# **Return of Organization Exempt From Income Tax**

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

DLN: 93493112008041 OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 08-01-2019 , and ending 07-31-2020 D Employer identification number B Check if applicable: GRAMMY MUSEUM FOUNDATION INC ☐ Address change 26-1447714 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 888 SOUTH FIGUEROA STREET NO 600 ☐ Amended return ☐ Application pending (213) 765-6800 City or town, state or province, country, and ZIP or foreign postal code LOS ANGELÉS, CA 90017 G Gross receipts \$ 19,895,208 Name and address of principal officer: H(a) Is this a group return for MICHAEL STICKA □Yes ☑No subordinates? 888 SOUTH FIGUEROA STREET NO 600 H(b) Are all subordinates LOS ANGELES, CA 90017 ☐ Yes ☐No included? **☑** 501(c)(3) □ 501(c)( ) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.GRAMMYMUSEUM.ORG L Year of formation: 2007 M State of legal domicile: CA **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 1 Briefly describe the organization's mission or most significant activities: THE GRAMMY MUSEUM CELEBRATES THE LEGACY OF MUSIC, THE RECORDING PROCESS, AND THE GRAMMY AWARDS Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 22 22 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) . . . . 6 24 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 9,870,921 10,034,649 Ravenue 3,422,576 9 Program service revenue (Part VIII, line 2g) . 5,131,087 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 369,359 148,417 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 615,652 453,066 15,987,019 14,058,708 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 428,455 276,000 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 5,938,861 6,273,421 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,586,220 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 10,619,445 9,833,027 16,986,761 16,382,448 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . -999,742 -2,323,740 Net Assets or Fund Balances Beginning of Current Year End of Year 21,393,794 20,528,171 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 7,503,137 8,920,430 22 Net assets or fund balances. Subtract line 21 from line 20 . 13,890,657 11,607,741 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here MICHAEL STICKA PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check  $\square$  if P00969387 Paid self-employed Firm's name ► DELOITTE TAX LLP Firm's EIN ► 86-1065772 Preparer Use Only Firm's address ▶ 695 TOWN CENTER DRIVE SUITE 1200 Phone no. (714) 436-7100

COSTA MESA, CA 92626

May the IRS discuss this return with the preparer shown above? (see instructions)

☑ Yes ☐ No

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Pa	statemen	nt of Program Service	e Accomplis	hments		
	Check if Sch	nedule O contains a respo	onse or note to	any line in this Part III		🗸
1	Briefly describe the	organization's mission:				
TECH					FORMS OF MUSIC, THE CREATIVE RDS, THE PREMIER RECOGNITION	
2	the prior Form 990	on undertake any significa or 990-EZ?		- ,	which were not listed on	☐ Yes ☑ No
3	If "Yes," describe to Did the organization services?	□ Yes 🗹 No				
	If "Yes," describe t	hese changes on Schedu	e O.			
4	Section 501(c)(3) a		ons are required	to report the amount	e largest program services, as mea of grants and allocations to others	
4a	(Code: See Additional Data	) (Expenses \$	6,164,624	including grants of \$	) (Revenue \$	486,452 )
4b	(Code: See Additional Data	) (Expenses \$	3,430,332	including grants of \$	) (Revenue \$	2,453,378 )
4c	(Code: See Additional Data	) (Expenses \$	2,774,401	including grants of \$	276,000 ) (Revenue \$	1,295,672 )
4d		vices (Describe in Sched	•		) (D	
	(Expenses \$		uding grants of	<u> </u>	) (Revenue \$	)
<u>4e</u>	lotal program se	ervice expenses >	12,369,3	5/		Form <b>990</b> (2019)

15

17

18

19

14b

15

16

17

18

19

20a

20b

21

Yes

Yes

Yes

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Nο

Nο

Nο

Nο

Nο

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Par	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D.Part	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI.	11a	Yes	
	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 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	,		——'	←

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

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

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

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

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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Pai	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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see 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	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1 ->	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   152		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Yes	

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage <b>3</b>					
	Enter the number of employees reported on Form W-3, Transmittal of Wage and								
Za	Tax Statements, filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes						
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No					
	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		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
С	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 any contributions that were not tax deductible as charitable contributions?	6a		No					
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b							
	Organizations that may receive deductible contributions under section 170(c).								
а	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	Yes						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12   10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	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?	15		No					
16	If "Yes," complete 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.	16		No					

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	ines
Se	ction A. Governing Body and Management			
		$\longrightarrow$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  22			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation 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		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
	CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  ►HILARY FAHLSING 888 SOUTH FIGUEROA STREET SUITE 600 LOS ANGELES, CA 90017 (310) 581-8624			
	FIREART FARESTRO 000 SOUTH FEGULA STREET SOTTE 000 LOS ANGELES, CA 30017 (ST0) 301-0024		orm 004	7 (2019)

(A)

Name and title

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

✓

(F)

Estimated

amount of other

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

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

(B)

Average

hours per

week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (D) (A) (B) (C) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the compensation from related any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensated or director Individual trustee employee organizations (ey employee MISC) MISC) related Institutional Trustee below dotted organizations line) See Additional Data Table  $\blacktriangleright$ c Total from continuation sheets to Part VII, Section A . • 1,915,260 0 240,698 d Total (add lines 1b and 1c) . . . . 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 12 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . . . . . . . . . . 5 Nο 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) (B) (C) Name and business address Description of services Compensation IPR SERVICES EXHIBIT DESIGN AND BUILD 422,791 954 APPALACHIAN CLAREMONT, CA 91711 **DELOITTE & TOUCHE LLP** ACCOUNTING SERVICES 158,000

