** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

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

and ending

Open to Public

В	Check if applicable	C Name of organization		D Employer identific	cation number					
	Addres	GRANDFATHER MOUNTAIN STEWARDSHIP								
	change Name	FOUNDATION, INC.		06 4040550						
	change Initial	Doing business as		26-4812778						
	return Final	,	Room/suite	E Telephone number						
	return/	P.O. BOX 129		800-468-7325	13,587,315.					
	termin- ated Amend	City or town, state or province, country, and ZIP or foreign postal code								
	return Applica	DINVIDE, NC 20040		H(a) Is this a group re						
	tion pendin	F Name and address of principal officer: OESSE FOFE		for subordinates						
_		SAME AS C ABOVE		H(b) Are all subordinates in						
		mpt status:	or 527	1	list. See instructions					
		www.grandfathermountain.org	1	H(c) Group exemptio						
		organization: X Corporation Trust Association Other	L Year	of formation: 2009	A State of legal domicile: NC					
		Summary	MILLED MOL	NIMATN CHURN DOCUT						
ģ	1 1	Briefly describe the organization's mission or most significant activities: GRANDFA		NTAIN STEWARDSHIE	<u> </u>					
Governance		FOUNDATION'S MISSION IS TO INSPIRE CONSERVATION OF THE NATURA			<u> </u>					
ern	2 (Check this box if the organization discontinued its operations or dispos		1 1	sets.					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	6					
		Number of independent voting members of the governing body (Part VI, line 1b)			122					
es	5	Fotal number of individuals employed in calendar year 2021 (Part V, line 2a)			68					
Activities &	6	Total number of volunteers (estimate if necessary)								
Aci	7 a	Fotal unrelated business revenue from Part VIII, column (C), line 12			769. 0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			-					
	, ,	Doublibubions and supple (Doub) (III line 4 b)		Prior Year 1,979,544.	Current Year 2,263,184.					
e	8 (Contributions and grants (Part VIII, line 1h)		4,550,400.	6,887,378.					
len/	9	Program service revenue (Part VIII, line 2g)		60,780.	267,409.					
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,581,938.						
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,375,675.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,172,662.	11,793,646.					
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)								
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,789,601.	2,988,727.					
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		48,600.	73,000.					
Ž	b	Total fundraising expenses (Part IX, column (D), line 25)		0.406.100	0 801 680					
	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,426,122.	2,791,670.					
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,264,323.	5,853,397.					
		Revenue less expenses. Subtract line 18 from line 12		2,908,339.	5,940,249.					
S 01			Ве	ginning of Current Year	End of Year					
sset	현 20 -	Fotal assets (Part X, line 16)		25,989,424.	32,676,057.					
Net Assets o	21	Total liabilities (Part X, line 26)		385,438.	535,017.					
	∃ 22 art II	Net assets or fund balances. Subtract line 21 from line 20		25,603,986.	32,141,040.					
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and etatome	unter and to the heet of my	knowledge and helief it is					
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowieuge allu bellei, it is					
uu	, 0011001	L	ion proparoi	ilas any knowledge.						
Sig	ın	Signature of officer		Date						
He		JESSE POPE, PRESIDENT & EXECUTIVE DIRECTOR								
110		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Pai	d l	MANDA E. WATERHOUSE	ا میں	0/10/22 if self-employ	ed P02014004					
	parer	Firm's name RSM US LLP	WILL IT	Firm's EIN	42-0714325					
	Only	Firm's address 230 N ELM ST, STE 1100		I IIIII 3 LIIV						
550	,	GREENSBORO, NC 27401		Phone no.336	-272-4551					
	v tha ID	S discuss this return with the preparer shown above? See instructions		Tritotte tio. 550						
ivid	y ule in	о авсаво ино техатт with the preparet shown above? See instructions			X Yes No					

