EXTENDED TO JUNE 15, 2023

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

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

Common or organization Common or organization Common organiz	A F	or the	2021 calendar year, or tax year beginning AU	G 1, 2021 and	ending J	UL 31, 2022		
Date Prior Vear Part Vill, line 1a) Prior Vear	B c	heck if pplicable		5 &		D Employer ide	ntific	ation number
Professional Pro		Addres	sciences inc.					
Number and street (of P.0.5 ob it final is not delived to street aboriess) Solid DELTAPEZ DOUTLEVARID City or town, state or province, country, and ZIP or foreign postal code		Name change	-			95-6052	058	
City or town, state or province, country, and ZiP or foreign postal code City or town, state or province, country, and ZiP or foreign postal code City or town, state or province City or town state or province City or town state Cit		_return □Final	`	vered to street address)	Room/suite			77
SANTA MONICA, CA. 90404-5073		termin-	City or town, state or province, country, and 2	IP or foreign postal code		G Gross receipts \$		97,908,738.
Fame and address of principal officer. HARVEY MASON JR. Holp Authority Yes No Tax exempt status. \$501(c)(3) X \$501(c)(6) 4 (insert no.) 4947(a)(1) or 527 Hr No., "attach a list. See instructions Yes No No No No No No No N			and the second s	3 1			up ret	
Name As C ABOVE Value Va		Applica	F Name and address of principal officer: HARVE	Y MASON JR.				
Tax-exempt status: 501(c)(3) \$ 501(c) (6		pendin	1 I					
J Web-lete: WWW. GRAMATY. COM	ΙΤ	ax-exe	mpt status: 501(c)(3) X 501(c) (6)	◀ (insert no.) 4947(a)(1)	or 527	1		
Part Summary						H(c) Group exem	ption	number -
Briefly describe the organization's mission or most significant activities: OUR_MISSION_IS_TO_ADVANCE_THE	K F	orm of	organization: X Corporation Trust Ass	ociation Other >	L Year	of formation: 1987	М	State of legal domicile: DE
ARTS AND SCIENCES OF RECORDING AND TO FOSTER CREATIVE LEADERSHIP.	Pa	rt I	Summary					
Section Prior Year Prior Year Current Year	ø.	1	Briefly describe the organization's mission or most	significant activities: OUR MI	SSION IS	TO ADVANCE TH	E	
Section Prior Year Prior Year Current Year	ğ	1	ARTS AND SCIENCES OF RECORDING AND TO	FOSTER CREATIVE LEADER	SHIP.			
Solution Prior Year Current Year Prior Year Current Yea	rns	2 (Check this box 🕨 🔛 if the organization discon	tinued its operations or dispos	sed of more	than 25% of its ne	t asse	
Solution Prior Year Current Year Prior Year Current Yea	8						-	
Solution Prior Year Current Year Prior Year Current Yea	ত						-	
Solution Prior Year Current Year Prior Year Current Yea	es						-	
Section Prior Year Prior Year Current Year	ĭĒ						-	
Section Prior Year Prior Year Current Year	Act						-	
8 Contributions and grants (Part VIII, line 1h)	_	b	Net unrelated business taxable income from Form S	90-T, Part I, line 11	<u></u>		7b	
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), lines 11-11d, 11f-24e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total assets (Part X, line 16) 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total assets or fund balances. Subtract line 21 from line 20 26 Total assets or fund balances. Subtract line 21 from line 20 27 Total assets or fund balances. Subtract line 21 from line 20 28 Total assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature of officer 24 Print Type preparer's name 25 Signature of officer 26 Print Type preparer's name 27 Signature of officer 28 Proparer 29 Signature of officer 29 Proparer's signature 20 Firm's address of Sp Town Centrer Drive, Suite 1000 20 COSTA MESA, CA 92626 21 Phone no. (714) 436-7100							0.7	
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16a Professional fundraising fees (Part IX, column (A), line 11e)						23 157 7	— <u>`</u> ∔	
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's name Prepare	oen				^			
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19 Revenue less expenses. Subtract line 18 from line 12 -6,198,125. 853,673.							-	
Beginning of Current Year End of Year						-6,198,1	25.	853,673.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here WAYNE J. ZAHNER, CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Firm's name DELOITTE TAX LLP Firm's EIN 695 TOWN CENTER DRIVE, SUITE 1000 COSTA MESA, CA 92626 Phone no. (714) 436-7100	or		•		Ве	ginning of Current Y	ear	End of Year
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here WAYNE J. ZAHNER, CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Firm's name Date Check PTIN ### Preparer's signature ### Preparer's signature Firm's name DELOITTE TAX LLP Firm's EIN ### 86-1065772 ### Phone no. (714) 436-7100	sets	20	Total assets (Part X, line 16)			144,766,2	78.	126,130,993.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here WAYNE J. ZAHNER, CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Firm's name Date Check PTIN ### Preparer's signature ### Preparer's signature Firm's name DELOITTE TAX LLP Firm's EIN ### 86-1065772 ### Phone no. (714) 436-7100	ASS	21	Total liabilities (Part X, line 26)			27,658,9	16.	27,660,195.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Wayne J. Zahner, Chief Financial Officer Type or print name and title Print/Type preparer's name JESSICA KARANTONIS Preparer Firm's name Deloite Tax LLP Firm's lin Firm's EIN 86-1065772 Phone no. (714) 436-7100				ine 20		117,107,3	62.	98,470,798.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here WAYNE J. ZAHNER, CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name JESSICA KARANTONIS Preparer Firm's name DELOITTE TAX LLP Firm's address 695 TOWN CENTER DRIVE, SUITE 1000 COSTA MESA, CA 92626 Phone no. (714) 436-7100			-					
Sign Here Signature of officer Date		•				•	of my	knowledge and belief, it is
Here WAYNE J. ZAHNER, CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name JESSICA KARANTONIS Preparer Firm's name DELOITTE TAX LLP Firm's address → 695 TOWN CENTER DRIVE, SUITE 1000 COSTA MESA, CA 92626 Phone no. (714) 436-7100	true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of wl	nich preparer	has any knowledge.		
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Type or print name and title Print/Type preparer's name Paid Paid Preparer Preparer Preparer Preparer Preparer Preparer Preparer's signature Preparer Preparer Preparer Preparer's signature Preparer Preparer Preparer's signature Preparer Preparer Preparer's signature Preparer Preparer Prim's name Date 6/8/2023 Firm's EIN Prim's EIN 86-1065772 Phone no. (714) 436-7100		1	,	NET CED		Date		
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Preparer Use Only Firm's name DELOITTE TAX LLP Firm's EIN 695 TOWN CENTER DRIVE, SUITE 1000 COSTA MESA, CA 92626 Phone no. (714) 436-7100	Daid		** * *			6/8/2023 if		
Use Only Firm's address 695 TOWN CENTER DRIVE, SUITE 1000 COSTA MESA, CA 92626 Phone no.(714) 436-7100		ŀ		June (saund)		Self-		<u> </u>
COSTA MESA, CA 92626 Phone no. (714) 436-7100		1	THIN STIGHTS			FIIII S EIN	P	
	030	Jy				Phone no	(714	1) 436-7100
	May	the IP	•	e? See instructions		I i none no.	,	X Yes No

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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 instructions. Taxpayer identification number (TIN) NATIONAL ACADEMY OF RECORDING ARTS & print SCIENCES INC. 95-6052058 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 3030 OLYMPIC BOULEVARD return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA MONICA, CA 90404-5073 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) WAYNE J. ZAHNER Telephone No. ► (310) 392-3777 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box JUNE 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning AUG 1, 2021 JUL 31, 2022 , and ending Tinal return Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Pai	t III Statement of Program Service Accomplishments	9
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	OUR MISSION IS TO ADVANCE THE ARTS AND SCIENCES OF RECORDING AND TO	
	FOSTER CREATIVE LEADERSHIP FOR ARTISTIC, CULTURAL, EDUCATIONAL, AND	
	TECHNICAL PROGRESS IN THE RECORDING FIELD. A PRIMARY ACTIVITY OF THE	
	RECORDING ACADEMY IS THE RECOGNITION OF OUTSTANDING CREATIVE AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experience of the organization of the organ	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	THE RECORDING ACADEMY PRODUCES THE GRAMMY AWARDS, THE ONLY	
	PEER-PRESENTED AWARD TO HONOR ARTISTIC ACHIEVEMENT, TECHNICAL	
	PROFICIENCY, AND EXCELLENCE IN THE RECORDING INDUSTRY, WITHOUT REGARD	
	TO ALBUM SALES OR CHART POSITION.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
40	(code) (Expenses 4	,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶	
		Form 990 (2021)

SCIENCES INC <u>Page</u> **3** Form 990 (2021) Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect N/A during the tax year? If "Yes," complete Schedule C, Part II 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI 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 Х 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." X 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

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20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Form 990 (2021) SCIENCES, 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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a	N/A	
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	14/ 21	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b	N/A	
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	,	
_0	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		Х
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		X
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		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Jua		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	005		
	If "Yes," complete Schedule R, Part V, line 2	36	N/A	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
	i i		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	۵.	v	
	(gambling) winnings to prize winners?	1c	X	