555 WEST 5TH STREET SUITE 2700

LOS ANGELES, CA 900131010

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2 Form **990** (2019)

orm 9 Part		(2019) Statement	of R	levenue						Page <b>9</b>
		<del></del>			respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	aigns		1a			revenue		512 - 514
ints unts	<b>b</b> Membership dues   <b>1b</b>					301,247				
6r2		Fundraising even	nts .	. [	1c					
ifts, ar A	(	d Related organiza	tions	L	1d					
". ⊒ ".	•	Government grants	(cont	cributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	<ul> <li>All other contribution and similar amounts above</li> </ul>	ns, gi s not	ifts, grants, included	1f	9,733,402				
ntrib d Oth	9	g Noncash contributions included in lines 1a - 1f:\$			7,124					
Cont	ı	<b>h Total.</b> Add lines :	1a-1f	f		>	10,034,649			
						Business Code				
4.	2a	CURATORIAL SERVIC	ES			900099	2,453,378	2,453,378		
Program Service Revenue	b	GENERAL ADMISSION	N			900099	486,452	486,452		
ice Pa	c	PUBLIC PROGRAMS				900099	335,166	335,166		
) Serv	d	EDUCATION REVENU	E			900099	147,580	147,580		
ogran	e									
•	f	All other program	servi	ice revenue.						
		Total. Add lines 2			<b>•</b>	3,422,576				
	3 I	Investment income	(incl	luding divide	nds, i	nterest, and other	284,496			284,496
		imilar amounts) . Income from invest		t of tay-eyer		ond proceeds	·	?		204,490
							\ <u> </u>			
				(i) Rea	I	(ii) Personal				
	6a	Gross rents	6a	2	84,240					
	b	Less: rental			<u> </u>		1			
	_	expenses Rental income	6b	1	22,828	3	4			
		or (loss)	6с	1	61,412	2				
	d	Net rental income	or (			<u> </u>	161,412	2		161,412
	7-	Gross amount		(i) Securit	ties	(ii) Other	_			
	, ,	Gross amount from sales of assets other than inventory			)					
	b	Less: cost or other basis and sales expenses	7b	5,5	98,508	3				
	С	Gain or (loss)	7c	-1	36,079	)				
		Net gain or (loss)					-136,079			-136,079
Other Revenue		Gross income from fu (not including \$ contributions reported	d on I	of						
e v		See Part IV, line 18			8a					
ar F		Less: direct expen Net income or (los			8b	ents .				
#		Net income or (los	55) 111	om fundralsi	Ing ev	ents •	1			
		Gross income from See Part IV, line 19			9a					
	b	Less: direct expen	ses		9b		-			
		Net income or (los			activit	ies				
	10=	Gross sales of inve	entor	v lece						
	106	returns and allowa	ances	y, 1633	10a	224,710	)			
	b	Less: cost of good	ls sol	d	<b>10</b> b	115,164				
	С	Net income or (los			invent		109,546	109,546	5	
	11	Miscellaneo <b>a</b> OTHER INCOME	us Re	evenue		Business Code 90009	9 182,108	182,108	3	
	b									
	C									
	لم	All other revenue								
		Total. Add lines 1				•				
		Total revenue. S			-		182,108	3		
			111				14,058,708	3,714,230	o <u>l</u>	0 309,829 Form <b>990</b> (2019)

Form	990 (2019)				Page <b>10</b>
Pa	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co		=		mn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u> L</u>
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	206,500	206,500		
	Grants and other assistance to domestic individuals. See Part IV, line 22	29,500	29,500		
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	40,000	40,000		
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	2,133,679	1,394,456	533,001	206,222
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,139,742	3,232,450	526,692	380,600
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	177,954	27,855	85,279	64,820
С	Accounting	95,950		95,950	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	606,876	362,703	182,923	61,250
12	Advertising and promotion	322,853	300,384	3,999	18,470
13	Office expenses	541,281	402,743	34,808	103,730
14	Information technology	407,837	248,678	47,149	112,010
	Royalties				
16	Occupancy	2,041,750	1,575,296	466,454	
17	Travel	211,496	163,874	35,198	12,424
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	15,742		15,742	
21	Payments to affiliates	315,200	18,105	92,100	204,995
22	Depreciation, depletion, and amortization	1,040,879	918,299	81,720	40,860
23	Insurance	164,221	54,871	109,266	84
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	EXHIBIT & COLLECTION	2,459,962	2,459,962		
_					
b -	REPAIRS & MAINTENANCE	765,609	756,354	8,700	555
-	SPONSORSHIP FULFILLMENT	335,143			335,143
c	OTHER EXPENSES	330,274	177,327	107,890	45,057
ē	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	16,382,448	12,369,357	2,426,871	1,586,220
	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 (2019)

1

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Assets

Liabilities 22

Fund Balances

ō 29

Assets 30

23

24

25

26

27

28

31

32

33

2,160,780

808,562

544,942

48.162

94,702

7,693,946

7,820,908

8.920.430

5.279,963

6,327,778

11,607,741

20,528,171

Form 990 (2019)

(B)

End of year

Beginning of year

1,735,063

387,225

33.927

63,261

6,713,690

1,382,056

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6 7

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9

10c

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25

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27

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6,541,657

7.503.137

7,797,147

6,093,510

13,890,657

21,393,794

Page **11** 

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

Accounts receivable, net

Inventories for sale or use .

Less: accumulated depreciation

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

or family member of any of these persons

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

10a Land, buildings, and equipment: cost or other

basis. Complete Part VI of Schedule D

Cash-non-interest-bearing	
Savings and temporary cash investments	
Pledges and grants receivable, net	

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B).