FOUNDATION, INC. Page **2** Part III Statement of Program Service Accomplishments Х Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: GRANDFATHER MOUNTAIN STEWARDSHIP FOUNDATION'S MISSION IS TO INSPIRE CONSERVATION OF THE NATURAL WORLD BY HELPING GUESTS EXPLORE. UNDERSTAND AND VALUE THE WONDERS OF GRANDFATHER MOUNTAIN. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. 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. (Code: ______) (Expenses \$ ______ 4 , 233 , 571 . including grants of \$ ______ 0 .) (Revenue \$ ______ 4a THE PRINCIPAL PROGRAM SERVICES ARE AS FOLLOWS: 1) PRESERVATION OF GRANDFATHER MOUNTAIN BY PROTECTING AND MONITORING ENDANGERED SPECIES. ERADICATING AND MANAGING INVASIVE SPECIES. CREATING AND IMPLEMENTING A RESOURCE MANAGEMENT ACTION PLAN, REDUCING LIGHT POLLUTION IN THE NIGHT SKY. DEVELOPING AND EXECUTING CITIZEN SCIENCE PROGRAMS TO BETTER UNDERSTAND OUR NATURAL COMMUNITIES, PRESERVING OUR FORESTS TO INCREASE CARBON SEQUESTRATION AND SEEKING WAYS TO REDUCE OUR GREENHOUSE EMISSIONS FROM THE NATURE PARK. 2) ACTIVE PARTICIPATION IN THE SOUTHERN APPALACHIAN MAN AND BIOSPHERE PROGRAM. A UNIT OF THE UNESCO MAN AND BIOSPHERE PROGRAM. WORK COLLABORATIVELY WITH COMMUNITY PARTNERS, AGENCIES AND NON-PROFIT (Code:) (Expenses \$ (Code:) (Expenses \$ including grants of \$) (Revenue \$ Other program services (Describe on Schedule O.)) (Revenue \$ including grants of \$ 4,233,571.

Total program service expenses

Form 990 (2021) FOUNDATION, INC. Part IV Checklist of Required Schedules

			162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>. </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	5		200	

Form 990 (2021) FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	\vdash
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١		
OF -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		1
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-30		Ē
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	"		
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 55			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2021) **Part V** Sta Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 122									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	\perp						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	Ļ						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	↓						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X						
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l						
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	_								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		_v						
	to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year			x						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			+						
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		†						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11								
Ü	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
	Enter the amount of reserves on hand	44-		Х						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		+^-						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		\vdash						
15		15		x						
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		Ħ						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes." complete Form 6069.									

FOUNDATION, INC.

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Х Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management						
000	uon A. Governing Body und Management					Voc	No
10	Enter the number of voting members of the governing body at the end of the tay year	140	1	6		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		\dashv			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	l		اء			
b	Enter the number of voting members included on line 1a, above, who are independent	_1b		6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?			. -	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	dire	ct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			-	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 95	90 w	as filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?			5		Х
6	Did the organization have members or stockholders?			. L	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			. L	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockh	olders, or				
	persons other than the governing body?			. L	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by tl	ne following:				
а	The governing body?			L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched	at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	e Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. L	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	ore filing the form?	L	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			L	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?	L	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," (describe				
	on Schedule O how this was done			. L	12c	Х	
13	Did the organization have a written whistleblower policy?			. L	13		X
14	Did the organization have a written document retention and destruction policy?			. L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by ir	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			. [15a	Х	
	Other officers or key employees of the organization				15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent v	with a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	n's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶NC						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 99	0-T (section 501(c)	(3)s c	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	on S	Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			and f	inanc	ial	
	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 boo	ks ar	nd records				
	KIM RUPARD - 800-468-7325		· —				
	P.O. BOX 129, LINVILLE, NC 28646						

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

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

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

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

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

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			heck		than o		Reportable	Reportable compensation from related organizations	Estimated
	hours per week					s both or/trus		compensation from		amount of other
	(list any	tor						the		compensation
	hours for	r direc				ъ В		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JESSE POPE	50.00	트	Ë	5	ᇂ	<u>= = = = = = = = = = = = = = = = = = = </u>	요			
PRESIDENT AND EXECUTIVE DI	30.00	1		x				134,473.	0.	30,622.
(2) LESLEY PLATEK	40.00									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
VICE PRESIDENT		1		x				78,889.	0.	2,574.
(3) GORDON WARBURTON	4.00									
CHAIRMAN		х		х				0.	0.	0.
(4) CATHERINE WALKER MORTON	1.00	1								
SECRETARY		Х		Х				0.	0.	0.
(5) JULIA MACRAE MORTON	1.00	1								
DIRECTOR		Х						0.	0.	0.
(6) MIKE LEONARD	1.00	4							_	_
DIRECTOR		Х						0.	0.	0.
(7) JON BARRETT	1.00	ł								
DIRECTOR	1 00	Х						0.	0.	0.
(8) BOB BIGGERSTAFF DIRECTOR	1.00	x						0.	0.	_
DIRECTOR		^						0.	0.	0.
		1								
		1								
		1								
		1								
		1								
]								

132007 12-09-21 Form **990** (2021)

FOUNDATION, INC.

