		_	EXTENDED TO JUNE 15, 2022			
Form 990-T Exempt Organization Business Income Tax Return						No. 1545-0047
			(and proxy tax under section 6033(e))			~~~
		For cal	endar year 2020 or other tax year beginning AUG 1, 2020 , and ending JUL 31, 2021		2	020
Dena	rtment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.			
	al Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(501(c)(3) C	ublic Inspection for Drganizations Only
Α	Check box if		Name of organization (Check box if name changed and see instructions.)	DEmp	loyer identi	fication number
	address changed.		NATIONAL ACADEMY OF RECORDING ARTS &			
	xempt under section	Print	SCIENCES, INC.		95-605	
X	x 501(c)(6) 0r Number, street, and room or suite no. If a P.O. box, see instructions. 400(c) 200(c) 700 (c) 200(c)				up exemption	
	408(e) 220(e)	1,200	3030 OLYMPIC BOULEVARD	_		
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code			
	529(a) 529S		SANTA MONICA, CA 90404-5073	F	Chec	k box if
			ok value of all assets at end of year > 144,766,278.			nended return.
	Check organization			Applica	able reins	surance entity
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439			
			ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>		<u></u>
			ed Schedules A (Form 990-T)		1	
	• •		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes	X No
-			d identifying number of the parent corporation.	(0.4.0.)		
			■ WAYNE J. ZAHNER Telephone number ►	(310)	392-3	117
1			ss taxable income computed from all unrelated trades or businesses (see			10 073
						-12,273.
2						10 070
3	Add lines 1 and 2		· · · · · · · · · · · · · · · · · · ·			-12,273.
4			see instructions for limitation rules)			
5			taxable income before net operating losses. Subtract line 4 from line 3			-12,273.
6		•	ng loss. See instructions	. 6		
7			ss taxable income before specific deduction and section 199A deduction.	_		-12,273.
•	Subtract line 6 fro					1,000.
8			rally \$1,000, but see instructions for exceptions)			1,000.
9	Total deductions		duction. See instructions			1,000.
10 11			nes 8 and 9 Ible income. Subtract line 10 from line 7. If line 10 is greater than line 7,	. 10		
	enter zero	55 LAAA	-	11		0.
Pa	IT II Tax Com	putat	on			
1		-	s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1		0.
2			ates. See instructions for tax computation. Income tax on the amount on			
2	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	▶ 2		
3	Proxy tax. See ins			3		
4	Other tax amounts					
5	Alternative minimu			·		
6			cility income. See instructions	· –		
7	-		h 6 to line 1 or 2, whichever applies	. 7		0.
LHA			ion Act Notice, see instructions.		Form	990-T (2020)

023701 02-02-21

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpaye	Taxpayer identification number (TIN)		
print	NATIONAL ACADEMY OF RECORDING ARTS &						
	SCIENCES, INC.				95-605	52058	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 3030 OLYMPIC BOULEVARD	ee instruct	ions.				
instructions.	City, town or post office, state, and ZIP code. For a for SANTA MONICA, CA 90404-5073						
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			0 7	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990)-BL	02	Form 1041-A			08	
Form 4720 (individual) 03 Form 4720 (other than individual)					09		
Form 990)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	05 Form 6069			11	
Form 990	0-T (trust other than above)	06	Form 8870			12	
	WAYNE J. ZAHNER						
	ooks are in the care of 🕨 3030 OLYMPIC BOULEVAR	D - SANT	A MONICA, CA 90404-5073				
Telepl	none No. 🕨 (310) 392-3777		Fax No. 🕨				
	organization does not have an office or place of business						
• If this	is for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN)	If this is fo	r the whole	group, check this	
box 🕨	. If it is for part of the group, check this box $ig>$	and atta	ch a list with the names and TINs o	f all memb	ers the exte	nsion is for.	
1 Ire	equest an automatic 6-month extension of time until	JUNE 1	5, 2022 , to fil	e the exem	npt organiza	tion return for	
the	organization named above. The extension is for the org	anization's	return for:				
	calendar year or						
	X tax year beginning AUG 1, 2020	, an	d ending 31, 2021		·		
2 lft	he tax year entered in line 1 is for less than 12 months, c	hock roase	on: Initial return	Final retur	'n		
	Change in accounting period						
3a lft	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less				
an	y nonrefundable credits. See instructions.			3a	\$	0.	
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter any	refundable credits and				
est	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment with	n this form, if required, by				
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct deb	bit) with this Form 8868, see Form 8	453-EO an	d Form 887	9-EO for payment	
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form	8868 (Rev. 1-2020)	