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

	11	Investments—publicly traded securities .	6,999,450	11	5,082,183
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,079,122	15	4,094,894
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,393,794	16	20,528,171
	17	Accounts payable and accrued expenses	404,653	17	126,985
	18	Grants payable		18	
	19	Deferred revenue	556,827	19	972,537
	20	Tax-exempt bond liabilities		20	
ſΛ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	

23,907,743

16,213,797

10a

10b

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Nο b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3h

### **Additional Data**

Software ID:

Software Version:

**EIN:** 26-1447714

Name: GRAMMY MUSEUM FOUNDATION INC

Form 990 (2019)

) (2019)

Form 990, Part III, Line 4a:

GENERAL ADMISSIONS: MAINTAINING AND OPERATING THE GRAMMY MUSEUM TO PROVIDE A ONE-OF-A-KIND EXPERIENCE FOR THE PUBLIC THAT PROMOTES THE CREATIVE PROCESS, THE HISTORY OF MUSIC AND THE GRAMMY AWARDS, AS WELL AS CULTURAL UNDERSTANDING.

#### Form 990, Part III, Line 4b: DURING THE YEAR OR A PRIOR PERIOD. AND THEN TRANSPORTED TO AND SET-UP TEMPORARILY IN ANOTHER MUSEUM-TYPE LOCATION. SERVICES ALSO PROVIDED IN

CURATORIAL SERVICES: SERVICES PROVIDED ON SETTING UP AND MAINTAINING TRAVELING EXHIBITS, WHICH WERE CONSTRUCTED FOR THE GRAMMY MUSEUM ASSISTING THIRD PARTIES IN PROMOTING MUSIC EDUCATION AND DEVELOPMENT OUTSIDE THE GRAMMY MUSEUM'S LOCATION IN LOS ANGELES, CALIFORNIA.

PUBLIC PROGRAMS AND EDUCATION: THE GRAMMY MUSEUM HOSTS A WIDE RANGE OF PUBLIC PROGRAMS IN THE MUSEUM'S SOUND STAGE THEATRE AND THROUGHOUT THE LA LIVE CAMPUS, WHERE THE GRAMMY MUSEUM IS LOCATED. PROGRAMS INCLUDE ARTISTS INTERVIEWS, LIVE PERFORMANCES, FILM SERIES, LECTURES, ARTIST-IN-RESIDENCE PROGRAMS, CONTINUING EDUCATION CLASSES, TOWN HALL MEETINGS, SPECIAL CONCERT SERIES, RECORD LABEL SHOWCASES, AND CURATORIAL-RELATED PROGRAMS. ALL PROGRAMS ARE RECORDED FOR ARCHIVAL PURPOSES TO SHARE WITH THE PUBLIC. THE GOAL OF THE GRAMMY MUSEUM'S EDUCATION

PROGRAM IS TO EDUCATE AND INSPIRE. THROUGH EXPOSURE TO ALL MUSIC AND THE CREATIVE PROCESS, ALL VISITORS BUT MOST SPECIFICALLY SCHOOL GROUPS

FORUMS, SCHOOL OUTREACH AND MUSICAL DEMONSTRATIONS, CAMPS, AND SATURDAY FAMILY PROGRAMS.

Form 990, Part III, Line 4c:

AND FAMILIES. THE PROGRAMS INCLUDE TEACHER WORKSHOPS, MUSEUM TOURS, SEMINARS, SYMPOSIA, MASTER MUSIC CLASSES, MENTORING PROGRAMS, MUSIC

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

ART DIRECTOR

JOHN MORRISON

HILARY FAHLSING

LYNNE OKIN

WAYNE ZAHNER

CFO (THRU 6/30/20)

CHARLES ORTNER

**SECRETARY** 

DIRECTOR OF DEVELOPMENT

DIRECTOR, PUBLIC PROGRAMS

VP, FINANCE & ADMIN/CFO (BEG 6/30)

	any hours	and	a dir	ecto	r/tr	ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ROBERT SANTELLI FOUNDING EXECUTIVE DIRECTOR	40.00					х		426,431	0	35,701	
MICHAEL STICKA EXECUTIVE DIRECTOR	40.00			х				377,170	0	24,280	
RITA GEORGE CHIEF OPERATING OFFICER	40.00				x			330,388	0	21,786	
DAVID SEARS	40.00					×		183,997	0	26,594	

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152,609

126,234

148,994

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24,286

40,164

46,967

20,920

						107,737	
SCOTT GOLDMAN	40.00				×	169,437	
EXECUTIVE EDUCATION DIRECTOR	0.00					200,557	
DAVID SEARS	40.00				Х	183,997	
CHIEF OPERATING OFFICER	0.00		٨		330,388	İ	
RITA GEORGE	40.00	·		~		330,388	•
EXECUTIVE DIRECTOR	0.00					·	

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	any hours	and	a dir	ecto		ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DAN BECKERMAN	0.20									
VICE CHAIR	0.00	Х		X				0	0	0
DEBORAH SZULANSKY	0.20	Х		х				0	0	0
CHAIR (THRU JAN 2020)	0.00									
HARVEY MASON JR	0.20									
CHAIR (BEG JAN 2020)	0.00	Х		X				0	0	0
MICHAL KATZ	0.20	×		Y				0	0	0

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HARVET MASON JR		Y		l x			ام	
CHAIR (BEG JAN 2020)	0.00	Α		^			Ŭ	
MICHAL KATZ	0.20							
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TREASURER	0.00							
TED FIKRE	0.20							
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ACCICTANT CECRETARY			i	l ^`	l	1	ı ĭl	