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	(do		Pos heck) than c	ne	Reportable	Reportable				
	hours per week					s both		compensation	compensation		l	nount	
	(list any	-						from the	from related organizations		l	other pensa	
	hours for	Individual trustee or director				p		organization	(W-2/1099-MIS		l	rom th	
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)		org	janizat	ion
	organizations	ll trus	nal trı		oyee	om pe		1099-NEC)			an	d relat	:ed
	below	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
	line)	Pul	lus	0#0	Key	Hig	휸				<u> </u>		
											<u> </u>		
											<u> </u>		
											<u> </u>		
											<u> </u>		
1b Subtotal				<u> </u>			<u> </u>	213,362.		0.		33,	196.
c Total from continuation sheets to Part VI							>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	213,362.		0.		33,	196.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													1
											\Box	Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated empl	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	•				-			-	dual for services				v
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J f	or st	ıch ı	oers	on .					5		Х
Complete this table for your five highest contains the second secon	mpensated inc	lene	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensa	tion fro		
the organization. Report compensation for	•	-							· ·	000			
(A)								(B)			(0	 2)	
Name and business	address							Description of s	ervices	C	Compe		n
ALEX JOHNSON CONSTRUCTION													
PO BOX 1026, NEWLAND, NC 28657								CONSTRUCTION SERVI	CES		2	,480,	122.
ART GUILD, INC.													
300 WOLF DRIVE, WEST DEPTFORD, NJ 08	086						_	DESIGN SERVICES				595,	146.
PGAV DESTINATIONS, INC.													0.55
200 NORTH BROADWAY, ST. LOUIS, MO 633							4	DESIGN SERVICES				114,	263.
UNIFIED FIELD, INC. , 33 EAST 33RD ST	TREET,							COEMNADE DECICE CE	DATCEG			104	760
RM 802, NEW YORK, NY 10016							F	SOFTWARE DESIGN SE	VATCED			TU4 ,	760.

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

ADVERTISING SERVICES

100,002.

CHARTER COMMUNICATIONS HOLDINGS, LLC

\$100,000 of compensation from the organization

P.O. BOX 936671, ATLANTA, GA 31193

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 820,281 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1,442,903. 1f 1g |\$ g Noncash contributions included in lines 1a-1f 2,263,184. h Total. Add lines 1a-1f **Business Code** 2 a INDIVIDUAL ADMISSIONS 713990 6,597,584. 6,597,584. Program Service Revenue b SEASON PASSES 713990 261,647. 261,647. GROUP ADMISSIONS 713990 28,147. 28,147. d f All other program service revenue 6,887,378. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 35,780. 35,780 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 231,629. assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c 231,629. 231,629. 231,629. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 4,160,444. 10a and allowances 1,793,669 **b** Less: cost of goods sold 10b 2,366,775. 2,366,006. 769. c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 900099 8,900. 8,900. b d All other revenue 8,900. e Total. Add lines 11a-11d 11,793,646. 769. 12 9,262,284. 267,409 Total revenue. See instructions

Part IX | Statement of Functional Expenses

FOUNDATION, INC.

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

0001	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons				
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	ı otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·	1	
	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	246,558.	198,865.	47,693.	
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	2,175,114.	1,749,615.	425,499.	
8	Pension plan accruals and contributions (include	10 004	15 505	2 045	
	section 401(k) and 403(b) employer contributions)	18,924.	15,707.	3,217.	
9	Other employee benefits	371,517.	304,244.	67,273.	
10	Payroll taxes	176,614.	142,679.	33,935.	
11	Fees for services (nonemployees):				
a	Management	16,627.		16,627.	
р	Legal	53,814.		53,814.	
	Accounting	55,614.		33,814.	
	Lobbying	73,000.			73,000.
_	Professional fundraising services. See Part IV, line 17	7,836.		7,836.	73,000.
f	Other. (If line 11g amount exceeds 10% of line 25,	7,030.		7,030.	
g	column (A), amount, list line 11g expenses on Sch O.)	205,212.	46,556.	123,969.	34,687.
12	Advertising and promotion	721,492.	700,920.	20,572.	
13	Office expenses	672,311.	206,384.	465,927.	
14	Information technology	11-71-11			
15	Royalties				
16	Occupancy	91,217.	64,686.	26,531.	
17	Travel	24,824.	4,255.	20,569.	
18	Payments of travel or entertainment expenses	·	·	·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	465,468.	420,784.	44,684.	
23	Insurance	189,920.	171,756.	18,164.	
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), property list line 24e expenses on Sebstude (A),				
а	amount, list line 24e expenses on Schedule 0.) REPAIRS & MAINTENANCE	205,327.	148,783.	55,218.	1,326.
b	VEHICLE EXPENSES	52,973.	16,360.	36,613.	,
c	WILDLIFE FOOD & SUPPLY	36,057.	36,057.	, -	
d	UNIFORMS	30,659.	4,134.	26,525.	
-	All other expenses	17,933.	1,786.	16,147.	
25	Total functional expenses. Add lines 1 through 24e	5,853,397.	4,233,571.	1,510,813.	109,013.
26	Joint costs. Complete this line only if the organization				•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (2224)

