	. –	EXTEN	DED TO NOVI	EMBE	R 16,	2020	' D.1			
⁻₅ấm∕990-T	EXC		nization Bus				ax Return) -	OMB No 154	5-0047
•	.	-	nd proxy tax und	er se					201	10
	For calenda	ar year 2019 or other tax year		-44!-		l ending	-4'	_	20	13
Department of the Treasury Internal Revenue Service	▶Do	-	irs gov/Form990T for in s on this form as it may					F	Open to Public In 501(c)(3) Organiza	spection for ations Only
A Check box if		me of organization (Check box if name c					D Emple	oyer identification	number
address changed	GI	RANDFATHER	MOUNTAIN S'	TEW <i>P</i>	RDSHI	P			ictions)	
B Exempt under section	Print F(OUNDATION,	INC.					_	6-4812	
X 501(c<u>Q</u>(3))	Tirno		or suite no. If a P.O. box	k, see in	structions				ated business act instructions)	tivity code
408(e) 220(e)		.O. BOX 129						1		
408A530(a)			ince, country, and ZIP of	r foreigi	postal cod	le		722	-1 -	
529(a) C Book value of all assets		INVILLE, NO						722	212	
C Book value of all assets at end of year 22,174,3	15 60	Group exemption numb Check organization type		oration		501(c) trust	401(a)	truct		her trust
H Enter the number of the	ornanization,			2			the only (or first) un			iei tiust
trade or business here	•						complete Parts I-V			
describe the first in the b			s sentence, complete Pa	rts I and	III, comple	•	·		-	
business, then complete	•	•	, ,		, ,					
I During the tax year, was	the corporat	tion a subsidiary in an a	ffiliated group or a parer	nt-subsi	diary contro	lled group?	▶ [Ye	es X No	,
If "Yes," enter the name a										
J The books are in care of	-			1					468-732	
		or Business Inc	ome		(A) II	ncome	(B) Expenses	3	(C) N	iet
1a Gross receipts or sale	_	7,091.	Data			7 001				
b Less returns and allow	_	7\	c Balance	1c 2		7,091. 2,986.			-	
2 Cost of goods sold (S3 Gross profit Subtract		•		3		$\frac{2,300.}{4,105.}$			4	,105.
4a Capital gain net incon				4a		1,1001			- -	<u>, 100 t</u>
	•	II, line 17) (attach Form	4797)	4b						
c Capital loss deduction		,	,	4c						
5 Income (loss) from a	partnership (or an S corporation (at	ach statement)	5						
6 Rent income (Schedu	le C)			6						
7 Unrelated debt-finance	ed income (S	Schedule E)		7					ļ	
	· · · · · · · · · · · · · · · · · · ·	ents from a controlled o	-	8					ļ	
			ganization (Schedule G)	9						-
Exploited exempt acti		(Schedule I)		10		-				
12 Advertising income (\$ 12 Other income (See in:	-	ttach schadula)		11						
13 Total. Combine lines				13	-	4,105.			4	,105.
			See instructions fo							
(Deductions	must be di	rectly connected wit	h the unrelated busin	ess inc	ome)					
142 Compensation of off	icers, directo	ors, and trustees (Schee	iulek) RECEI	IVE) I			14		
Compensation of off Salaries and wages 16. Repairs and mainten Bad debts Interest (attach sche Taxes and licenses Depreciation (attach			m		၂ပ္က			15		
16. Repairs and mainten	ance		EE JUL 21	202	RS-OS			16		
Bad debts	dla\ (a.aa.		0		Š S			17		
Interest (attach sche	oule) (see in	istructions)	OGDEN	\				18		61.
Depreciation (attach	Form 4562)		CODE	ν, υ		20		13		
· · · · · · · · · · · · · · · · · · ·	•	hedule A and elsewhere	on return			21a		21b		
22 Depletion						(2.2)		22		
23 Contributions to defe	erred compe	nsation plans						23		
24 Employee benefit pro	ograms							24		
25 Excess exempt expe	nses (Schedi	ule I)						25		
26 Excess readership or	•	•						26		146
27 Other deductions (at		· ·			SE	E STAT	EMENT 1	27		<u>,146.</u>
28 Total deductions A		-	lana dadonkana Ostasi is		from line 4	2		28		<u>,207.</u> ,898.
			loss deduction Subtract			3		29		,030.
30 Deduction for net op (see instructions)	eraung loss i	ansing in tax years beg	inning on or after Januai	ıyı, 20	10			30		0.
•	axable incom	ne. Subtract line 30 from	n line 29					31	2	,898.