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CHAIR (BEG JAN 2020)	0.00	**			
MICHAL KATZ	0.20				
		X	X		
TREASURER	0.00				
TED FIKRE	0.20				
	•••••	X	Ιx		
ASSISTANT SECRETARY	0.00		``		

and Independent Contractors

ANDRA LIEMANDT

**BOARD MEMBER** 

BOARD MEMBER

BOARD MEMBER

**BOARD MEMBER** 

BOARD MEMBER

CAROLYN POWERS

**BRIAN SHETH** 

**BRIAN HOESTEREY** 

**BRANDEN CHAPMAN** 

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other wook (list nerson is both an officer from the from rolated componention

and Independent Contractors

BOARD MEMBER

**BOARD MEMBER** 

BOARD MEMBER

BOARD MEMBER

**BOARD MEMBER** 

TERRY LICKONA

**BOARD MEMBER** 

PAMELA ALEXANDER

..........

MATTIE MCFADDEN-LAWSON

KEN EHRLICH

JOHN BURK

	week (list any hours				r/tr	office (ustee	)	from the organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
GISELLE FERNANDEZ	0.20	Х						0	0	0	
BOARD MEMBER	0.00								J	Ů	
JAMES JIMMY JAM HARRIS BOARD MEMBER	0.20	Х						0	0	0	
	0.20										
BOARD MEMBER	0.00	X						0	0	0	
JOEL KATZ BOARD MEMBER	0.20	X						0	0	0	

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BOARD MEMBER	0.00					
JAY MARCIANO	0.20					
	•••••	Χ			0	
BOARD MEMBER	0.00					
JOEL KATZ	0.20					
	•••••	Χ			0	
BOARD MEMBER	0.00					
JOHN BRANCA	0.20					
JOHN BIGNES		x			ا ا	

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and Independent Contractors

(A)

Name and Title

(B)

Average hours per than one box, unless compensation

(C)

Position (do not check more hours per than one box, unless compensation amount of other amount of other compensation compensation amount of other compensation amount of other compensation com

	week (list any hours	and a director/trustee)						from the organization	from related organizations	compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
TIM BUCHER	0.20										
BOARD MEMBER	0.00	Х						0	0	0	

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TODD GOLDSTEIN

BOARD MEMBER

efile GRAPHIC print - DO NOT PROCESS						3493112008041					
SCI	-IFD	ULE A	Dublia	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047			
	m 99		Complete if the	organization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	r a section	2019			
		the Treasury	► Go to <u>www.</u>	i <u>rs.gov/Form990</u> for i	nstructions and	d the latest info	ormation.	Open to Public Inspection			
Nam	e of th	<b>he organiza</b> SEUM FOUNDA					Employer identific	ation number			
JNAIT	MI MOS	SEOM FOUNDA	TION INC				26-1447714				
	rt I		for Public Charity Sta				See instructions.				
_	rganız		a private foundation becau	•			/ <b>.</b> /				
1		,	onvention of churches, or				. , . ,				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		·	or a cooperative hospital s	-			•				
4		A medical r name, city,	esearch organization oper and state:	ated in conjunction with	a hospital descr	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's			
5		(b)(1)(A)	ation operated for the bend (iv). (Complete Part II.)	_	,			bed in <b>section 170</b>			
6		A federal, s	tate, or local government	or governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)( <i>f</i>	۱)(v).				
7	<b>✓</b>		ation that normally receive <b>'0(b)(1)(A)(vi).</b> (Comple		s support from a	governmental u	init or from the gener	al public described in			
8		A communi	ty trust described in <b>secti</b>	on 170(b)(1)(A)(vi).	(Complete Part I	I.)					
9			ural research organization rant college of agriculture.					ege or university or a			
10		from activit investment	ation that normally receive ties related to its exempt f income and unrelated bus See section 509(a)(2).	unctions—subject to cer siness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross			
11		An organiza	ation organized and operat	ted exclusively to test fo	r public safety. S	See section 509	(a)(4).				
12		more public	ation organized and operat cly supported organization o through 12d that describ	s described in <b>section 5</b>	09(a)(1) or se	ction 509(a)(2	). See <b>section 509(</b> a				
a		<b>Type I.</b> A so	supporting organization op n(s) the power to regularl Part IV, Sections A and	erated, supervised, or c y appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by				
b		Type II. A manageme	supporting organization s nt of the supporting organ plete Part IV, Sections A	upervised or controlled i iization vested in the sar							
c		Type III f	unctionally integrated. A programme in the community or a community or a community of the c	A supporting organizatio				ted with, its			
d		Type III n	on-functionally integra integrated. The organizates). You must complete P	ted. A supporting organicion generally must satis	ization operated fy a distribution	in connection wi	th its supported orgar				
e			box if the organization rec or Type III non-functiona			RS that it is a Ty	pe I, Type II, Type II	I functionally			
f	Enter	the number	of supported organization	ıs			<u> </u>	_			
g			ing information about the	<del></del>	Τ΄		Γ	T			
	(i) N	Name of supported of the second of the secon				(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No					
			1								
Tota		l. P. '	tion Act Notice, see the	T	Cat. No. 1128!		 Schedule A (Form 9				