Form 990 (2021) Part X Balance Sheet

		Check if Schedule O contains a response or	note to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,332,875.	1	1,176,597.
	2	Savings and temporary cash investments			6,732,814.	2	7,422,850.
	3	Pledges and grants receivable, net			2,516,396.	3	1,939,964.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%			
		controlled entity or family member of any of t	s		5		
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		6			
S	7	Notes and loans receivable, net		1 4956(C)(3)(B)		7	
Assets	8	Inventories for sale or use			262,362.	8	275,819.
As	9	Donate Salar and a second of the second of the second				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	1 1	20,900,319.			
	b	Less: accumulated depreciation	10b	8,954,742.	8,765,089.	10c	11,945,577.
	11	Investments - publicly traded securities		5,379,888.	11	9,915,250.	
	12	Investments - other securities. See Part IV, lir		, ,	12		
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e			25,989,424.	16	32,676,057.
	17	Accounts payable and accrued expenses			385,438.	17	535,017.
	18	Grants payable			,	18	,
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple			21		
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, su					
Ξ		controlled entity or family member of any of t		· ·		22	
Lia	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela	•	·····		24	
	25	Other liabilities (including federal income tax,	•	······			
	20	parties, and other liabilities not included on li					
		of Cobodula D	•			25	
	26	Total liabilities. Add lines 17 through 25			385,438.	26	535,017.
	20	Organizations that follow FASB ASC 958, o	chack hara	X	,	20	,
S		and complete lines 27, 28, 32, and 33.	JIICOK IICI C				
Š	27	Net assets without donor restrictions			19,685,381.	27	24,891,150.
ala	28	Net assets with donor restrictions			5,918,605.	28	7,249,890.
Ā	20	Organizations that do not follow FASB AS			-,,	20	.,===,===
필		and complete lines 29 through 33.	o 300, check	There			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	nde			29	
ets	30	Paid-in or capital surplus, or land, building, o				30	
\SS(31	Retained earnings, endowment, accumulated				31	
et /	32	Total net assets or fund balances			25,603,986.	32	32,141,040.
Ž					25,989,424.	33	32,676,057.
	33	Total liabilities and net assets/fund balances			25,505,424.	აა	32,070,037.

Form **990** (2021)

Form	1990 (2021) FOUNDATION, INC.	26-4812778	i	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11	,793,	646.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,853,	397.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,940,249		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25	,603,	986.
5	Net unrealized gains (losses) on investments	5		596,	805.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	32	,141,	040.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	<u></u>	2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	_	2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Audit			
	Act and OMB Circular A-133?	_	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GRANDFATHER MOUNTAIN STEWARDSHIP FOUNDATION INC 26-4812778

Part	I Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.					
The or	ganization is not a private found										
1	A church, convention of ch	,	,	•	,	I)(A)(i).					
2	A school described in sect										
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
	city, and state:										
5	An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
	section 170(b)(1)(A)(iv).	Complete Part II.)									
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(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). (C	omplete Part II.)									
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9	An agricultural research orç	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college				
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or				
_	university:										
10 🛚	An organization that norma	• • • • • • • • • • • • • • • • • • • •	• •			• •					
	activities related to its exen	•	•				-				
	income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	ıfter June 30, 1975.				
	See section 509(a)(2). (Co	•									
11	An organization organized	•	•	•							
12	An organization organized	•	•	•		•	• •				
	more publicly supported or	•					Check the box on				
	lines 12a through 12d that				•	, ,					
а	Type I. A supporting orga	•	•		•		•				
	the supported organization	• •		majority o	of the direc	tors or trustees of the su	apporting				
h	organization. You must o	- ·		ion with it	o ou poorto	nd organization(a) by bay	ina				
b	Type II. A supporting org	•				• • • • • • • • • • • • • • • • • • • •	· ·				
	control or management o			ame perso	ns mai co	ntroi or manage the supp	Jorted				
С	organization(s). You mus Type III functionally inte	•		in connect	tion with	and functionally intograte	od with				
C	its supported organizatio					• •	;a with,				
d	Type III non-functionally		•	•	•	•	zation(s)				
u	that is not functionally int					• • • • • •	* *				
	requirement (see instruct	•	• ,	•		•	7011033				
е	Check this box if the orga	•	-								
·	functionally integrated, or					Type i, Type ii, Type iii					
f F	Enter the number of supported of										
	Provide the following information										
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of monetary	(vi) Amount of other				
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	tion B. Total Support		ı	1	1	ı	L
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	, ,	, ,	, ,	, ,	, ,	,,
	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						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the	· ·					
	organization, check this box and stor	•			-		
Sec	tion C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the	•				ore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	· 1		,	•
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on				
	and stop here. The organization qual						_
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		•	-	•		
b	10% -facts-and-circumstances test	_	•	*	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-	ration	>
18	Private foundation. If the organization		-		•		