SCIENCES, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

b in 1988	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
b 1 1 1 1 1 1 1 1 1	Enter the number of employees reported on Form W.S., Transmittal of Wage and Tax Statements,			
b 1 1 1 1 1 1 1 1 1	filed for the calendar year ending with or within the year covered by this return 214	:		
3a [b li	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b i	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
	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	
Ha r	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
f	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b I	If "Yes," enter the name of the foreign country			
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a \	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b [Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c l	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a [Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
a	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b i	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
٧	were not tax deductible?	6b	Х	
	Organizations that may receive deductible contributions under section 170(c). N/A			
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	<u> </u>	
b I	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c [Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	37./3	<u> </u>
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	_
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A			
	openioring organization have observe business notatings at any time daring the year.	8		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	00		
	and the openioring organization make any taxable distributions and observe rece.	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders N/A 11a			
- (Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
b (amounts due or received from them.)			
		1		
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a S	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b	12a		
12a S b l	. 1	12a		
12a S b li 13 S	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a 13a		
12a S b li 13 S a li	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A			
12a S b li 13 S a li	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A			
12a S b li 13 S a li b E	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A Note: See the instructions for additional information the organization must report on Schedule O.			
12a \$ b 13 \$ a b E	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
12a S b 13 S a 14 b E c E 14a E	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A Note: See the instructions for additional information the organization must report on Schedule O. 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 13c Did the organization receive any payments for indoor tanning services during the tax year?			Х
12a S b 13 S a 14 b E c E 14a E	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand 13b 13c	13a		X
12a \$ b 13 \$ c 6 6 6 6 6 6 6 6 6	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A Note: See the instructions for additional information the organization must report on Schedule O. 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 13c Did the organization receive any payments for indoor tanning services during the tax year? 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	13a 14a		X
12a \$ b 13 \$ c 6 6 6 6 6 6 6 6 6	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A Note: See the instructions for additional information the organization must report on Schedule O. 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 13c Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	13a 14a	X	X
12a S b 13 S a 15 b E c E 14a E b 15	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A Note: See the instructions for additional information the organization must report on Schedule O. 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 13c Did the organization receive any payments for indoor tanning services during the tax year? 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	13a 14a 14b	x	
12a \$ b 1	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A Note: See the instructions for additional information the organization must report on Schedule O. 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 13c Did the organization receive any payments for indoor tanning services during the tax year? 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 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	13a 14a 14b	X	X
12a \$ b 13 \$ c E 14a E 15 15 16 16 16 16 16 16	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 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 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	13a 14a 14b	x	
12a \$ b 1	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A Note: See the instructions for additional information the organization must report on Schedule O. 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 13c Did the organization receive any payments for indoor tanning services during the tax year? 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 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	13a 14a 14b	x	

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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.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 43	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct 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 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
, .	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	· · ·		
~	and the self-self-self-self-self-self-self-self-	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 5		
	This Section B requests information about policies not required by the internal nevenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	110
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
		10b	х	
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIIa		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·		12c	х	
13	on Schedule O how this was done	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	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.	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		l
17	List the states with which a copy of this Form 990 is required to be filed ▶CA, IL, NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	- Jy)		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.	IUI N	ui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	WAYNE J. ZAHNER - (310) 392-3777			
	3030 OLYMPIC BOULEVARD, SANTA MONICA, CA 90404-5073			

<u> Page</u> **7**

Form 990 (2021)

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

Х

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.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle:	Pos heck ss per	more rson i	than of structures	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DEBORAH SZULANSKY	0.00									
FORMER OFFICER (PRESIDENT/CEO)	0.00						Х	5,750,000.	0.	0.
(2) HARVEY MASON	40.00									
CEO	1.20			Х				1,369,344.	0.	14,081.
(3) NEIL PORTNOW	40.00									
FORMER OFFICER	0.00						Х	800,000.	0.	0.
(4) BRANDEN CHAPMAN	40.00									
CHIEF OPERATING OFFICER	1.20				Х			507,709.	0.	31,480.
(5) DARYL FRIEDMAN	40.00									
CHIEF ADVOCACY & PUBLIC POLICY OFFCR	0.00				Х			487,940.	0.	34,402.
(6) WAYNE ZAHNER	40.00									
CHIEF FINANCIAL OFFICER	1.20			Х				420,984.	0.	26,688.
(7) RUBY MARCHAND	40.00									
CHIEF AWARDS AND INDUSTRY OFFICER	0.00				Х			389,161.	0.	36,968.
(8) VALEISHA JONES	40.00									
CO-PRESIDENT	0.00				Х			368,498.	0.	30,631.
(9) ADAM ROTH	40.00									
SR. VP PARTNERSHIPS & BUSINESS DEVEL	0.00					Х		319,624.	0.	18,396.
(10) WILLIAM FREIMUTH	40.00									
CHIEF AWARDS OFFICER	0.00					Х		275,387.	0.	24,290.
(11) SHONDA GRANT	40.00									
CHIEF PEOPLE & CULTURE OFFICER	0.00					Х		246,980.	0.	35,988.
(12) RICHARD ENGDAHL	40.00									
CIO	0.00					Х		263,485.	0.	16,424.
(13) PANOS PANAY	40.00									
PRESIDENT	0.00				Х			234,857.	0.	16,132.
(14) ALEX CHAVEZ	1.00									
TRUSTEE (FROM 6/1/22)	0.00	Х						0.	0.	0.
(15) ANDREW JOSLYN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(16) ANGELIQUE KIDJO	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(17) ANNA FRICK	1.00									
TRUSTEE	0.00	Х						0.	0.	0. Form 990 (2021)

132007 12-09-21

Form **990** (2021)

95-6052058

Part VIII Section A Officers Directors Tru	ata a Kau Fun											ago -
Section A. Officers, Directors, 110		ЭЮУ	ees,			gnes	St C		` ′		<u></u> .	
(A)	(B)			Pos				(D)	(E)		(F)	
Name and title	Average			heck	more	than		Reportable	Reportable	l .	stimate	
	hours per week			ss per				compensation	compensation	l ar	nount	ot
	(list any				Π		Ĺ	from the	from related organizations	000	other	tion
	hours for	lirect						organization	(W-2/1099-MISC/	l	npensa rom the	
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	l	anizat	
	organizations	Individual trustee or director	al trus		99/	mper		1099-NEC)	10001120)	١ ١	d relat	
	below	dualt	ution		l old m	st co	er			l	anizati	
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(18) BERNARD FREEMAN	1.00											
TRUSTEE	0.00	Х						0.	0.			0.
(19) BETH COHEN	1.00											
TRUSTEE	0.00	Х						0.	0.			0.
(20) CAROLYN MALACHI	1.00											
TRUSTEE (TO 5/31/22)	0.00	Х						0.	0.			0.
(21) CAROLYN RIDDICK	1.00											
TRUSTEE (TO 5/31/22)	0.00	Х						0.	0.			0.
(22) CHECHE ALARA	1.00											
TRUSTEE	0.00	Х						0.	0.			0.
(23) CHELSEY GREEN	1.00	1										
TRUSTEE	0.00	Х						0.	0.			0.
(24) CHRISTINE ALBERT	1.00											
CHAIR EMERITUS	0.00	Х						0.	0.			0.
(25) CHUCK AINLAY	1.00											
TRUSTEE (FROM 6/1/22)	0.00	Х						0.	0.			0.
(26) CLAUDIA MENKARSKI (BRANDT)	1.00											
TRUSTEE (TO 5/31/22)	0.00	Х						0.	0.			0.
1b Subtotal								11,433,969.	0.		285,	
c Total from continuation sheets to Part \	/II, Section A							0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	11,433,969.	0.		285,	480.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization												62
											Yes	No
3 Did the organization list any former office			•		•		_	•	•			
line 1a? If "Yes," complete Schedule J for										3	Х	
4 For any individual listed on line 1a, is the												
and related organizations greater than \$1	50,000? If "Yes,	" co	mpl	ete S	Sche	edule	J fo	or such individual		4	Х	i

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FULWELL 73 UK LIMITED, 7A BAYHAM STREET,		
LONDON, LONDON, UNITED KINGDOM NW1 0EY	EVENT PRODUCTION	15,221,800.
PROSKAUER ROSE LLP		
ELEVEN TIMES SQUARE, NEW YORK, NY 10036	LEGAL SERVICES	3,431,712.
PRUDENT RISK MANAGEMENT INTERNATIONAL LLC,		
9710 TRAVILLE GATEWAY DR PMB 155,	EVENT SEROLOGY	1,809,317.
YOUNG BULL PRODUCTIONS, INC., 333 N.		
GLENOAKS BLVD #510, BURBANK, CA 91502	EVENT PRODUCTION	1,764,880.
GVF PRODUCTIONS, INC.		
14803 CRANBROOK AVENUE, HAWTHORNE, CA 90250	PRODUCTION SERVICES	1,049,897.
2 Total number of independent contractors (including but not limited t	to those listed above) who received more than	
\$100,000 of compensation from the organization	47	
	_	000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