•	•			
		GRANDFATHER MOUNTAIN STEWARDSHIP FOUNDATION, INC.	<u> 26</u>	5-4812778 Page 2
Part		Total Unrelated Business Taxable Income	Τ	3,750.
32		funrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	3,750.
33		ts paid for disallowed fringes	33	0.
34		ble contributions (see instructions for limitation rules)	34	
35		nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	3,750.
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	2 750
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	3,750.
38	Specific	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39		ted business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	1	0.550
		e smaller of zero or line 37	39	2,750.
Part		Tax Computation		
40	Organi	tations Taxable as Corporations Multiply line 39 by 21% (0.21)	40	578.
41	Trusts	Faxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	T	ax rate schedule or Schedule D (Form 1041)	41	
42	Proxy t	ax See instructions	42	
43	Alterna	tive minimum tax (trusts only)	43	
44	Tax on	Noncompliant Facility Income See instructions	44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	578.
Part		Tax and Payments		1
46 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	4	
b	Other c	redits (see instructions) 46b	╛	
C	Genera	business credit Attach Form 3800 46c	4	
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	_	
е	Total c	edits. Add lines 46a through 46d	46e	
47	Subtrac	t line 46e from line 45	47	578.
48	Other to	ixes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	-
49	Total ta	x Add lines 47 and 48 (see instructions)	49	578.
50	2019 no	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a	Paymer	its: A 2018 overpayment credited to 2019 <u>51a</u> <u>2,500</u>	<u>. </u>	
b	2019 es	stimated tax payments 51b	_	
С	Tax dep	osited with Form 8868 51c	_	
d	Foreign	organizations. Tax paid or withheld at source (see instructions) 51d	_	
е	Backup	withholding (see instructions) 51e	╛	
f	Credit f	or small employer health insurance premiums (attach Form 8941) 51f		
g	Other c	redits, adjustments, and payments. Form 2439		
	Fo	orm 4136 Other Total > 51g		
52		ayments Add lines 51a through 51g	52	2,500.
53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	53	
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	<u></u> .
55	Overpa	yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	1,922.
56		e amount of line 55 you want. Credited to 2020 estimated tax 1,922. Refunded	56	0.
Part	VI :	Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any t	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a f	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
	here	>		X
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes,"	see instructions for other forms the organization may have to file		
59	Enter th	e amount of tax-exempt interest received or accrued during the tax year 🕒 💲		
		ider penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	edge and	belief, it is true,
Sign	"	PRESIDENT AND	Asy the IF	S discuss this return with
Here			-	er shown below (see
	Z	Signature of officer Date Title	nstruction	s)? X Yes No
		Print/Type preparer's name Preparer's signature Date Check	ıf PT	IN
Paid		Colf amplayed		
	arer	VIOLET PRICE (Sulf frui 6/21/20) Sent employed	P	00550429
-	Only	Firm's name ► RSM US LLP CUPA Firm's EIN ►		2-0714325
Jac	Jilly	300 NORTH 3RD STREET, FIFTH FLOOR		
			9 10-	762-9671
923711	01-27-20			Form 990-T (2019)

Form 990-T (2019) FOUNDATION, INC.