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 by Section A. Public Support	pelow, please comp	lete Part II.)					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
Gifts, grants, contributions, and membership fees received. (Do not							
include any "unusual grants.")	504,367.	2,045,646.	2,636,063.	1,979,544.	2,263,184.	9,428,8	04.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,623,768.	5,208,574.	6,366,873.	7,137,459.	11,055,953.	35,392,6	27.
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513							
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5 The value of services or facilities furnished by a governmental unit to the organization without charge							
6 Total. Add lines 1 through 5	6,128,135.	7,254,220.	9,002,936.	9,117,003.	13,319,137.	44,821,4	31.
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons	195,770.	393,521.	492,000.	432,100.	427,250.	1,940,6	41.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0.
c Add lines 7a and 7b	195,770.	393,521.	492,000.	432,100.	427,250.	1,940,6	41.
8 Public support. (Subtract line 7c from line 6.)						42,880,7	90.
Section B. Total Support							
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,128,135.	7,254,220.	9,002,936.	9,117,003.	13,319,137. 35,780.	44,821,4 878,0	
b Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975	389,304.	203,776.	188,369.	60,780.	35,780.	878,0	0.0
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	-16,234.	1,303,076.	5,301.	7,586.	0.	1,299,7	
other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	,		,	,		, ,	
13 Total support. (Add lines 9, 10c, 11, and 12.)	6,501,205.	8,761,072.	9,196,606.	9,185,369.	13,354,917.	46,999,1	69.
14 First 5 years. If the Form 990 is for t	he organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3) organizatio	n,	
check this box and stop here							
Section C. Computation of Publ	ic Support Per	centage					
15 Public support percentage for 2021	line 8, column (f), di	vided by line 13, co	olumn (f))		15	91.24	%
16 Public support percentage from 2020					16	90.18	%
Section D. Computation of Inve					Г		
17 Investment income percentage for 2	•	• • • • • • • • • • • • • • • • • • • •	ie 13, column (f))		17	1.87	%
18 Investment income percentage from	•				18	2.52	%
19a 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box a	-					is not 	Х
b 33 1/3% support tests - 2020. If the	e organization did n	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, ar		
line 18 is not more than 33 1/3%, che							
OD Drivete foundation If the evention	an did not abaal, a k		4 0	- 1	L a.L.: a.a.a	_	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	-		
	_		
	2		
	3a		
	3b		
	3с		
	4a		
	-t d		
	4b		
	4c		
	5a		
	Sa		
	5b		
	5с		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	10b		
مارر		n 990)	2021

	edule A (Form 990) 2021 FOUNDATION, INC.	26-4812778	Pa	age 5
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one su organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo	, ,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	x		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	entity (see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2 a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2021

instructions).

Fai	t v Type in Non-Functionally integrated 509(aj(s) Supporting Orga	ilizations (continu	<u> 1ed) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
•	Evenes from 2021				

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

GRANDFATHER MOUNTAIN STEWARDSHIP FOUNDATION, INC.

Employer identification number 26 - 4812778

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organ	ization answered "Yes" on Form 990, Part IV, lin	ne 6.		•
			(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total numbe	r at end of year			
2		alue of contributions to (during year)			
3		alue of grants from (during year)			
4		alue at end of year			
5		nization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
	_	nization's property, subject to the organization's	-		Yes No
6		nization inform all grantees, donors, and donor a			
		e purposes and not for the benefit of the donor o			
	impermissibl	e private benefit?			
Pai	rt II Con	servation Easements. Complete if the org			
1	Purpose(s) o	f conservation easements held by the organization	on (check all that apply).		
	Preser	vation of land for public use (for example, recrea	tion or education) Preservation o	f a historically	important land area
	Protec	tion of natural habitat	Preservation o	f a certified hi	istoric structure
	Preser	vation of open space			
2	Complete lin	es 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conserva	ation easement on the last
	day of the ta	x year.			Held at the End of the Tax Year
а	Total numbe	r of conservation easements		2a	
b					
С	Number of c	onservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of c	onservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ure	
	listed in the I	National Register		2d	
3		onservation easements modified, transferred, rel			during the tax
	year ►				
4	Number of s	tates where property subject to conservation eas	sement is located		
5	Does the org	anization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, ar	nd enforcement of the conservation easements it	t holds?		Yes No
6	Staff and vol	unteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation eas	ements during the year
					