Form 990 SCIENCES, INC. 95-6052058

(Dord VIII)										
Part VII Section A. Officers, Directors, To		nplo	yee			ligh	est (,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	neck	all	that	app	ly)	compensation	compensation	amount of
	per week					ao		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	or director				ed em		(W-2/1099-MISC)	(** =/ *********************************	organization
	related	tee o	ustee			ensat				and related
	organizations	altrus	onal tr		loyee	dwoo				organizations
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	르	SE .	#0	ð.	'≝	호			
(27) DAVE COBB	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(28) DAVID GROSS	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(29) DAVID HARRIS	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(30) DOUGLAS EMERY	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(31) ERIK GAINES	1.00									
TRUSTEE (FROM 6/1/22)	0.00	Х						0.	0.	0
(32) EVAN BOGART	1.00								•	
TRUSTEE	0.00	Х	_					0.	0.	0
(33) FERDDY CALDERON MOSCOSO	0.00							0.	0	0
TRUSTEE (34) FLETCHER FOSTER	1.00	Х						0.	0.	0
TRUSTEE (TO 5/31/22)	0.00	Х						0.	0.	0
(35) GEBRE WADDELL	1.00	Λ						0.	0.	0
TRUSTEE	0.00	Х						0.	0.	0
(36) GEORGE FLANIGEN, IV	1.00								••	
TRUSTEE (TO 5/31/22)	0.00	х						0.	0.	0
(37) J IVY	1.00									-
TRUSTEE	0.00	х						0.	0.	0
(38) JENNIFER BLAKEMAN	1.00									
TRUSTEE (FROM 6/1/22)	0.00	Х						0.	0.	0
(39) JENNIFER HANSON	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(40) JIMMY DOUGLASS	1.00									
TRUSTEE (TO 5/31/22)	0.00	х						0.	0.	0
(41) JOHN LEGEND	1.00									
TRUSTEE	0.00	х						0.	0.	0
(42) JORDAN HAMLIN	1.00									
TRUSTEE (FROM 6/1/22)	0.00	Х						0.	0.	0
(43) JULIA MICHELS	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(44) KENNARD GARRETT	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(45) LARRY BATISTE	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(46) LESLIE ANN JONES	1.00									
TRUSTEE (TO 5/31/22)	0.00	Х					i	0.	0.	0

Form 990 SCIENCES, INC. 95-6052058

Form 990 SCIENCES,	INC.								95-60520	730
Part VII Section A. Officers, Directors	, Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	neck	all t	that	app	ly)	compensation	compensation	amount of
	per					au I		from	from related	other
	week (list any	tor				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				ed em		(W-2/1099-MISC)	(** 2) 1000 (**100)	organization
	related	tee or	ustee			ensate				and related
	organizations	trus	nal tru		oyee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	lnd	Inst	0#ij	Key	Hig	Fon			
(47) LISA KAPLAN	1.00	1								
TRUSTEE (TO 5/31/22)	0.00	Х						0.	0.	0
(48) MARCUS BAYLOR	1.00	1								
TRUSTEE	0.00	Х						0.	0.	0
(49) MARIA ELISA AYERBE	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(50) MICHAEL ROMANOWSKI	1.00	1								
TRUSTEE	0.00	Х						0.	0.	0
(51) MIKE KNOBLOCH	1.00	1								
TRUSTEE (FROM 6/1/22)	0.00	Х						0.	0.	0
(52) NABIL AYERS	1.00	1								
TRUSTEE (FROM 6/1/22)	0.00	Х						0.	0.	0
(53) NATALIA RAMIREZ	1.00	1								
TRUSTEE	0.00	Х						0.	0.	0
(54) OM'MAS KEITH (GRAHAM)	1.00	1								
SECRETARY/TREASURER	0.00	Х						0.	0.	0
(55) PJ MORTON	1.00	1								
TRUSTEE	0.00	Х						0.	0.	0
(56) RICHARD BUTLER	5.00	4						_	_	_
VICE CHAIR	0.00	Х						0.	0.	0
(57) RIGGS MORALES	1.00	1								
TRUSTEE (TO 5/31/22)	0.00	Х						0.	0.	0
(58) SAMANTHA COX	1.00	1								
TRUSTEE	0.00	Х						0.	0.	0
(59) SUSAN MARSHALL	1.00	1								
TRUSTEE	0.00	Х						0.	0.	0
(60) TAMMY HURT	5.00	l								_
CHAIR	0.00	Х						0.	0.	0
(61) TERRI LYNE CARRINGTON	1.00	l								_
TRUSTEE (TO 5/31/22)	0.00	Х						0.	0.	0
(62) TERRY JONES	1.00	l								_
TRUSTEE	0.00	Х						0.	0.	0
(63) TK KIDD	1.00	ł								
TRUSTEE	0.00	Х						0.	0.	0
(64) TRACY GERSHON	1.00	 								_
TRUSTEE	0.00	Х	\vdash		\vdash			0.	0.	0
(65) VON VARGAS	1.00	l						_	_ ا	_
IRUSTEE	0.00	Х						0.	0.	0
(66) YOLANDA ADAMS	1.00	l						_	_	_
TRUSTEE	0.00	Х	l	1			l	0.	0.	0

Form 990 (2021) SCIENCES,

Part VIII Statement of Revenue SCIENCES, INC.

Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response or	r note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	96,538.				
ont	g	Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	96,538.	1,312,986.			
O a	- 11		Business Code	1,312,300.			
•	2 a	THE ROLET PURINE THROWS	900099	55,610,594.			55,610,594
Program Service Revenue	2 u b		711320	13,288,432.			13,288,432
Ser	c	GRAMMY TICKET SALES	711320	6,854,555.	6,854,555.		, ,
am (d	PUBLICATION INCOME	541800	373,660.	189,500.	184,160.	
Be	e	NARAS RELATED EVENTS	711320	51,149.	51,149.	,	
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f		76,178,390.			
	3	Investment income (including dividends, interest other similar amounts)	🕨	7,870,600.			7,870,600
	4	Income from investment of tax-exempt bond pro	oceeds	2 574 105			2 574 105
	5	Royalties(i) Real	(ii) Personal	2,574,185.			2,574,185
	6 a b c	Gross rents 6a 6b 6b	(ii) Personai				
	d						
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 9,428,505.					
Revenue		Less: cost or other basis and sales expenses 7b 8,585,196. Gain or (loss) 7c 843,309.					
eve				843,309.	843,309.		
Other R	8 a	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See		015,003.	013,003.		
		Part IV, line 18 8a					
		Less: direct expenses					
		Net income or (loss) from fundraising events Gross income from gaming activities. See	·····				
	y a	Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
snc	11 a	FILM CLIP INCOME	900099	334,518.			334,518.
ane	b		900099	199,963.	199,963.		
Miscellaneous Revenue	С	ANNUITY INCOME	900099	9,591.			9,591.
lisc	d	All other revenue					
≥	e	Total. Add lines 11a-11d		544,072.			
	12	Total revenue. See instructions		89,323,542.	8,138,476.	184,160.	79,687,920.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 6,583,561 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 93,800. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 4,353,961. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 16,748,963. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 807,647 2,600,719 Other employee benefits 9 1,430,526 10 Payroll taxes Fees for services (nonemployees): Management а 3,266,618, Legal 409,195. Accounting 151,243 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 548,965. Other. (If line 11g amount exceeds 10% of line 25, 4,687,172 column (A), amount, list line 11g expenses on Sch O.) 3,371,090, Advertising and promotion 12 1,291,257 13 Office expenses 2,269,739. Information technology 14 Royalties 15 5,232,898 16 Occupancy 2,012,356. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 203,648. Conferences, conventions, and meetings 19 56,971. 20 Payments to affiliates _____ 21 935,838 22 Depreciation, depletion, and amortization 1,061,237. 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) EVENT PRODUCTION 25,143,924. EVENT EXPENSES 4,600,522 ENTERTAINMENT 416,347. С ALL OTHER EXPENSE 191,672. All other expenses е 88,469,869 Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2021) Part X Balance Sheet