Р	art III Support Schedule for										
	(Complete only if you cl						er Part II. If				
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)						
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)				
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not include any "unusual grants.").										
2	Gross receipts from admissions,										
	merchandise sold or services										
	performed, or facilities furnished in any activity that is related to the										
	organization's tax-exempt purpose										
3	Gross receipts from activities that are										
	not an unrelated trade or business										
4	under section 513  Tax revenues levied for the										
•	organization's benefit and either paid										
_	to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to										
	the organization without charge										
6	Total. Add lines 1 through 5										
7a	Amounts included on lines 1, 2, and										
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3										
D	received from other than disqualified										
	persons that exceed the greater of										
	\$5,000 or 1% of the amount on line 13 for the year.										
c	Add lines 7a and 7b										
8	Public support. (Subtract line 7c										
	from line 6.)										
Se	ection B. Total Support		1	<del></del>			Г				
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
9	Amounts from line 6										
10a	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties and income from similar sources.										
b	Unrelated business taxable income										
	(less section 511 taxes) from										
	businesses acquired after June 30, 1975.										
С	Add lines 10a and 10b.										
11	Net income from unrelated business										
	activities not included in line 10b,										
	whether or not the business is regularly carried on.										
12	Other income. Do not include gain or										
	loss from the sale of capital assets										
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,										
13	11, and 12.).										
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>				
	check this box and <b>stop here</b>						▶ ⊔				
	ection C. Computation of Public S			! (6))		1 1					
15	Public support percentage for 2019 (lin		•			15					
16	Public support percentage from 2018 S	-	<u> </u>			16					
	Investment income percentage for 201			line 13 column (f	:))	17					
17 10											
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not				
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization										
ט	not more than 33 1/3%, check this box	-			•		_				
20	Private foundation. If the organization	-	-								
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖				

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 330 01 330 E2) 2013			age 3				
Pa	rt IV Supporting Organizations (continued)							
_			Yes	No				
	Has the organization accepted a gift or contribution from any of the following persons?							
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?							
		11a						
	A family member of a person described in (a) above?	11b						
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c						
S	ection B. Type I Supporting Organizations							
			Yes	No				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1						
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-						
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2						
	organization.							
S	ection C. Type II Supporting Organizations							
_			Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of							
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1						
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).							
S	ection D. All Type III Supporting Organizations		v					
_			Yes	No				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing							
	documents in effect on the date of notification, to the extent not previously provided?	1						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2						
_								
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax							
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3						
S	ection E. Type III Functionally-Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):						
	The organization satisfied the Activities Test. Complete line 2 below.							
	b							
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)					
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No				
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a						
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's							
	involvement.	2b						
3	Parent of Supported Organizations. Answer (a) and (b) below.	3a						
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.							
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h						

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See		
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	<b>1</b> b				
C	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	Section C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in <b>Part VI</b> ). See instruction			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8				
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019

o∨ide	
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019
derdistributions	Distributable
0	vide

8 Distributions to attentive supported organizations to widetails in <b>Part VI</b> ). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			

e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019. . . . .

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015. . . . .

**b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . .

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (	Form 990 or 990-E2	Z) 2019 Page <b>8</b>
Part VI	Section A, lines 1, Part IV, Section D,	formation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See
		Facts And Circumstances Test
990 Sched	dule A, Supplem	ental Information
Re	turn Reference	Explanation
PART II, SH EXPLANATI		THE MUSEUM CHANGED FROM A CALENDAR YEAR-END TO JULY 31 FISCAL YEAR-END DURING 2017.