7	Amount of e	xpenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easemer	its during the year
	> \$				
8		onservation easement reported on line 2(d) abov			
		170(h)(4)(B)(ii)?			
9		lescribe how the organization reports conservation	•		
		et, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that des	cribes the
Pai		's accounting for conservation easements. anizations Maintaining Collections of	f Δrt Historical Treasures or O	ther Simils	ur Aesats
I G		plete if the organization answered "Yes" on Form			ii Addeta.
10		ration elected, as permitted under FASB ASC 95		and balance o	hoot works
ıa	•	, ·	•		
		cal treasures, or other similar assets held for publicle in Part XIII the text of the feathers to its fines			public
h		ide in Part XIII the text of the footnote to its finar cation elected, as permitted under FASB ASC 95			t works of
b	ū		•		
	•	I treasures, or other similar assets held for public	exhibition, education, or research in furti	nerance or pu	blic service,
	•	ollowing amounts relating to these items:			¢
		e included on Form 990, Part VIII, line 1		_	\$
0			gaurae or other similar assets for financia		
2		zation received or held works of art, historical tre		ıı yaırı, provid	C
_	•	amounts required to be reported under FASB A	•		¢
d L		luded on Form 990, Part VIII, line 1			\$

Pa	rt III	Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	[•] Simila	r Assets	(contin	nued)	
3	Usin	g the organization's acquisition, accessio	n, and other record	s, check	any of the	following that	make si	gnificant	use of its		-	
	collection items (check all that apply):											
а		Public exhibition	c	ı 🗌	Loan or exc	hange progra	am					
b		Scholarly research	e		Other							
С		Preservation for future generations										
4	Prov	ide a description of the organization's col	lections and explain	n how th	ey further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5		ng the year, did the organization solicit or	=		•	-						
		e sold to raise funds rather than to be mai								Yes		No
Pai	rt IV	Escrow and Custodial Arrang								line 9, or		
		reported an amount on Form 990, Part			J				,	,		
1a	Is th	e organization an agent, trustee, custodia	n or other intermed	iary for o	contribution	s or other ass	sets not i	ncluded				
		orm 990, Part X?								Yes		No
b		es," explain the arrangement in Part XIII a										
		,,								Amoun	t	
С	Begi	nning balance						1c				
d	_	tions during the year										
e		ibutions during the year										
f		ng balance						1f				
2a		he organization include an amount on Fo								Yes		No
b		es," explain the arrangement in Part XIII. (j
Pa	rt V	Endowment Funds. Complete if										_
			(a) Current year		rior year	(c) Two year			years back	(e) Four	vears	back
1a	Begi	nning of year balance	.,,	, ,		, ,		•		` '		
b		ributions										
c		nvestment earnings, gains, and losses										
ď		its or scholarships										
e		er expenditures for facilities										
·		programs										
f		inistrative expenses										
g 2		of year balanceL ide the estimated percentage of the curre	ant year and halance	L a (line 1c	r column (a	// held ac.				l		
a		d designated or quasi-endowment -	•	% (IIII) 5	y, coluitiit (a)) Held as.						
b		nanent endowment	%									
c		n endowment > 9										
·		percentages on lines 2a, 2b, and 2c shou	-									
32		here endowment funds not in the posses	•	ation tha	t are held ar	nd administer	ed for th	e organiz	ation			
Ja		inere endowment funds not in the posses	Sion of the organiza	ation tha	t ale field al	iu auriii iistei	ed for th	e organiz	alion	ĺ	Yes	No
	by: (i) l	Inveloted organizations								3a(i)		
		Unrelated organizations								3a(ii)		
b		es" on line 3a(ii), are the related organizat	iona listad as requir							3b		
4		cribe in Part XIII the intended uses of the								30		l
	rt VI	Land, Buildings, and Equipme		willelit i	urius.							
	• • •	Complete if the organization answered) Part IV	/ line 11a S	See Form 990	Part X	line 10				
		· · · · · · · · · · · · · · · · · · ·	(a) Cost or o			or other				(d) Doo	اد برماید	
		Description of property	basis (investr		` ,	(other)		ccumulat oreciatior		(d) Boo	k valu	е
	l e e :	1	- · · · · · · · · · · · · · · · · · · 	110111)	Dasis	(GUIGI)	uel	J. COIALIOI	•			
_		l	I		0	,013,519.		3,616,	268	1	397	251.
b		lings				,481,659.			927.	4,		732.
C		ehold improvements						4,444		6		594.
d		pment			11	,405,141.		4,444,	J# / •	0 ,	500,	J94.
	Othe									11	015	577
ı ota	ı. Add	lines 1a through 1e. (Column (d) must ed	ual Form 990. Part	X. colur	nn (B). line 1	Oc.)			▶	тт,	J4J,	577.