		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,288.	1	55,577.
	2	Savings and temporary cash investments			8,579,005.	2	8,284,356.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			9,154,793.	4	4,825,803.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ns		5	
	6	Loans and other receivables from other disqu	ualified pers	sons (as defined			
		under section 4958(f)(1)), and persons descri		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	5			2,662,599.	9	1,904,945.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	1 1	11,714,608.			
	b	Less: accumulated depreciation	10b	8,519,097.	1,720,750.	10c	3,195,511.
	11	Investments - publicly traded securities			108,784,536.	11	97,609,869.
	12	Investments - other securities. See Part IV, lir		11,456.	12	, ,	
	13	Investments - program-related. See Part IV, lii		,	13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		13,851,851.	15	10,254,932.	
	16	Total assets. Add lines 1 through 15 (must e			144,766,278.	16	126,130,993.
	17	Accounts payable and accrued expenses		9,653,089.	17	9,040,358.	
	18	Grants payable	, ,	18	, ,		
	19	Deferred revenue	17,877,563.	19	18,508,035.		
	20	Tax-exempt bond liabilities		, ,	20	, ,	
	21	Escrow or custodial account liability. Comple			21		
ا ۾	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
ij		controlled entity or family member of any of t				22	
Ë	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,					
		parties, and other liabilities not included on li					
		of Schedule D	,		128,264.	25	111,802.
	26	Total liabilities. Add lines 17 through 25			27,658,916.	26	27,660,195.
		Organizations that follow FASB ASC 958, o	check here	X	7	_0	. , ,
န္မ		and complete lines 27, 28, 32, and 33.					
ŝ	27				117,107,362.	27	98,470,798.
3ale	28	***************************************			, , ,	28	, , ,
<u> </u>	20	Organizations that do not follow FASB ASG					
필		and complete lines 29 through 33.	<i>5</i> 556, crice	Sk field			
ъ	29	Capital stock or trust principal, or current fun	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
SSI	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	•			117,107,362.	32	98,470,798.
ž		Total liabilities and not assets/fund balances			144,766,278.		126,130,993.
	33	Total liabilities and net assets/fund balances			111,700,270.	33	Form 990 (2021)

Form **990** (2021)

Pa	TEXT 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	89	,323,	542.
2	Total expenses (must equal Part IX, column (A), line 25)	2	88	,469,	869.
3	Revenue less expenses. Subtract line 2 from line 1	3		853,	673.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	117	,107,	362.
5	Net unrealized gains (losses) on investments	5	-19	,340,	129.
6	Donated services and use of facilities	6		-150,	108.
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	98	,470,	798.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				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 O.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X 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,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2021)

Schedule B

(Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL ACADEMY OF RECORDING ARTS &

SCIENCES, INC.

Employer identification number

95-6052058

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)(6) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	O-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., exclusively religious, charitable, etc., etc., contributions totaling \$5,000 or more during the year \bigset \$					
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

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

Name of organization
NATIONAL ACADEMY OF RECORDING ARTS &
SCIENCES, INC.

Employer identification number
95-6052058

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, address, and Zir + +	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tullio, addition, alla Ell. T.T.	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Hame, audiess, and ZIF + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization
NATIONAL ACADEMY OF RECORDING ARTS &
SCIENCES, INC.

Employer identification number
95-6052058

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	BEVERAGES		
1			
		\$	
(a) lo. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2021) Page 4

ganization		Employer identification number
		95-6052058
Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or) through (e) and the following line encharitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea ntry. For organizations
·		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferse's name address or	(e) Transfer of gi	
Hallsteree's Hallie, address, at	IU ZIF + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gi	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gi	ift Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gi	ift Relationship of transferor to transferee
,	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift (b) Purpose of gift (b) Purpose of gift	Exclusively religious, charitable, etc., contributions to organizations described in from any one contributor. Complete columns (a) through (e) and the following line e completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (e) Transfer of g Transferee's name, address, and ZIP + 4 (e) Transfer of g Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of g Transferee's name, address, and ZIP + 4 (e) Transfer of g Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Use of gift (e) Transfer of g

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** NATIONAL ACADEMY OF RECORDING ARTS & 95-6052058 SCIENCES, INC. Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures

Description

**Descriptio Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b _______ ▶ \$ _ Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Part II-A Complete if the org section 501(h)).	anization is exe	mpt under sectio	n 501(c)(3) and file	d Form 5768 (ele	ection under
	tion belongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar	e of excess lobbying	expenditures).			
B Check ▶ if the filing organiza	tion checked box A a	nd "limited control" pr	ovisions apply.		Т
	ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c and 1	d)			
f Lobbying nontaxable amount. Ente	er the amount from th	e following table in bo	th columns.		
If the amount on line 1e, column (a) o	r (b) is: The lol	obying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e).		
Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze		line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this					Yes No
(Some organizations the	nat made a section 5	eraging Period Unde 501(h) election do not rate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
i diassioots loobying expenditures			1		1

Schedule C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No	Am	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i		_	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i		_	
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i		_	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i			
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i			
p Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i			
i Other activities? j Total. Add lines 1c through 1i	1		
j Total. Add lines 1c through 1i	ļ		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
(// /			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(<u>-</u>)		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	5), or sec	ction	
501(c)(6).		Т у	
		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	? 3	X	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes."			
	1		,216,448
	1		,216,448
1 Dues, assessments and similar amounts from members	1		,216,448
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 			
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year 	2a		,216,448 583,766
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year 	2a		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 	2a 2b 2c	1	583,766
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 	2a 2b 2c 3	1	583,766 583,766
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	2a 2b 2c 3	1	583,766 583,766
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 	2a 2b 2c 3	1	583,766 583,766
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures. See instructions 	2a 2b 2c 3		583,766 583,766
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 	2a 2b 2c 3		583,766 583,766 ,216,448

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

NATIONAL ACADEMY OF RECORDING ARTS & Name of the organization SCIENCES, INC.

Employer identification number 95-6052058

Pai	organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered tes on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	, ,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advise	ed funds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
·	for charitable purposes and not for the benefit of the donor or		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	`	a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year ▶	, , ,	
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	<u> </u>	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservati	ion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footness	ote to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.	A	<u> </u>
Pa	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB AS	G	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990 Part X		▶ \$

132051 10-28-21

Schedule D (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or (Other \$	Similar	Assets	(conti	nued)	agc –
3	Using the organization's acquisition, accession	on, and other records	s, check any of the fo	ollowing that m	nake sigr	nificant us	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	nange program	1					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization'	s exemp	ot purpose	e in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	ures, or other s	similar a	ssets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Ye	es" on F	orm 990,	Part IV, I	ine 9, or		
10	reported an amount on Form 990, Par Is the organization an agent, trustee, custodia		any for contributions	or other accet	te not in	cludod				
ıa	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII							_ 103		_ 140
	ii roo, explain the arrangement iii are xiii t	and complete the foll	owing table.					Amoun	nt	
С	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.				•			_		j
Pai										
		(a) Current year	(b) Prior year	(c) Two years		d) Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance	108,784,536.	89,675,816.	87,064,	143.	80,44	6,791.	75	,976,	177.
b	Contributions				0.	4,50	0,000.		750,	169.
С	Net investment earnings, gains, and losses	-10,625,702.	19,745,657.	3,170,	493.	2,776,667.		4	,347,	271.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	548,965.	636,937.	558,	820.	65	9,315.		626,	826.
g	End of year balance	97,609,869.	108,784,536.	89,675,	816.	87,06	4,143.	80	,446,	791.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered	for the	organizat	ion			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm		D-11 N/ Pro- 44 - 0	F 000 F	24-V P-	- 10				
	Complete if the organization answered			T T						
	Description of property	(a) Cost or of basis (investment)		I		cumulated eciation	1	(d) Boo	k valu	e
1a	Land									
b	Buildings									
С	Leasehold improvements	I		515,031.		4,740,0			775,	
d	Equipment		6	178,571.		3,758,0		2	,420,	
	Other			21,006.		21,0	U6.		105	0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X. column (B). line 10	Oc.)				3	,195,	oll.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 SCIENCES, INC.			6052058 Pag
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-vear market value
4) Financial deduction	(b) Doon raids	(c) manda or raidanem ever er end e	. your marrier raids
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
` '			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o		•	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1) DUE FROM NARAS PROPERTIES, INC.			6,133,32
(2) DUE FROM GRAMMY MUSEUM FOUNDATION, INC	•		1,962,71
(3) DUE FROM LATIN ACADEMY OF RECORDING AR	TS & SCIENCES, INC		424,62
(4) ROYALTY RECEIVABLE DUE FROM LATIN ACAD	EMY OF RECORDING A	RTS & SCIENCES INC.	704,58
(5) OTHER RETIREMENT LIABILITY - 457(B)		,	
			111 80
			111,80
(6) DUE FROM MUSICARES FOUNDATION, INC.			121,21
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY			
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8)			121,21
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9)			121,21 618,02
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	121,21
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			121,21 618,02
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o			121,21 618,02
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o			121,21 618,02
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability			121,21 618,02 10,254,93
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes			121,21 618,02 10,254,93
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) OTHER RETIREMENT LIABILITY - 457(B)			121,21 618,02 10,254,93 (b) Book value
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) OTHER RETIREMENT LIABILITY - 457(B) (3)			121,21 618,02 10,254,93 (b) Book value
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) OTHER RETIREMENT LIABILITY - 457(B) (3) (4)			121,21 618,02 10,254,93 (b) Book value
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) OTHER RETIREMENT LIABILITY - 457(B) (3) (4) (5)			121,21 618,02 10,254,93 (b) Book value
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) OTHER RETIREMENT LIABILITY - 457(B) (3) (4) (5) (6)			121,21 618,02 10,254,93 (b) Book value
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) OTHER RETIREMENT LIABILITY - 457(B) (3) (4) (5) (6)			121,21 618,02 10,254,93 (b) Book value
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) OTHER RETIREMENT LIABILITY - 457(B) (3) (4) (5) (6)			121,21 618,02 10,254,93 (b) Book value
(6) DUE FROM MUSICARES FOUNDATION, INC. (7) BARTER/OTHER INVENTORY (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) OTHER RETIREMENT LIABILITY - 457(B) (3) (4) (5) (6)			121,21 618,02 10,254,93 (b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021 SCIENCES, INC. 95

Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 95-6052058

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements	1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Investment expenses not included on Form 990, Part VIII, line 12; but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 2c 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 2c 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 1 Total expenses and losses per audited financial statements C Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities a Net unrealized pains (losses) and losses per audited financial statements c Other (Describe in Part XIII.) 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b 4a 4b 4c 4c 5 Total expenses and losses of facilities 2 Describe in Part XIII.) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IXII, line 7b 4 Amounts included on Form 990, Part IXII, line 7b 4 Amounts included on Form 990, Part IXII, line 7b 5 Other (Describe in Part XIII.) c Add lines 4a and 4b	Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Fart XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2a 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included in Part XIII.)
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2 d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4 C	a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Epart XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IVII, line 7b 4 Amounts included on Form 990, Part IVII, line 7b 4 Other (Describe in Part XIII.) a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.)
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3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included in Part XIII.) c Add lines 4a and 4b 4c	3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Cher losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included in Part XIII.)
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 4c	4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4a 4b Other (Describe in Part XIII.)
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)
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b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	b Other (Describe in Part XIII.)
c Add lines 4a and 4b 4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)	
Dark VIII Complemental Information	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)
	Dart VIII Cumplemental Information
	Part XIII Supplemental Information.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,
	Part XIII Supplemental Information.
PART V LINE 4.	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,
	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,
	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4:
INVESTMENT INCOME TOWARDS OPERATIONS IN PROMOTION OF THE MISSION AND	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS
	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS
GROWTH OF THE RECORDING ACADEMY AS WELL AS PROVIDE OPERATIONAL SUPPORT IN	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS INVESTMENT INCOME TOWARDS OPERATIONS IN PROMOTION OF THE MISSION AND
GROWTH OF THE RECORDING ACADEMY AS WELL AS PROVIDE OPERATIONAL SUPPORT IN	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS INVESTMENT INCOME TOWARDS OPERATIONS IN PROMOTION OF THE MISSION AND
GROWTH OF THE RECORDING ACADEMY AS WELL AS PROVIDE OPERATIONAL SUPPORT IN CASE OF A CATASTROPHIC EVENT.	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS INVESTMENT INCOME TOWARDS OPERATIONS IN PROMOTION OF THE MISSION AND GROWTH OF THE RECORDING ACADEMY AS WELL AS PROVIDE OPERATIONAL SUPPORT IN
	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS INVESTMENT INCOME TOWARDS OPERATIONS IN PROMOTION OF THE MISSION AND GROWTH OF THE RECORDING ACADEMY AS WELL AS PROVIDE OPERATIONAL SUPPORT IN
	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS INVESTMENT INCOME TOWARDS OPERATIONS IN PROMOTION OF THE MISSION AND GROWTH OF THE RECORDING ACADEMY AS WELL AS PROVIDE OPERATIONAL SUPPORT IN
	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS INVESTMENT INCOME TOWARDS OPERATIONS IN PROMOTION OF THE MISSION AND GROWTH OF THE RECORDING ACADEMY AS WELL AS PROVIDE OPERATIONAL SUPPORT IN
	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS INVESTMENT INCOME TOWARDS OPERATIONS IN PROMOTION OF THE MISSION AND GROWTH OF THE RECORDING ACADEMY AS WELL AS PROVIDE OPERATIONAL SUPPORT IN CASE OF A CATASTROPHIC EVENT.
CASE OF A CATASTROPHIC EVENT.	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS INVESTMENT INCOME TOWARDS OPERATIONS IN PROMOTION OF THE MISSION AND GROWTH OF THE RECORDING ACADEMY AS WELL AS PROVIDE OPERATIONAL SUPPORT IN CASE OF A CATASTROPHIC EVENT.
CASE OF A CATASTROPHIC EVENT.	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS INVESTMENT INCOME TOWARDS OPERATIONS IN PROMOTION OF THE MISSION AND GROWTH OF THE RECORDING ACADEMY AS WELL AS PROVIDE OPERATIONAL SUPPORT IN CASE OF A CATASTROPHIC EVENT.
CASE OF A CATASTROPHIC EVENT. PART X, LINE 2: THE RECORDING ACADEMY ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS INVESTMENT INCOME TOWARDS OPERATIONS IN PROMOTION OF THE MISSION AND GROWTH OF THE RECORDING ACADEMY AS WELL AS PROVIDE OPERATIONAL SUPPORT IN CASE OF A CATASTROPHIC EVENT. PART X, LINE 2: THE RECORDING ACADEMY ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH
CASE OF A CATASTROPHIC EVENT. PART X, LINE 2:	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS INVESTMENT INCOME TOWARDS OPERATIONS IN PROMOTION OF THE MISSION AND GROWTH OF THE RECORDING ACADEMY AS WELL AS PROVIDE OPERATIONAL SUPPORT IN CASE OF A CATASTROPHIC EVENT. PART X, LINE 2: THE RECORDING ACADEMY ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH
CASE OF A CATASTROPHIC EVENT. PART X, LINE 2: THE RECORDING ACADEMY ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INTENDED PURPOSE OF THE ENDOWMENT FUND IS TO EVENTUALLY USE ITS INVESTMENT INCOME TOWARDS OPERATIONS IN PROMOTION OF THE MISSION AND GROWTH OF THE RECORDING ACADEMY AS WELL AS PROVIDE OPERATIONAL SUPPORT IN CASE OF A CATASTROPHIC EVENT. PART X, LINE 2: THE RECORDING ACADEMY ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 b Prior year adjustments 2 c Other losses 4 Other (Describe in Part XIII.) 2 e Add lines 2a through 2d 2 e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.) 4 C Add lines 4a and 4b 4 C	1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b
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b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 2b 2c 2c 2d 4a 4a 4b
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3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b
b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	b Other (Describe in Part XIII.)

Part IX Other Assets. See Form 990, Part X, line 15. (a) Description	(b) Book value
JE FROM THE LATIN GRAMMY CULTURAL FOUNDATION	178,649
	<u> </u>

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations. Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection NATIONAL ACADEMY OF RECORDING ARTS & Name of the organization **Employer identification number** 95-6052058 SCIENCES, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) MUSICARES FOUNDATION, INC. 3030 OLYMPIC BLVD. CONTRIBUTIONS AND PROGRAM 95-4470909 501(C)(3) SERVICE SUPPORT SANTA MONICA, CA 90404 3,218,566, 0 GRAMMY MUSEUM FOUNDATION, INC. SIDEWALK 800 WEST OLYMPIC BOULEVARD A245 PLAOUE CONTRIBUTIONS AND PROGRAM LOS ANGELES, CA 90015 26-1447714 501(C)(3) 25,112.FMV REPLACEMENT SERVICE SUPPORT 2,940,086 LATIN GRAMMY CULTURAL FOUNDATION. INC. - 3470 NW 82ND AVENUE, STE. 46-4770436 501(C)(3) 600 - MIAMI, FL 33122 150 000 0 GENERAL SUPPORT GLAAD INC. 1801 WEST OLYMPIC BLVD., FILE 2334 PASADENA, CA 91199 13-3384027 501(C)(3) GENERAL SUPPORT 145 000 0. CREATIVE COMMUNITY FOR PEACE P.O. BOX 34122 LOS ANGELES, CA 90034 01-0566033 501(C)(3) 15 000 0. GENERAL SUPPORT BEATS BY GIRLZ INC. 2812 WEST JASPER DRIVE CHANDLER, AZ 85224 84-4427785 501(C)(3) 10 000 0 GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

1. Schedule I (Form 990) 2021

11.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) SCIENCES, INC. 95-6052058

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
72-0408929	501(C)(3)	10,000.	0,			GENERAL SUPPORT				
95-1644609	501(C)(3)	10,000.	0.			GENERAL SUPPORT				
46-3360600	501(C)(3)	10,000.	0.			GENERAL SUPPORT				
13-3977880		10,000.	0.			GENERAL SUPPORT				
54-2105425	501(C)(3)	10,000.	0.			GENERAL SUPPORT				
72-0635884	501(C)(3)	10,000.	0,			GENERAL SUPPORT				
	(b) EIN 72-0408929 95-1644609 46-3360600 13-3977880 54-2105425	(c) IRC section if applicable 72-0408929 501(C)(3) 95-1644609 501(C)(3) 46-3360600 501(C)(3)	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 72-0408929 501(C)(3) 10,000. 95-1644609 501(C)(3) 10,000. 46-3360600 501(C)(3) 10,000. 13-3977880 10,000.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 72-0408929 501(C)(3) 10,000. 0. 95-1644609 501(C)(3) 10,000. 0. 46-3360600 501(C)(3) 10,000. 0. 13-3977880 10,000. 0. 54-2105425 501(C)(3) 10,000. 0.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 72-0408929 501(C)(3) 10,000. 0. 95-1644609 501(C)(3) 10,000. 0. 46-3360600 501(C)(3) 10,000. 0. 13-3977880 10,000. 0. 54-2105425 501(C)(3) 10,000. 0.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance 72-0408929 501(C)(3) 10,000. 0. 95-1644609 501(C)(3) 10,000. 0. 46-3360600 501(C)(3) 10,000. 0. 13-3977880 10,000. 0.				