023841 04-01-20

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

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

Sign	Under penalties of perjury, I declare that I have examin correct, and complete. Declaration of preparer (other the				wledge	and belief, it is true,	
Here			CHIEF FINANCIAL OFFIC			May the IRS discuss this return with the preparer shown below (see	
	Signature of officer	Date Title			instru	ctions)? X Yes	No
	Print/Type preparer's name	Preparer's signature	Date	Check	if	PTIN	
Paid		1 405		self- employ	ed		
Preparer	. JANE M. SEARING	Jone II Daring	5/26/2022			P00000565	
Use Only		Firm's EIN		86-1065772			
		ENUE, SUITE 3300					
	Firm's address 🕨 SEATTLE, WA 9	Phone no.	one no. (206) 716-7000				
						000 T	

023711 02-02-21

SCHEDULE A (Form 990-T)

Department of the Treasury

Unrelated Business Taxable Income From an Unrelated Trade or Business

► 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).

Open to Public Inspection for

Inte	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).					nly
Α	J		Employer identific 95-6052058	ation num	nber	
с	Unrelated business a	activity code (see instructions) > 541800 D S	Sequence:	1 of	1	

E Describe the unrelated trade or business WEB ADVERTISING

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	233,517.	245,790.	-12,273.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	233,517.	245,790.	-12,273.
Pa	t II Deductions Not Taken Elsewhere (See instructi	ons f	or limitations on de	ductions) Deductior	ns must be

directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	I Part I	, line 13,		
	column (C)			16	-12,273.
17	Deduction for net operating loss (see instructions)			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	-12,273.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	e A (Form 990-T) 2020

023741 12-23-20

ENTITY

1

OMB No. 1545-0047

2020

Cele -					
	ule A (Form 990-T) 2020				Page
Part	III Cost of Goods Sold Enter met	hod of inventory valuat	tion 🕨		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	,			Yes No
Part					
1	Description of property (property street address, city, s		-	• • • • • •	
	A	tate, Zii Couej. Oneck		10113)	
	в 🗌				
	D			-	
_		Α	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I. line 6. col	umn (A) 🕨	0.
3	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income	through D. Enter here	and on Part I, line 6, col	umn (A) 🕨	0.
	Deductions directly connected with the income	through D. Enter here	and on Part I, line 6, col	umn (A)	0.
3 4		through D. Enter here	and on Part I, line 6, col	umn (A)	0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	nter here and on Part I,			0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s	iter here and on Part I, ee instructions)	line 6, column (B)	······	
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o	iter here and on Part I, ee instructions)	line 6, column (B)	······	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	iter here and on Part I, ee instructions)	line 6, column (B)	······	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions)	line 6, column (B)	······	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions)	line 6, column (B)	······	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B)	nstructions)	0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions)	line 6, column (B)	······	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B)	nstructions)	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B)	nstructions)	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B)	nstructions)	0.
4 <u>5</u> 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B)	nstructions)	0.
4 <u>5</u> 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B)	nstructions)	0.
4 <u>5</u> Part 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B)	nstructions)	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B)	nstructions)	0.
4 <u>5</u> Part 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B)	nstructions)	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B)	nstructions)	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B)	nstructions)	0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B)	nstructions)	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	Iter here and on Part I, ee instructions) city, state, ZIP code). C A	line 6, column (B)	nstructions)	0.
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	line 6, column (B) Check if a dual-use (see in B	C	D
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	line 6, column (B) Check if a dual-use (see in B	nstructions)	0.
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A	line 6, column (B) Check if a dual-use (see in B B Check if a dual-use (see in Check if a dual-use (see in)	c	0.
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	line 6, column (B) Check if a dual-use (see in B B Check if a dual-use (see in Check if a dual-use (see in)	c	D
4 5 Part 1 2 3 a b c 4 5 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A	line 6, column (B) Check if a dual-use (see in B B Check if a dual-use (see in Check if a dual-use (see in)	c	0.
4 5 7 2 3 4 5 4 5 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A	line 6, column (B) Check if a dual-use (see in B B Check if a dual-use (see in Check if a dual-use (see in)	c	0.
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)		line 6, column (B) Check if a dual-use (see in B B Check if a dual-use (see in Check if a dual-use (see in)	C	0.
4 5 Part 1 2 3 a b c 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A Enter here and on Part I, ee instructions) city, state, ZIP code). C A . Enter here and on Pa	line 6, column (B) Check if a dual-use (see in B B Check if a dual-use (see in Check if a dual-use (see in)	C C (C) (C) (C) (C) (C) (C) (C) (C) (C)	0. 0.