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Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(A) E:	(b) Book value	(c) Motified of Valuation. Cost of Circ	Tor your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	in 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)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide t			
organization's liability for uncertain tax positions under l	FASB ASC 740. Check he	ere if the text of the footnote has been pro	ovided in Part XIII X

Sche	edule D (Form 990) 2021 FOUNDATION, INC.			26-481277	8 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	14,176,284.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	596,805.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	596,805.
3	Subtract line 2e from line 1			3	13,579,479.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,836.		
b	Other (Describe in Part XIII.)	4b	-1,793,669.		
С	Add lines 4a and 4b			4c	-1,785,833.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,793,646.
Par	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	7,639,230.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,793,669.		
е	Add lines 2a through 2d			2e	1,793,669.
3	Subtract line 2e from line 1			3	5,845,561.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,836.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	7,836.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,853,397.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	*		; Part X, line 2;	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional inform	ation.		
PART	TX, LINE 2:				
MANA	AGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED	THAT THE			
FOUN	NDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJU	JSTMENT TO			
THE	CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISION	ONS OF			
THIS	G GUIDANCE.				
PART	T XI, LINE 4B - OTHER ADJUSTMENTS:				
		4 500 660			
cogs	S ON INVENTORY SALES -	-1,793,669.	•		
שמגם	NATE TIME OF CHURCH ADTHORNING				
FAK'I	T XII, LINE 2D - OTHER ADJUSTMENTS:				
COGG	ON INVENTORY SALES	1 793 660			
<u></u>	S ON INVENTORY SALES	1,793,669.	•		

GRANDFATHER MOUNTAIN STEWARDSHIP

Schedule D (Form 990) 2021 FOUNDATION, INC.	26-4812778	Page 5
Schedule D (Form 990) 2021 FOUNDATION, INC. Part XIII Supplemental Information (continued)		
Continuedy		
		_

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

GRANDFATHER MOUNTAIN STEWARDSHIP FOUNDATION, INC.

Employer identification number 26-4812778

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BY HELPING GUESTS EXPLORE. UNDERSTAND AND VALUE THE WONDERS OF GRANDFATHER MOUNTAIN. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ORGANIZATIONS TO DETERMINE BEST PRACTICES IN NATURAL RESOURCE MANAGEMENT 3) EDUCATING THE PUBLIC THROUGH HANDS-ON IMMERSIVE ENVIRONMENTAL EDUCATION EXPERIENCES BOTH IN THE FIELD ON GRANDFATHER MOUNTAIN AND IN SCHOOL CLASSROOMS ACROSS THE REGION. EDUCATION STAFF WORK CLOSELY WITH TEACHERS AND OTHER COMMUNITY PARTNERS TO PROVIDE HIGH QUALITY EDUCATIONAL EXPERIENCES THAT EXPAND LEARNERS' UNDERSTANDING OF THE NATURAL WORLD. EDUCATIONAL CURRICULUM FOR GRADES K-12 WITH TWO NEW IN-DEPTH PARTNERSHIPS WITH ALL FIRST GRADE STUDENTS THROUGH A PROGRAM CALLED WILD WATCH IN ALL AVERY COUNTY. NC ELEMENTARY SCHOOLS TO BETTER UNDERSTAND THEIR LOCAL NATURAL ECOSYSTEMS AND THE FLORA AND FAUNA THAT LIVE HERE. GROWING EDUCATIONAL PARTNERSHIPS FOR 5TH GRADE STUDENTS WITH A NEW PROGRAM CALLED ECOWATCH. 4) OPERATING THE NATURE PARK FOR PUBLIC ENRICHMENT, ENJOYMENT AND UNDERSTANDING. PROVIDE ONGOING MAINTENANCE AND UPKEEP, ADEQUATE STAFFING LEVELS TO PROVIDE HIGH-LEVEL EXPERIENCES IN ONE OF THE MOST BIOLOGICALLY DIVERSE MOUNTAINS IN THE EASTERN UNITED STATES. PARK ENGAGEMENT OPPORTUNITIES INCLUDE NATIVE ANIMAL EXHIBITS, NATURAL HISTORY MUSEUM EXHIBITS. CULTURAL MUSEUM EXHIBITS. GIFT SHOPS RESTAURANT AND FOOD SERVICE. MILES OF HIKING TRAILS. PAVED ROAD AND WALKWAYS, SPECIAL EVENTS, AND THE HISTORIC MILE HIGH SWINGING BRIDGE,