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory va	luation N/A				
1 Inventory at beginning of year	1	0.		Inventory at end of year	r	······································	6	0.
2 Purchases	2	2,986.	-	Cost of goods sold Su		ine 6		
3 Cost of labor	3		•	from line 5. Enter here				
4a Additional section 263A costs				line 2		- · · · ·	7	2,986.
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	·	Yes No
b Other costs (attach schedule)	4b		_	property produced or a	•	•		
5 Total Add lines 1 through 4b	5	2,986.		the organization?		,		X
Schedule C - Rent Income (Pers		ease	d With Real Prop	erty	
(see instructions)							•	
1 Description of property								
(1)								
(2)								
(3)								
(4)				<u>.</u>				
		ed or accrued				0/210-4		A. d
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for per	rsonat p	nal property (if the percentag property exceeds 50% or if d on profit or income)	ge	3(a) Deductions directl columns 2(a) a	y connec ind 2(b) (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter >			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb		Income (see in	struc	ctions)	-			
			_			3. Deductions directly cor		
				Gross income from or allocable to debt-	(0)	to debt-finan	cea prop	
1 Description of debt-fin	enced property			financed property	(4)	(attach schedule)	- 1	(b) Other deductions (attach schedule)
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				. —
(2)		İ		%				
(3)				%				
(4)		· · · · · · · · · · · · · · · · ·		%				<u> </u>
		•		-		nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		0		0.

0.

Total dividends-received deductions included in column 8

(4) Add columns 5 and 10 Enter have and on page 1, Part I, line 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income 2 Amount of income 3 Description of income 4 Set standay (red 3 plus cell (red 3 plus					Exempt	Controlled O	rganızatı	ons				
3 4 1 1 1 1 1 1	1 Name of controlled organizate	cion	identifi	cation			4 Tot payr	al of specified nents made	include	d in the contr	olling	connected with income
3 4 1 1 1 1 1 1	(1)											
Add columns 5 and 10 Column pipe 1, Part I Colum												
Add columns 5 and 10 Columns Column Columns Co												
Nonexempt Controlled Organizations			· ·									
(1) (2) (3) (4) And columns 5 and 10 Enter here and on page 1, Pert 1, ins 8, column (1) (2) (3) (4) And columns 6 and 11 Enter here and on page 1, Pert 1, ins 8, column (2) (3) (4) Criter here and on page 1, Pert 1, ins 8, column (2) (3) (4) Criter here and on page 1, Pert 1, ins 8, column (3) (4) Criter here and on page 1, Pert 1, ins 8, column (3) (4) Criter here and on page 1, Pert 1, ins 8, column (3) (5) (6) Criter here and on page 1, Pert 1, ins 8, column (3) (6) Criter here and on page 1, Pert 1, ins 8, column (3) (6) Criter here and on page 1, Pert 1, ins 8, column (3) (6) Criter here and on page 1, Pert 1, ins 8, column (3) (6) Criter here and on page 1, Pert 1, ins 9, column (3) (6) Criter here and on page 1, Pert 1, ins 9, column (3) (6) Criter here and on page 1, Pert 1, ins 9, column (3) (6) Criter here and on page 1, Pert 1, ins 9, column (3) (6) Criter here and on page 1, Pert 1, ins 9, column (3) (6) Criter here and on page 1, Pert 1, ins 9, column (3) (6) Criter here and on page 1, Pert 1, ins 9, column (3) (7) (8) (9) Criter here and on page 1, Pert 1, ins 9, column (3) (6) Criter here and on page 1, Pert 1, ins 9, column (3) (6) Criter here and on page 1, Pert 1, ins 9, column (3) (6) Criter here and on page 1, Pert 1, ins 9, column (3) (6) Criter here and on page 1, Pert 1, ins 9, column (3) (6) Criter here and on page 1, Pert 1, ins 9, column (3) (6) Criter here and on page 1, Pert 1, ins 9, column (4) (6) Criter here and on page 1, Pert 1, ins 9, column (4) (6) (7) (8) (8) (9) (1) (9) (1) (1) (2) (3) (1) (2) (3) (3) (4) (4) (5) (6) (6) (6) (7) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7		zations		-								
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Add column 6 and 10 Enter here and no page 1, Pert 1, time 8, column (b) Column (c) Colu												••••
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Contails	· · · · · · · · · · · · · · · · · · ·					1						
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(3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income (see instructions) 1 Name of periodical 2 Gross advertising costs advertising costs (column 6 minus column 4) (1) (2) (3)	(1)											
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Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income advertising costs advertising costs of through 7 (1) (2) (3) 5 Circulation income 5 Readership costs (column 6 minor than column 4)	「otals ▶		o.l		0.							0
Part I Income From Periodicals Reported on a Consolidated Basis 2 Gross advertising osts advertising costs advertising costs of through 7 1 Name of periodical 2 Gross advertising costs advertising costs of through 7 1 Name of periodical 2 Gross advertising costs of through 7 2 Gross advertising costs of through 7 3 Direct advertising costs of through 7 5 Circulation income costs of through 7 6 Readership costs (column 6 minor than column 4) (1) (2) (3)		ng Incom		nstruction								
1 Name of periodical 2 Gross advertising advertising costs advertising costs of periodical 2 Gross advertising costs advertising costs of periodical 3) if a gain, compute costs 5 through 7 Costs (column 6 minus column 4) (1) (2) (3)	Part I Income From F	Periodica	als Repo	orted o	n a Cons	solidated	Basis					
(2) (3)	1 Name of periodical		advertising			or (loss) (co	l 2 minus in, compute		ion			costs (column 6 minus column 5, but not more
(2) (3)	(1)											· .
(3)												
				1		7						
								†				