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493112008041

OMB No. 1545-0047

### **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.

2019 Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

	of the organization Y MUSEUM FOUNDATION INC					yer ide		
				26-144				
Part					r Accou	ınts.		
	Complete if the organization answered "Ye				-	. N. F		
	tal	(a) Don	or advise	a runas	(0	) Funas	and other	accounts
	tal number at end of year							
_	gregate value of contributions to (during year)							
_	gregate value of grants from (during year)							
	gregate value at end of year							
	id the organization inform all donors and donor advisorganization's property, subject to the organization's ex					ids are t		Yes 🗌 N
ch	id the organization inform all grantees, donors, and donaritable purposes and not for the benefit of the donor rivate benefit?	or donor advisor,	or for ar	y other purpose				Yes 🗆 N
art I	Conservation Easements. Complete if the organization answered "Ye	s" on Form 990	, Part I\	/, line 7.				
—— Рі	urpose(s) of conservation easements held by the orga							
Г	Preservation of land for public use (e.g., recreation	•		Preservation of ar	historica	lly impo	rtant land a	rea
Г	Protection of natural habitat	ir or cadeacion)	_	Preservation of a				ii cu
	_			reservation of a	certinea r	iistoric s	tructure	
	☐ Preservation of open space							
ea	omplete lines 2a through 2d if the organization held a asement on the last day of the tax year.	•					ion : <b>the End o</b>	f the Year
	otal number of conservation easements				2a			
	otal acreage restricted by conservation easements				2b			
Nι	umber of conservation easements on a certified histori	c structure include	ed in (a)		2c			
	umber of conservation easements included in (c) acqu ructure listed in the National Register	ired after 7/25/06	, and not	on a historic	2d			
	umber of conservation easements modified, transferreax year <b>&gt;</b>	ed, released, extin	guished,	or terminated by	the orgai	nization	during the	
N	umber of states where property subject to conservation	on easement is loc	ated ►_					
	oes the organization have a written policy regarding the defense of the conservation easements it holds to the conservation easements it holds.				of violation	ons,	☐ Yes	□ No
St ▶	taff and volunteer hours devoted to monitoring, inspect	cting, handling of v	violations	, and enforcing c	onservati	on easei	nents durin	g the year
	mount of expenses incurred in monitoring, inspecting, \$	handling of violat	ions, and	enforcing conser	vation ea	sements	during the	year
D.	oes each conservation easement reported on line 2(d)	above satisfy the	requiren	nents of section 1	70(h)(4)	(B)(i)		
	nd section $170(h)(4)(B)(ii)$ ?						П	
ar							⊔ Yes	□ No
ar In ba	n Part XIII, describe how the organization reports cons alance sheet, and include, if applicable, the text of the ne organization's accounting for conservation easemen	servation easemen footnote to the o	ts in its i				nd	□ No
ar In ba	alance sheet, and include, if applicable, the text of the ne organization's accounting for conservation easemen	ervation easemen footnote to the or ts. of Art, Histori	ts in its r rganization	on's financial stat	ements th	nat desc	nd ribes	□ No
In ba th <b>rt I</b> If ar	alance sheet, and include, if applicable, the text of the ne organization's accounting for conservation easemen Organizations Maintaining Collections	of Art, Histories" on Form 990  6 (ASC 958), not public exhibition,	ts in its r rganization cal Treat , Part IV to report educatio	asures, or Oth /, line 8. in its revenue st n, or research in	ements the remaining of	lar Ass	nd ribes sets. nce sheet v	vorks of
In ba th rt I If ar pr If hi	alance sheet, and include, if applicable, the text of the region of the organization's accounting for conservation easement of the organizations maintaining collections. Complete if the organization answered "Yes the organization elected, as permitted under SFAS 11 ort, historical treasures, or other similar assets held for	ervation easemen footnote to the orts.  of Art, Histories" on Form 990  .6 (ASC 958), not public exhibition, ncial statements the (ASC 958), to refer to the control of the	ts in its r rganization cal Tre. , Part IV to report education at descri	asures, or Oth /, line 8. in its revenue st n, or research in bes these items. ts revenue staten	ements the service of	lar Assand balace of pu	nd ribes sets. nce sheet v plic service, sheet work	vorks of
In ba th rt I If ar pr If hi fo	alance sheet, and include, if applicable, the text of the reorganization's accounting for conservation easement of the organizations maintaining collections. Complete if the organization answered "Yest the organization elected, as permitted under SFAS 11 rt, historical treasures, or other similar assets held for rovide, in Part XIII, the text of the footnote to its finare the organization elected, as permitted under SFAS 11 istorical treasures, or other similar assets held for publications.	of Art, Histories" on Form 990  6 (ASC 958), not public exhibition, nicial statements the (ASC 958), to relic exhibition, education,	cal Tre. , Part I\ to report educatio nat descri eport in i cation, or	asures, or Oth /, line 8. in its revenue st n, or research in bes these items. ts revenue staten research in furth	ements the ser Similatement a further and nent and nerance of	lar Assand balace of public s	nd ribes sets. nce sheet v blic service, sheet work service, pro	vorks of
In bath rt I If ar pr If hi fo (i) R	alance sheet, and include, if applicable, the text of the reorganization's accounting for conservation easement.  Organizations Maintaining Collections Complete if the organization answered "Yes the organization elected, as permitted under SFAS 11 rt, historical treasures, or other similar assets held for rovide, in Part XIII, the text of the footnote to its finar the organization elected, as permitted under SFAS 11 istorical treasures, or other similar assets held for public blowing amounts relating to these items: Revenue included on Form 990, Part VIII, line 1	of Art, Histories" on Form 990  6 (ASC 958), not public exhibition, acial statements the (ASC 958), to relic exhibition, education,	ts in its in reganization cal Tre. , Part IV to report education to the call description in its cation, or	asures, or Oth I line 8. in its revenue st. n, or research in bes these items. ts revenue staten research in furth	ner Simi atement a furtheran ment and merance of	ilar Assand balace of publics	nd ribes sets. nce sheet v polic service, sheet work service, pro	vorks of s of art, vide the
In bath the rt II If ar pr If hi fo (i) R	alance sheet, and include, if applicable, the text of the period or conservation easement of the organization's accounting for conservation easement of the organizations answered "Yest the organization elected, as permitted under SFAS 11 the organization elected, as permitted under SFAS 11 the text of the footnote to its finare the organization elected, as permitted under SFAS 11 isotorical treasures, or other similar assets held for rovide, in Part XIII, the text of the footnote to its finare the organization elected, as permitted under SFAS 11 isotorical treasures, or other similar assets held for publication amounts relating to these items:  Revenue included on Form 990, Part VIII, line 1	servation easement footnote to the orts.  of Art, Histories" on Form 990 public exhibition, incial statements the factor of (ASC 958), to relic exhibition, education of the exhibition, education of the exhibition of the exhibiti	ts in its in reganization of the color of th	asures, or Oth /, line 8. in its revenue st n, or research in bes these items. ts revenue staten research in furth	ements the service of	ilar Assand balace of public s	nd ribes sets. nce sheet v blic service, sheet work service, pro	vorks of s of art, vide the
In bath rt II  If ar pr If hi fo  (ii) R  (ii) A  If fo	alance sheet, and include, if applicable, the text of the reorganization's accounting for conservation easement of the organization's accounting for conservation easement of the organization answered "Yest the organization elected, as permitted under SFAS 11 rt, historical treasures, or other similar assets held for rovide, in Part XIII, the text of the footnote to its finar the organization elected, as permitted under SFAS 11 istorical treasures, or other similar assets held for publication amounts relating to these items:  Revenue included on Form 990, Part VIII, line 1	of Art, Histori servation easemen footnote to the or tts.  Of Art, Histori ser on Form 990  .6 (ASC 958), not public exhibition, ncial statements th .6 (ASC 958), to re lic exhibition, educe	ts in its in granization of the control of the cont	asures, or Oth /, line 8. in its revenue stan, or research in bes these items. ts revenue staten research in furth	atements the atement affurtherand arrance of the atement and arrance of the atem atem atem atem atem atem atem ate	ilar Assand balance of public s  \$ \begin{array}{c} \begi	nd ribes sets. nce sheet v blic service, sheet work service, pro	vorks of