Schedule I (Form 990)

Page 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2021

SCIENCES, INC.

95-6052058

Page 2

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	14	93,800.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
CHAPTERS OF THE RECORDING ACADEMY MAKE DONATIONS TO	O VARIOUS CHA	ARITABLE			
ORGANIZATIONS IN THEIR RESPECTIVE COMMUNITIES. THE	CHAPTERS, EI	THER THROUGH			
THEIR LOCAL CHARITABLE GIVING COMMITTEE OR LOCAL EX	YECTITIVE COM	מדיייים בייייי			
THEIR BOCAL CHARITABLE GIVING COMMITTEE ON BOCAL E.	VECOLIAE COM-	IIIIE, IOI			
FORTH A PROPOSAL FOR THE LOCAL CHAPTER BOARD TO AP	PROVE DONATIO	ONS OF THEIR			
SPECIAL PROJECT FUNDS TO BE USED FOR THIS PURPOSE.	THESE FUNDS	ARE THE			
ACCUMULATION OF FUNDS BASED ON EVENTS HELD AT THE	LOCAL LEVEL.	THESE			
CHAPTER-APPROVED DISBURSEMENTS OVER \$2,500 ARE THE	N SENT TO THE	E NATIONAL			
·					
FINANCE SUBCOMMITTEE FOR FINAL APPROVAL. A PRESENT	ATION IS MADE	DISCLOSING			

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

NATIONAL ACADEMY OF RECORDING ARTS & SCIENCES INC.

Employer identification number 95-6052058

Pa	art I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	X First-class or charter travel					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee X Written employment contract					
	X Independent compensation consultant X Compensation survey or study					
	X Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a	Х	<u> </u>		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
	The organization?	5a		<u> </u>		
b	Any related organization?	5b				
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
а	The organization?	6a		<u> </u>		
b	Any related organization?	6b				
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III	7				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53 (1958-6/c)?	a		1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DEBORAH SZULANSKY		0.	0.	5,750,000.	0.	0.	5,750,000.	0.	
FORMER OFFICER (PRESIDENT/CEO)		0.	0.	0.	0.	0,	0.	0.	
FORMER OFFICER (PRESIDENT/CEO) (2) HARVEY MASON CEO		484,527.	875,000.	9,817.	13,000.	1,081.	1,383,425.	0.	
		0.	0.	0.	0.	0.	0.	0.	
(3) NEIL PORTNOW		0.	800,000.	0.	0.	0.	800,000.	0.	
FORMER OFFICER	(i) (ii)	0.	0.	0.	0.	0.	0.	0.	
(4) BRANDEN CHAPMAN	(i)	502,149.	1,750.	3,810.	4,875.	26,605.	539,189.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) DARYL FRIEDMAN	(i)	410,640.	0.	77,300.	8,250.	26,152.	522,342.	0.	
CHIEF ADVOCACY & PUBLIC POLICY OFFCR		0.	0.	0.	0.	0.	0.	0.	
(6) WAYNE ZAHNER		414,992.	1,750.	4,242.	10,625.	16,063.	447,672.	0.	
CHIEF FINANCIAL OFFICER	(i) (ii)	0.	0.	0.	0.	0.	0.	0.	
(7) RUBY MARCHAND CHIEF AWARDS AND INDUSTRY OFFICER		377,553.	1,750.	9,858.	8,666.	28,302.	426,129.	0.	
		0.	0.	0.	0.	0.	0.	0.	
(8) VALEISHA JONES	(i)	363,208.	1,750.	3,540.	7,653.	22,978.	399,129.	0.	
CO-PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) ADAM ROTH	(i)	271,609.	44,475.	3,540.	5,154.	13,242.	338,020.	0.	
SR. VP PARTNERSHIPS & BUSINESS DEVEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) WILLIAM FREIMUTH		238,099.	0.	37,288.	6,920.	17,370.	299,677.	0.	
CHIEF AWARDS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) SHONDA GRANT	(i)	241,472.	1,750.	3,758.	6,866.	29,122.	282,968.	0.	
CHIEF PEOPLE & CULTURE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) RICHARD ENGDAHL	(i)	222,803.	0.	40,682.	6,500.	9,924.	279,909.	0.	
CIO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) PANOS PANAY	(i)	166,827.	66,750.	1,280.	0.	16,132.	250,989.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE RECORDING ACADEMY HAS A WRITTEN POLICY REGARDING THE CIRCUMSTANCES IN

SCIENCES, INC.

WHICH FIRST CLASS TRAVEL MAY BE USED. THE ORGANIZATION MAKES IT A PRACTICE

TO ROUTINELY USE COACH OR BUSINESS CLASS AIRLINE TRAVEL. THE PRESIDENT/CEO

AND ELECTED OFFICERS ARE PERMITTED TO FLY FIRST CLASS. ALTHOUGH THEY ARE

ENCOURAGED TO FLY BUSINESS CLASS, IF AVAILABLE, PRIOR TO BOOKING IN FIRST

CLASS. FURTHER, THESE INDIVIDUALS ARE ALSO ENCOURAGED TO USE COACH CLASS

TRAVEL FOR VERY SHORT TRIPS. OTHER MEMBERS OF SENIOR MANAGEMENT (MANAGING

DIRECTORS AND ABOVE) ARE ONLY ALLOWED TO FLY BUSINESS OR FIRST CLASS IF THE

FLIGHT IS OVER TWO HOURS IN DURATION. FOR INTERNATIONAL TRAVEL. THE FIRST

CHOICE IS BUSINESS CLASS AND THE SECOND CHOICE IS FIRST CLASS FOR ALL

MEMBERS OF SENIOR MANAGEMENT (MANAGING DIRECTORS AND ABOVE). THE BOARD OF

TRUSTEES MEMBERS ARE OFFERED THE OPPORTUNITY TO FLY FIRST CLASS OR BUSINESS

CLASS FOR THE IN-PERSON BOARD MEETINGS EACH YEAR.

PART I, LINE 4A:

DEBORAH SZULANSKY RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$3,050,350

AND A LEGAL SETTLEMENT IN THE AMOUNT OF \$2,699,650 DURING CALENDAR YEAR

2021.

Schedule J (Form 990) 2021

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization NATIONAL ACADEMY OF RECORDING ARTS & Employer identification number SCIENCES, INC. 95-6052058

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (b) Relationship between disqualified (d) Corrected?

	Complete il trie organization	iranswered res on rollingso, raitiv, i	ine 23a or 23b, or rollin 990-LZ, rait v, line 40b.				
1	(a) Nigger of discussified a sugge	(b) Relationship between disqualified					
	(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No		
2	Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under				
	section 4958		> \$				
3	Enter the amount of tax, if any, on li	ine 2, above, reimbursed by the organization	tion • \$				

Part II Loans to and/or From Interested Persons.

 $Complete if the organization \ answered \ "Yes" \ on Form 990-EZ, Part V, line 38a \ or Form 990, Part IV, line 26; or if the organization \ answered \ "Yes" \ on Form 990-EZ, Part V, line 38a \ or Form 990, Part IV, line 26; or if the organization \ or Form 990-EZ, Part V, line 38a \ or Form 990, Part IV, line 26; or if the organization \ or Form 990-EZ, Part V, line 38a \ or Form 990-EZ, Part V$

reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No	
al					> \$								
	Assistance Ben												

Part III | Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

Schedule L (Form 990) 2021 SCIENCES,			95-605205	8	Page 2
Part IV Business Transactions Involvi	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
PHOENIX RESTORATIONS, INC.	SEE PART V	75,000.	PRODUCTION		Х
RIGGD UP PROJECTS	SEE PART V	10,000.	PRODUCTION		Х
Part V Supplemental Information.					
Provide additional information for response	onses to questions on Schedule L (see i	nstructions).			
SCHEDULE L, PART IV:					
	24 (22)				
GEORGE FLANIGEN, IV, TRUSTEE (UNTIL 5/3	31/22), WAS COMPENSATED BY				
DUOTNIN DEGMODAMIONG ING FOR HIS WORK	Z AG A DEODUGETON GONGULENNE	O.T.			
PHOENIX RESTORATIONS, INC. FOR HIS WORK	AS A PRODUCTION CONSULTANT	OF .			
THE SAME CRAMMY AWARDS					
THE 64TH GRAMMY AWARDS.					
DIGGE MODALES MDUSMEE /INMIT 5/21/22\	WAS COMPENSAMED BY DICCD IID				
RIGGS MORALES, TRUSTEE (UNTIL 5/31/22)	, WAS COMPENSATED BY RIGGD UP				
PROJECTS FOR HIS WORK AS EXECUTIVE PROI	DUCER OF THE BLACK MUSIC				
COLLECTIVE HONORS EVENT. RIGGS MORALES	IS THE SOLE PROPRIETOR OF RI	GGD			
UP PROJECTS.					
·					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

NATIONAL ACADEMY OF RECORDING ARTS & Employer identification number SCIENCES, INC. 95-6052058

Pai	rt I Types of Property					•			
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VII	ted on	(d) Method of de noncash contribu	etermin		s
1	Art - Works of art			,	, <u> </u>				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (BEVERAGES)	Х	2		75,040.	COST OR SELLING	PRIC		
26	Other (GIFT BAG ITEM)	Х	300		21,498.	COST OR SELLING	PRIC		
27	Other								
28	Other (
29	Number of Forms 8283 received by the organization	zation durinç	the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29			0	
								Yes	No
30a	During the year, did the organization receive by				-				
	must hold for at least three years from the date		I contribution, and	which isn't require	d to be us	sed for			
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p					tions?	31		Х
32a	Does the organization hire or use third parties		~	· ·					
	contributions?						32a		Х
	If "Yes," describe in Part II.		_						
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	tor which column	(a) is ched	cked,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

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.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL ACADEMY OF RECORDING ARTS & SCIENCES, INC.