Schedule O (Form 990) 2021 Page **2**

WORK IN CONJUNCTION WITH THE ADJACENT GRANDFATHER MOUNTAIN STATE PARK TO PROVIDE EMERGENCY RESPONSE SUPPORT, EDUCATIONAL PROGRAMS AND TRAIL	
TO PROVIDE EMERGENCY RESPONSE SUPPORT, EDUCATIONAL PROGRAMS AND TRAIL	
MAINTENANCE.	
5) PARTNER AND COLLABORATE WITH ORGANIZATIONS AND AGENCIES WITHIN THE	
COMMUNITY TO FORM AND NURTURE RELATIONSHIPS WITH THOSE WHO SHARE THE	
FOUNDATION'S VALUES, INCLUDING THE GRANDFATHER MOUNTAIN HIGHLAND GAMES,	
BLUE RIDGE CONSERVANCY, BLUE RIDGE NATURAL HERITAGE AREA, NORTH	
CAROLINA AUDUBON, BLUE RIDGE PARKWAY, LEES-MCRAE COLLEGE, APPALACHIAN	
STATE UNIVERSITY, MAYLAND COMMUNITY COLLEGE, CHAMBERS OF COMMERCE IN	
THE LOCAL REGION, GIRL SCOUTS OF THE USA AND OTHER ORGANIZATIONS.	
PROMOTE A FAMILY CULTURE WHERE EMPLOYEES FEEL A SENSE OF OWNERSHIP OF	
OUR MISSION, PRIDE, VALUE AND SATISFACTION IN THEIR DAILY ACTIVITIES	
AND IN THEIR CONTRIBUTIONS TO THE FOUNDATION'S MISSION. ACT AS AN	
ECONOMIC DRIVER WITHIN THE REGION BY POSITIVELY INFLUENCING THE LOCAL	
ECONOMY BY DRAWING VISITORS TO GRANDFATHER MOUNTAIN. ENGAGE WITH DONORS	
AND OPERATE FUNDRAISING CAMPAIGNS TO FURTHER OUR MISSION OF INSPIRING	
CONSERVATION OF THE NATURAL WORLD BY HELPING GUESTS EXPLORE, UNDERSTAND	
AND VALUE THE WONDERS OF GRANDFATHER MOUNTAIN.	
FORM 990, PART VI, SECTION A, LINE 2:	
JULIA MACRAE MORTON AND CATHERINE WALKER MORTON HAVE A FAMILY RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE EXECUTIVE DIRECTOR REVIEWS THE 990.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD OF DIRECTORS AND OFFICERS SIGN AN ANNUAL CONFLICT OF INTEREST	
DISCLOSURE AGREEMENT ANNUALLY. ANY CONFLICTS, OR POTENTIAL CONFLICTS, THAT	Schedule O (Form 990) 202

Schedule O (Form 990) 2021 Page **2**

Name of the organization GRANDFATHER MOUNTAIN STEWARDSHIP	Employer identification number
FOUNDATION, INC.	26-4812778
ARISE ARE DISCLOSED AS SOON AS THEY ARE KNOWN. ANY CONFLICTS AFFECTING ANY	
ITEM ON AN AGENDA ARE DISCLOSED AT THE BEGINNING OF THE BOARD MEETING. ANY	
INTERESTED BOARD MEMBER OR OFFICER WITH A CONFLICT RECUSES THEMSELVES FROM	
THE DISCUSSION AND FORMAL VOTE ON ANY CONFLICT THAT ARISES.	
FORM 990, PART VI, SECTION B, LINE 15A:	
WE CONDUCT A SALARY AUDIT, BY AN OUTSIDE THIRD PARTY, EVERY 3-5 YEARS FOR	
ALL POSITIONS IN THE ORGANIZATION. WE REVIEW EVERY POSITION AND SEEK BOARD	
APPROVAL OF OUR SALARY RANGES FOR ALL POSITIONS. EXECUTIVE COMPENSATION IS	
DETERMINED BY THE BOARD OF DIRECTORS, AND EXECUTIVE STAFF DETERMINES ALL	
OTHER SALARIES AND COMPENSATION THROUGH THE APPROVAL OF THE ANNUAL BUDGET	
BY THE BOARD OF DIRECTORS. SALARY GRADES ARE ESTABLISHED BASED ON THE	
FINDINGS OF THE AUDIT, BASED ON COMPARABILITY DATA OF SIMILAR ORGANIZATIONS	
ACROSS OUR REGION. PROGRESSION IN THE SALARY STRUCTURE IS ACHIEVED BY	
PROMOTION, REVIEW OF JOB PERFORMANCE THROUGH ANNUAL EMPLOYEE EVALUATIONS	
AND AN ANNUAL CONSIDERATION OF A COLA SALARY ADJUSTMENT, APPROVED BY THE	
BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR	
THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
THE SAME LEXIOD OF DISCHOSORE AS SELFORTH IN SECTION 0104(D).	