**d** Equipment .

Sche	edule D (Form 990) 2019								Page <b>2</b>
Par	t III Organizations Maintain	ing Collections of	Art, Histori	ical Treas	ures, or O	ther Similar Ass	sets (contii	nued)	
3	Using the organization's acquisition, items (check all that apply):	accession, and other re	ecords, check	any of the f	ollowing that	are a significant us	e of its colle	ection	
а	✓ Public exhibition		d	☐ Loa	n or exchange	e programs			
b	Scholarly research		e	☐ Oth	er				
С	✓ Preservation for future genera	tions							
4	Provide a description of the organiza Part XIII.	tion's collections and e	xplain how th	ey further th	ne organizatio	on's exempt purpos	e in		
5	During the year, did the organization assets to be sold to raise funds rathe						☐ Yes	☑ N	0
Pai	rt IV Escrow and Custodial A Complete if the organizati X, line 21.		on Form 990	), Part IV,	line 9, or re	ported an amour		990,	Part
1a	Is the organization an agent, trustee included on Form 990, Part X?						☐ Yes	□ N-	0
b	If "Yes," explain the arrangement in	Part XIII and complete	the following	table:		Am	nount		_
c	Beginning balance	'	-		10		- Iounic		_
d	Additions during the year				-	1			_
e	Distributions during the year					2			_
f	Ending balance					F			_
2a	Did the organization include an amo	unt on Form 990, Part :	X, line 21, for	escrow or c	ustodial acco	unt liability?	☐ Yes	□ N-	0
b	If "Yes," explain the arrangement in	Part XIII. Check here i	f the explanat	ion has bee	n provided in	Part XIII			
Pa	rt V Endowment Funds.		<u> </u>						
	Complete if the organizati			<del></del>					
4 _	Danisaira of very belone	(a) Current y	year <b>(b)</b> F 24,170	rior year 5,770,725		back (d) Three year 25,037 1:	rs back <b>(e)</b> F 25,037	our year	s back 125,037
	Beginning of year balance	. 3,02	24,170	3,770,723		16,056	23,037		
	Contributions	16	57,608	156,618		78,977			
	Net investment earnings, gains, and lo	osses		100,010		9377			
	Grants or scholarships Other expenditures for facilities								
Č	and programs	54	40,001	260,820					
f	Administrative expenses		40,641	42,353		19,345			
g	End of year balance	5,21	11,136	5,624,170	5,77	70,725 1:	25,037	1	125,037
2	Provide the estimated percentage of	the current year end b	alance (line 1	g, column (	a)) held as:				
а	Board designated or quasi-endowme	nt ▶ 100.000 %							
b	Permanent endowment >								
C	Temporarily restricted endowment >								
	The percentages on lines 2a, 2b, and	•							
3a	Are there endowment funds not in the organization by:	ie possession of the org	ganization tha	t are held a	nd administer	ed for the	I	Yes	No
	(i) unrelated organizations						3a(i)		No
	(ii) related organizations						3a(ii)		No
b	If "Yes" on 3a(ii), are the related org	janizations listed as rec	quired on Sche	edule R? .			3b		
4	Describe in Part XIII the intended us	es of the organization's	s endowment	funds.					
Pai	rt VI Land, Buildings, and Eq			. D T. (	l' <b></b>	- F 000 P-		,	
	Complete if the organization Description of property (a)		<b>b)</b> Cost or other			le Form 990, Pari		ook value	<u> </u>
	bescription of property (a)	(investment)	_, 5551 01 011101	_ac.c (ociter)	(S) Accumu	.a.ta acp. colation	(4) 50	. S. Yuluk	-
1 ~	Land				+				
					+				
	Buildings			13 447 419	1	7 553 367			894 052

10,460,324

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1,799,894

7,693,946

8,660,430

Part VII	Investments—Other Securities.	Dort IV	ino 11!	. Can Farm 000 5	) n μ+ \/  :	. 12
	Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category  (including name of security)	(b) Book value	me 110		d of valuation	on:
( <b>1)</b> Financia	l derivatives					
	held equity interests					
)						
)						
)						
)						
)						
:)		1				
G)		+				
H)						
otal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>•</b>				
art VIII	Investments—Program Related.					4.0
	Complete if the organization answered 'Yes' on Form 990,  (a) Description of investment	Part IV, I	ine 11c	(b) Book value	(c) Meth	e 13. nod of valuation: nd-of-year market value
L)						
2)						
3)						
4)						
5)						
5)						
· ')						
3)						
9)						
	n (h) must sound Form COO Port V (10) (1 (2))					
	n (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		▶			
	Complete if the organization answered 'Yes' on Form 990, F  (a) Description	Part IV, lii	ne 11d.	See Form 990, Par		Book value
)MEMORIE	BILIA				(-)	3,775,147
)EXECUTI	VE COMPENSATION PROGRAM ASSET					319,747
1)						
5)						
6)						
7)						
8)						
9)						
						4,094,894
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV, lii	ne 11e	or 11f.See Form	990, Part i (b) Book value	X, line 25.
	income taxes				2 451 205	· ]
	E PAYABLES VE COMPENSATION PROGRAM				2,451,395 319,747	
) DEFERRE					2,618,433	
•	D LIABILITIES  CREDIT				994,833	
6) LINE OF 7) PAYCHEO	CREDIT  CK PROTECTION PROGRAM LOAN				500,000 936,500	
8)					,	•
9)						•
10)						•
	n (b) must equal Form 990, Part X, col.(B) line 25.)				7,820,908	·
	or uncertain tax positions. In Part XIII, provide the text of the footno x positions under FIN 48 (ASC 740). Check here if the text of the foo					reports the organiza
icertain tax	x positions under FIN 48 (ASC 740). Check here if the text of the foo	triote nas l	been pro	viueu in Part XIII	<u> </u>	

Part XI

2

3

4

b

C

Part XII

5

1 2

b

C

d

Part XIII

See Additional Data Table

3

Schedule D (Form 990) 2019

Page 4

359,711

14,058,708

16,382,448

16.382.448

c	Recoveries of prior year grants
d	Other (Describe in Part XIII.)
е	Add lines 2a through 2d

Add lines 4a and 4b .