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	ule A (Form 990-T) 2020		ovalties and Be	onts from	n Control	led Or	nanization	S (00	e instruct	iono)	Page 3
Fait							-				
	1. Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Total of		Exempt Controlled Organization al of specified nents made that is included controlling org tion's gross in		rt of colur included olling orga	nn 4 6. in the aniza-	Deductions directly connected with ncome in column 5	
(1)									gr033 mc		
(2)											
(3)											
<u>(4)</u>											
<u></u>			No	nexempt C	Controlled O	rganizati	ons			1	
	7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)	9. To	otal of speci yments mac	fied	10. Part that is included controlling	luded i	n the ation's	C	eductions directly onnected with me in column 10
(1)											
(2)											
(3)											
(4)											
Totals Part	VII Investment	Income cription of	of a Section 50 income	1(c)(7), (9), or (17) 2. Amou incor	int of	line 8, c	ee instr ons ected	0. uctions) 4. Set- (attach st	asides	e 8, column (B) 0. 5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(1) (2)											
(3)											
(<u>3)</u> (4)											
Totals				Þ	Add amo column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.
Part	VIII Exploited E	xempt /	Activity Income,	Other T	han Advo	ertising	g Income	see ins	tructions)		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	ne from trade or busin	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wi	th production of unre	elated busi	iness incom	e. Enter l	here and on Pa	art I,			
	line 10, column (B)									3	
4	Net income (loss) from										
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen			•							
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2020

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	ule A (Form 990-T) 2020				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a c	onsolidated basi	is.	
	A WWW.GRAMMY.COM				
	в				
	c				
	D				
Enter a	amounts for each periodical listed above in the co	prresponding column.			
		A	В	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and on P	Part I, line 11, column (A)		►	233,517.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on P	Part I, line 11, column (B)		►	245,790.
		[]			
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete	10 070			
_	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
8	than line 6, enter zero Excess readership costs allowed as a				
0	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7	I I			
а	Add line 8, columns A through D. Enter the grea		al or zero here ar	nd on	
u	Part II, line 13			>	0.
Part		ctors, and Trustees (se		·····	
			,	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1			►	0.
Part	XI Supplemental Information (see	instructions)			
PART	IX, LINE 1: THE RECORDING ACADEMY HO	OSTS A WEBSITE DEDICATE	О ТО		
HIGHI	IGHTING NEWS AND EVENTS RELATED TO A	ARTIST AND			
TECHN	ICAL DEVELOPMENTS WITHIN THE RECORDI	ING INDUSTRY			
AS WE	LL AS CULTURAL AND EDUCATIONAL EVENT	TS. THE			
DEGOE	DING AGADENY GELLG DANNED ADVEDUIGEN				
RECOR	DING ACADEMY SELLS BANNER ADVERTISEM	IENTS AND			
VIDEC					
A T DEC	ADVERTISEMENTS ON THE WEBSITE.				

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National Academy of Recording Arts & Sciences, Inc. Form 990-T Federal Net Operating Loss Carryforward

	Available This			
Tax Year	Loss Sustained	Applied	Loss Remaining	Year
7/31/2018	80,163	-	80,163	80,163
NOL Carryover Ava	ailable This Year		80,163	80,163

Net Operating Losses Generated in Tax Years Beginning Before January 1, 2018

Net Operating Losses Generated in Tax Years Beginning After January 1, 2018 Unrelated Trade or Business: Web Advertising

		Loss Previously		Available This
Tax Year	Loss Sustained	Applied	Loss Remaining	Year
7/31/2019	108,421	-	108,421	108,421
7/31/2020	130,450	-	130,450	130,450
NOL Carryover Ava	238,871			