Form 990-T (2019) FOUNDATION, INC.

26-4812778

Page 5

Part II	Income From Periodi	cals Reported on a Separate Basi	S (For each periodical	Il listed in Part II, fill in
	columns 2 through 7 on a lir	ne-by-line basis)		

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				1	- -		
(2)							
(3)					_		
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.	i			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
ACCOUNTING FEES		1,146.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 27	1,146.

1

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning

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

Unrelated Trade or Business

501(c)(3) Organizations Only

Name of the organization

GRANDFATHER MOUNTAIN STEWARDSHIP FOUNDATION, INC.

Employer identification number 26-4812778

453220 Unrelated Business Activity Code (see instructions) ▶ MUSEUM SALES Describe the unrelated trade or business

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 2,065.				
b	Less returns and allowances c Balance	1c	2,065.		
2	Cost of goods sold (Schedule A, line 7)	2	870.		
3	Gross profit Subtract line 2 from line 1c	3_	1,195.		1,195.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	1,195.		1,195.

Part | Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	9.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STA	TEMENT 2 27	334.
28	Total deductions. Add lines 14 through 27	28	343.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from lin	ne 13 29	852.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	852.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form 990-T (2019) GRANDFATH			STEWA	ARE	SHIP				Pag	je :
FOUNDATIO	N, INC.						26-4812	<u> </u>		
Schedule A - Cost of Goods	Sold. Ente	er method	d of invent	ory v	aluation > N/A	<u> </u>				
1 Inventory at beginning of year	1			6	Inventory at end of year	ar	<u>_</u>	6		
2 Purchases	2		870.	7	Cost of goods sold S	ubtract	ine 6			
3 Cost of labor	3				from line 5 Enter here	and in l	Part I,			
4a Additional section 263A costs					line 2			7	870	<u>).</u>
(attach schedule)	4a			8	Do the rules of section	263A (with respect to			OF
b Other costs (attach schedule)	4b				property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b Schedule C - Rent Income (5		870.		the organization?					<u>X</u>
(see instructions) 1 Description of property										
(1)										
(2)										
(3)										
(4)										
	2 Rent rece	ived or accri					0/->0-4			
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	(b)	of rent for pe	rsonal	onal property (if the percental property exceeds 50% or if ed on profit or income)	age 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)		J								
(2)										
(3)							_			
(4)										
Total	0.	Total				0.				
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		nter >				0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>	().
Schedule E - Unrelated Deb	t-Finance	d Incon	ne (see ji	nstru	ctions)					
				,	Gross income from	ļ	3 Deductions directly conn to debt-finance		illocable	
1 Description of debt-fin	anced property			4	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) o	Pher deductions ach schedule)	
(1)		-			-			1		

		2 Gross income from	Deductions directly connected with or allocable to debt-financed property			
1 Description of debt-fin	anced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)						
(2)						
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)		%				
(2)		%				
(3)		%				
(4)		%				
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		

Form 990-T (2019)

0. 0.

Total dividends-received deductions included in column 8

GRANDFATHER MOUNTAIN STEWARDSHIP FOUNDA

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ACCOUNTING FEES		334.
TOTAL TO SCHEDULE M, PART II	, LINE 27	334.