORK FOR SCULPTURE, INC.**

**22-3694371**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 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 MARKET VALUE   |
| 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 VALUE  |
| 26 Other ▶ ( )   |                            |   |  |   |
| 27 Other ▶ ( )   |                            |   |  |   |
| 28 Other ▶ ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  | X   |    |
| b If "Yes," describe in Part II.  |     |    |
| 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)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**GROUND'S 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 existing 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.**

Name of the organization

Employer identification number

**GROUNDS FOR SCULPTURE, INC.**

**22-3694371**

the organization. This is compared to the suggested payroll increases recommended by department directors and incorporated into the annual budget that is presented 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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**GROUNDS FOR SCULPTURE, INC.**

Employer identification number

**22-3694371**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

|     | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) |   |                         |  |                     |                           |                                  |
| (2) |   |                         |  |                     |                           |                                  |
| (3) |   |                         |  |                     |                           |                                  |
| (4) |   |                         |  |                     |                           |                                  |
| (5) |   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

|     | (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Sec. 512(b)(13) controlled entity? |    |
|-----|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|     |   |                         |  |                            |   |                                  | Yes                                       | No |
| (1) |   |                         |  |                            |   |                                  |   |    |
| (2) |   |                         |  |                            |   |                                  |   |    |
| (3) |   |                         |  |                            |   |                                  |   |    |
| (4) |   |                         |  |                            |   |                                  |   |    |
| (5) |   |                         |  |                            |   |                                  |   |    |

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization             | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) GFSL INC., 52-1868420<br>80 SCULPTORS WAY<br>Trenton NJ 08619 | FOODSERVICE             | NJ   | GROUNDS FOR SCULPTURE            | C Corp   |                              |                                    | 100                         | X  |    |
| (2)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)   |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part V Transactions with Related Organizations.** Complete if the organization answered "Yes" 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.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | X  |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | X  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1)                                 |                               |                        |  |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|---|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes   | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)                                     |                         |  |  |   |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)                                     |                         |  |  |   |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)                                     |                         |  |  |   |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)                                     |                         |  |  |   |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)                                     |                         |  |  |   |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)                                     |                         |  |  |   |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)                                     |                         |  |  |   |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)                                     |                         |  |  |   |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9)                                     |                         |  |  |   |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10)                                    |                         |  |  |   |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11)                                    |                         |  |  |   |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12)                                    |                         |  |  |   |    |                              |                                    |                                      |    |  |                                     |    |                             |



IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form 8879-EO

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury Internal Revenue Service

Name of exempt organization or person subject to tax GROUNDS FOR SCULPTURE, INC. Taxpayer identification number 22-3694371

Name and title of officer or person subject to tax Marco Cucchi, Treasurer

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Line 1b: Total revenue, 11,597,062.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this 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 (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature. ERO firm name. Enter five numbers, but do not enter all zeros.

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[X] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

24902

Signature of officer or person subject to tax Date 06-30-2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

208038 25904 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction 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 beginning in mid-March through the end of the year.

**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                   |
| <b>Total</b>                    | <b><u>77,374</u></b> |