Employer identification number 95-6052058

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TECHNICAL ACHIEVEMENTS IN THE RECORDING ARTS OF THOSE DEEMED TO BE MOST
WORTHY BY THEIR PEERS THROUGH THE ANNUAL PRESENTATION OF THE GRAMMY
AWARDS.
PART V, LINE 6B:
THE ORGANIZATION DOES NOT SOLICIT CONTRIBUTIONS FROM THE GENERAL
PUBLIC. HOWEVER, THEY DO ACCEPT SPONSORSHIP INCOME FROM CORPORATE
DONORS AS PART OF THEIR EVENTS.
FORM 990, PART VI, SECTION A, LINE 1A:
THE EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIR OF THE BOARD OF TRUSTEES,
VICE CHAIR OF THE BOARD OF TRUSTEES, SECRETARY/TREASURER OF THE BOARD OF
TRUSTEES, CHAIR EMERITUS OF THE BOARD OF TRUSTEES AND FOUR (4) SITTING
TRUSTEES SELECTED BY THE CHAIR OF THE BOARD OF TRUSTEES IN CONSULTATION
WITH THE CHIEF EXECUTIVE OFFICER AND RATIFIED BY THE BOARD OF TRUSTEES.
THEY ARE GRANTED UNILATERAL RIGHTS TO CONDUCT BUSINESS ON BEHALF OF THE
BOARD OF TRUSTEES. ANY SUCH ACTION SHALL BE COMMUNICATED TO THE ENTIRE
BOARD AS PROMPTLY AS THE EXECUTIVE COMMITTEE DEEMS REASONABLY PRACTICABLE.
SUCH ACTIONS SHALL NOT INCLUDE:
(A)ALTERING MAJOR LEGAL DOCUMENTS SUCH AS, BUT NOT LIMITED TO, THE
CERTIFICATE OF INCORPORATION, BYLAWS, OR GOVERNANCE MANUAL;
(B)AUTHORIZING MERGERS (OTHER THAN A MERGER OF ANY WHOLLY-OWNED SUBSIDIARY
WITH THE RECORDING ACADEMY), ACQUISITIONS, JOINT VENTURES, CONSOLIDATIONS
OR DISSOLUTIONS; OR APPROVING THE SALE, LEASE, EXCHANGE OR ENCUMBRANCE OF
ANY MATERIAL ASSET OF THE RECORDING ACADEMY THAT IS NOT IN THE ORDINARY

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021 Page 2 NATIONAL ACADEMY OF RECORDING ARTS & Name of the organization **Employer identification number** SCIENCES, INC. 95-6052058 COURSE OF BUSINESS OF THE RECORDING ACADEMY; (C)FORMING OR DISSOLVING STANDING AND TRUSTEE-ONLY COMMITTEES OF THE BOARD OR AMENDING THE CHARTER OF ANY COMMITTEE; (D)TAKING ANY ACTIONS THAT HAVE BEEN EXPRESSLY, BY CHARTER OR RESOLUTIONS DELEGATED TO ANY OTHER TRUSTEE-ONLY COMMITTEE; AND (E) AMENDING OR REPEALING ANY RESOLUTION OF THE BOARD. FORM 990, PART VI, SECTION A, LINE 2: THE FOLLOWING PEOPLE HAD BUSINESS RELATIONSHIPS: EVAN BOGART WITH HARVEY MASON JR. EVAN BOGART WITH JENNIFER BLAKEMAN MICHAEL ROMANOWSKI WITH TAMMY HURT MATT STILL WITH TAMMY HURT JOHN LEGEND WITH HARVEY MASON JR. MICHAEL ROMANOWSKI WITH CHUCK AINLAY VON VARGAS WITH ANDREW JOSLYN VON VARGAS WITH J IVY FORM 990, PART VI, SECTION A, LINE 6: THERE ARE THREE CATEGORIES OF MEMBERS OF THE RECORDING ACADEMY: (A) VOTING MEMBERS; (B) PROFESSIONAL MEMBERS; AND (C) GRAMMY UNIVERSITY MEMBERS. EACH MEMBERSHIP CLASS HAS ITS OWN RIGHTS AND ESTABLISHED CRITERIA FOR PARTICIPATION AS SET FORTH BY THE ORGANIZATION'S BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

VOTING MEMBERS FROM EACH CHAPTER: THE VOTING MEMBERS FROM EACH CHAPTER

SHALL CONSTITUTE A SEPARATE MEMBERSHIP CLASS (THE "CHAPTER VOTING MEMBER

MEMBERSHIP CLASS") AT THE TIME AND, AS SUCH, SHALL ELECT THE VOTING MEMBER

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 NATIONAL ACADEMY OF RECORDING ARTS & **Employer identification number** Name of the organization SCIENCES, INC. 95-6052058 GOVERNORS FROM SUCH CHAPTER BY A PLURALITY VOTE OF QUALIFIED RETURNED BALLOTS EQUAL TO NOT LESS THAN TEN PERCENT OF THE TOTAL NUMBER OF MEMBERS OF SUCH MEMBERSHIP CLASS. VOTING MEMBERS AND PROFESSIONAL MEMBERS FROM EACH CHAPTER: THE VOTING MEMBERS AND PROFESSIONAL MEMBERS FROM EACH CHAPTER AT THE TIME SHALL CONSTITUTE A SEPARATE MEMBERSHIP CLASS (THE "CHAPTER VOTING MEMBER AND PROFESSIONAL MEMBER MEMBERSHIP CLASS") AND, AS SUCH, SHALL ELECT THE PROFESSIONAL MEMBER GOVERNORS FROM SUCH CHAPTER BY A PLURALITY VOTE OF QUALIFIED RETURN BALLOTS EQUAL TO NOT LESS THAN TEN PERCENT OF THE TOTAL NUMBER OF MEMBERS OF SUCH MEMBERSHIP CLASS. TRUSTEE ELECTIONS: THE MEMBERS FROM EACH CHAPTER WHO AT THE TIME ARE VOTING MEMBER GOVERNORS, PROFESSIONAL MEMBER GOVERNORS, CHAPTER OFFICERS AND TRUSTEES SHALL CONSTITUTE A SEPARATE MEMBERSHIP CLASS (THE "CHAPTER BOARD MEMBERSHIP CLASS"). THE CHAPTER BOARD MEMBERSHIP CLASS SHALL ELECT, BY A PLURALITY VOTE OF A MAJORITY OF THE CHAPTER BOARD MEMBERSHIP CLASS ELIGIBLE TO VOTE: (A) THE TRUSTEES TO BE ELECTED BY SUCH CHAPTER; AND (B) THE CHAPTER OFFICERS OF SUCH CHAPTER. THE VOTING MEMBER AND PROFESSIONAL MEMBER MEMBERSHIP CLASS SHALL ELECT. BY A PLURALITY VOTE OF A MAJORITY OF THE VOTING MEMBER AND PROFESSIONAL MEMBER MEMBERSHIP CLASS ELIGIBLE TO VOTE THE TRUSTEES TO BE ELECTED BY THE VOTING MEMBER AND PROFESSIONAL MEMBER MEMBERSHIP CLASS. ALL TRUSTEES SHALL HAVE THE SAME ROLES AND RESPONSIBILITIES, REGARDLESS OF WHETHER THEY ARE ELECTED BY THE CHAPTER BOARD MEMBERSHIP CLASS OR THE VOTING AND PROFESSIONAL MEMBER MEMBERSHIP CLASSES.

TRUSTEES: THE MEMBERS WHO AT THE TIME ARE TRUSTEES SHALL CONSTITUTE A

<u>Schedule O (Form 990) 2021</u>

Name of the organization NATIONAL ACADEMY OF RECORDING ARTS & **Employer identification number** SCIENCES, INC. 95-6052058 SEPARATE MEMBERSHIP CLASS (THE "TRUSTEE MEMBERSHIP CLASS"). DURING THE PERIOD A PERSON IS IN OFFICE AS A TRUSTEE OFFICER, SUCH PERSON WILL ALSO BE A TRUSTEE. THE TRUSTEE MEMBERSHIP CLASS SHALL (A) ELECT THE TRUSTEE OFFICERS BY A MAJORITY VOTE OF A SIMPLE QUORUM. IF THERE IS A TIE. THERE SHALL BE RUNOFF ELECTIONS UNTIL A SINGLE CANDIDATE RECEIVES A MAJORITY VOTE OF A SIMPLE QUORUM; (B) HAVE THE POWER, BY A SUPERMAJORITY VOTE OF A SUPERMAJORITY QUORUM. (I) TO REMOVE ANY TRUSTEE FROM OFFICE UNDER SECTION 6.9, (II) TO REMOVE ANY TRUSTEE OFFICER FROM OFFICE UNDER SECTION 7.1.3, AND (III) TO REMOVE ANY GOVERNOR FROM OFFICE UNDER SECTION 9.4.6; (C) HAVE THE POWER TO RATIFY THE COMMITTEE NOMINATIONS UNDER SECTION 6.14; AND (D) HAVE THE POWER TO APPROVE, ADOPT, VOTE ON, CONSENT WITH RESPECT TO, OR RATIFY SUCH MATTERS OR ACTIONS THAT THE CHAIR OR THE EXECUTIVE COMMITTEE DECIDES TO SUBMIT TO THE TRUSTEE MEMBERSHIP CLASS FOR SUCH ACTION. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PREPARED BY DELOITTE TAX LLP, WORKING IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. THE DRAFT OF FORM 990 IS REVIEWED BY THE ORGANIZATION'S MANAGEMENT. THE INITIAL DRAFT OF FORM 990 IS THEN PROVIDED TO THE RECORDING ACADEMY'S AUDIT/FINANCE COMMITTEE FOR THEIR REVIEW. ANY COMMENTS RESULTING FROM THEIR REVIEW ARE INCORPORATED INTO THE FINAL FILING OF FORM 990. THE AUDIT/FINANCE COMMITTEE HAS BEEN AUTHORIZED BY THE BOARD OF TRUSTEES TO REVIEW THE TAX FILINGS AND APPROVE THEM TO BE FILED. A COPY OF THE RETURN IS MAILED TO EACH TRUSTEE AFTER APPROVAL AND BEFORE THE ULTIMATE FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CORPORATE SECRETARY DISTRIBUTES THE STATEMENT OF CONFLICT OF INTEREST POLICY AT A TRUSTEES MEETING. THE STATEMENTS ARE COLLECTED BY THE CORPORATE

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 NATIONAL ACADEMY OF RECORDING ARTS & **Employer identification number** Name of the organization SCIENCES, INC. 95-6052058 SECRETARY AND THEN A SUMMARY REPORT IS GIVEN TO THE CHAIR OF THE BOARD OF TRUSTEES AND THE PRESIDENT/CHIEF EXECUTIVE OFFICER. ACCORDINGLY, THE CHAIR OF THE BOARD OF TRUSTEES AS WELL AS THE CHIEF EXECUTIVE OFFICER ARE RESPONSIBLE FOR BOTH MONITORING AND ENFORCING THE CONFLICT OF INTEREST POLICY BASED ON THE STATEMENTS THAT ARE PROVIDED. FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT/CEO COMPENSATION WAS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. FUNCTIONING AS A COMPENSATION COMMITTEE FOR THIS PURPOSE. THE DECISION WAS THEN RATIFIED BY THE BOARD OF TRUSTEES. THE COMMITTEE RELIED UPON THE ADVICE AND EXPERTISE OF LEGAL COUNSEL. AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT AND COMPARABILITY DATA IN DETERMINING THE COMPENSATION. THE MEETING IN WHICH THOSE DELIBERATIONS WERE CONDUCTED WAS CONTEMPORANEOUSLY DOCUMENTED. FORM 990, PART VI, SECTION B, LINE 15B: COMPENSATION FOR OTHER EMPLOYEES OF NATIONAL ACADEMY OF RECORDING ARTS & SCIENCES, INC. IS SET BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND CHIEF PEOPLE AND CULTURE OFFICER. COMPENSATION IS DETERMINED BY THE REVIEW OF THE COMPENSATION OF OTHER EMPLOYEES AT SIMILAR LEVELS. INFORMATION FROM OUTSIDE ORGANIZATIONS IS GATHERED BY THE CHIEF PEOPLE AND CULTURE OFFICER AND BY A GENERAL KNOWLEDGE OF WHAT IS EXPECTED FOR THE POSITION BY THESE THREE INDIVIDUALS. AS IT RELATES TO ANNUAL INCREASES, THE CHIEF PEOPLE AND CULTURE OFFICER AND THE CHIEF FINANCIAL OFFICER HAVE DISCUSSED BENCHMARKING WITH PEOPLE AND CULTURE MANAGEMENT AND

THE CHIEF FINANCIAL OFFICER OF SIMILAR ORGANIZATIONS. AGREEMENT IS OBTAINED

BETWEEN THESE THREE INDIVIDUALS (CEO, CFO, CHIEF PEOPLE AND CULTURE

Name of the organization NATIONAL ACADEMY OF RECORDING ARTS & SCIENCES, INC.	Employer identification number 95-6052058
OFFICER) AS TO THE VALUE OF SERVICES PROVIDED.	33 0032030
OFFICER/ AS TO THE VALUE OF SERVICES PROVIDED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES THE BYLAWS AVAILABLE ON ITS WEBSITE. IT DOES NOT	
MAKE THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO	
THE PUBLIC.	
FORM 990, PART VII, SECTION A:	
SALARY INFORMATION REPORTED ON PART VII AND SCHEDULE J IS FOR THE	
CALENDAR YEAR ENDED WITH OR WITHIN THE FISCAL TAX YEAR, AS REQUIRED BY	
THE IRS.	
PART XII, LINE 2C:	
THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED AS PART OF THE	
COMBINED FINANCIAL STATEMENTS THAT INCLUDED NARAS PROPERTIES, INC., A	
RELATED TAX-EXEMPT ORGANIZATION, AND GRAMMY GLOBAL VENTURES, LLC, A	
DISREGARDED ENTITY.	
TANGIBLE PROPERTY REGULATION ELECTIONS	
SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION	
TAXPAYER IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER TREAS.	
REG. 1.263(A)-1(F) FOR ALL ELIGIBLE AMOUNTS PAID OR INCURRED DURING THE	
TAXABLE YEAR.	
SECTION 1.263(A)-3(N) CAPITALIZATION ELECTION	

Schedule O (Form 990) 2021			Page 2
	ONAL ACADEMY OF RECORDING ARTS & NCES, INC.		Employer identification number 95-6052058
	CAPITALIZE REPAIR AND MAINTENANCE	E COSTS UNDER	
	. THE COSTS WERE INCURRED DURING T		
	AYER'S TRADE OR BUSINESS AND THE E		
	S AS CAPITAL EXPENDITURES ON ITS E		
	5 AS CAPITAL EXPENDITURES ON 115 E	SOOKS AND	
RECORDS.	_		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. NATIONAL ACADEMY OF RECORDING ARTS &

Employer identification number

Name of the organization SCIENCES, INC.

95-6052058

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
GRAMMY GLOBAL VENTURES - 87-4829735					NATIONAL ACADEMY OF
3030 OLYMPIC BOULEVARD	CELEBRATES MUSIC AND				RECORDING ARTS &
SANTA MONICA, CA 90404	EDUCATES PEOPLE ON MUSIC	DELAWARE	100,000.	54,326.	SCIENCES, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
NARAS PROPERTIES, INC 95-4516666 3030 OLYMPIC BOULEVARD SANTA MONICA, CA 90404	HOLD TITLE TO REAL PROPERTY	CALIFORNIA	501(C)(2)		NATIONAL ACADEMY OF RECORDING ARTS & SCIENCES, INC.	x	
DIATH MONTON, CH. 30404	- NOT BATT		501(0)(2)		a belineld, inc.	Λ	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	eritity (related, differated excluded from tax ur		(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Perc ging er?	(k) rcentage vnership
		country)		000000000000000000000000000000000000000			res	NO	111111111111111111111111111111111111111	163	10	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	<u> </u>
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
0	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1 p	Х	
	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s	Х	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NARAS PROPERTIES, INC.	D	100,000.	CASH VALUE
(2) NARAS PROPERTIES, INC.	K	4,128,124.	FMV
(3) NARAS PROPERTIES, INC.	0	51,829.	FMV
(4) NARAS PROPERTIES, INC.	S	4,451,489.	FMV
(5) NARAS PROPERTIES, INC.	P	3,073.	CASH VALUE
(6) NARAS PROPERTIES, INC.	Q	45,766.	CASH VALUE

SCIENCES, INC.

95-6052058

Page 4

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
·		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	j
		, , , , , , , , , , , , , , , , , , ,	000000000000000000000000000000000000000	Tes No			1165	INO	(1 01111 1000)	Tes IV	-
							+			\vdash	+
							\sqcup			$oxed{oxed}$	
							+			\vdash	+

Schedule R (Form 990) 2021