Other (Describe in Part XIII.) . . . . . .

Net unrealized gains (losses) on investments . . . b Donated services and use of facilities .

Total expenses and losses per audited financial statements . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

2c

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

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . . . .

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2d Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

2a

2b

2a

2b

2c

2d

4a 4b

Explanation

4a 4b

2e 3

40.823

80.896

237,992

80,896

237,992

2e

3

4c

5

						l	
s included on Form 990, Part VIII, line 12, but not on line 1:							
nent expenses not included on Form 990, Part VIII, line 7b .	4a						
Describe in Part XIII.)	4b						
es <b>4a</b> and <b>4b</b>						4c	
venue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)					•	5	
Reconciliation of Expenses per Audited Financial Statem				per	ises per F	Returi	n.
Complete if the organization answered 'Yes' on Form 990, Part	: IV, li	ne 12	2a.				
penses and losses per audited financial statements						1	

14,058,708
16,701,336
318,888

Schedule D (Form 990) 2019

Supplemental Information

Donated services and use of facilities .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Return Reference

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

#### **Additional Data**

**EIN:** 26-1447714 Name: GRAMMY MUSEUM FOUNDATION INC.

**Supplemental Information** 

Explanation

Software ID: Software Version:

Return Reference PART III, LINE 1A: ALL MEMORABILIA AND EXHIBITS ARE PRESENTED ON THE BALANCE SHEET.

Supplemental Information	
Return Reference	Explanation
PART III, LINE 4:	THE GRAMMY MUSEUM BOASTS FOUR FLOORS OF EXHIBIT SPACE THAT OFFER VISITORS ONE-OF-A-KIND EX PERIENCE THROUGH CONTENT-RICH INTERACTIVES, FILMS, OVERSIZE IMAGERY, ARTIFACTS, THE GRAMMY ARCHIVES AND HALL OF FAME. THE MUSEUM ALSO HAS A SOUND STAGE/THEATRE WHERE IT OFFERS OPPO RTUNITIES FOR VISITORS TO MEET MUSIC ARTISTS FROM A BROAD RANGE OF GENRES AND ERAS. THE VI SITORS WILL ALSO HAVE AN OPPORTUNITY TO LEARN ABOUT THE ART AND TECHNOLOGY OF THE RECORDIN G PROCESS THROUGH AN ARRAY OF EXHIBITS AND INTERACTIVE EXPERIENCES. THE MUSEUM ALSO HAS SP ECIAL EXHIBITS THAT FEATURE CERTAIN ARTISTS SUCH AS THE BEATLES, FRANK SINATRA, BOB MARLEY , JOHN LEE HOOKER AND LEONARD BERNSTEIN.

Supplemental Information

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4:	INVESTMENT FUND SET UP BY FOUNDATION IN WHICH REGULAR WITHDRAWALS FROM THE INVESTED CAPITA L ARE TO BE USED FOR ONGOING OPERATIONS AND OTHER SPECIFIED PURPOSES AS DETERMINED BY THE MUSEUM.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	THE MUSEUM IS INCORPORATED AS A NONPROFIT PUBLIC CHARITY PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND CORRESPONDING STATE PROVISIONS. THE MUSEUM IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE MUSEUM ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH F ASB ASC 740, INCOME TAXES. ASC 740 PRESCRIBES A COMPREHENSIVE MODEL FOR HOW AN ENTITY SHOU LD RECOGNIZE, MEASURE, PRESENT, AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POS ITIONS THAT THE ENTITY HAS TAKEN, OR EXPECTS TO TAKE, ON A TAX RETURN. DURING THE YEARS EN DED JULY 31, 2020 AND 2019, THE MUSEUM DID NOT RECORD ANY LIABILITY FOR UNRECOGNIZED TAX B ENEFITS. AS OF JULY 31, 2020 AND 2019, TAX YEARS 2015 AND FORWARD ARE SUBJECT TO EXAMINATI ON.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	INVENTORY COST OF GOODS SOLD 115,164. RENTAL EXPENSE 122,828.

s

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	INVENTORY COST OF GOODS SOLD 115,164. RENTAL EXPENSE 122,828.

È

SCHEDULE F	State	ement of	Activities (	Outside the Uni	ited States	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	rm 990)  ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  ► Attach to Form 990.  ★ Go to www.irs.gov/Form990 for instructions and the latest information.				2019 Open to Public Inspection	
Name of the organization					Employer ide	entification number
GRAMMY MUSEUM FOUND	DATION INC				26-1447714	
	<b>nformation</b> Part IV, line		Outside the U	Jnited States. Comple	ete if the organization	answered "Yes" on
-	the grantees'	eligibility for th	ne grants or assis	substantiate the amoun stance, and the selection	<del>-</del>	☑ Yes ☐ No
2 For grantmakers outside the United		Part V the org	anization's proce	dures for monitoring the	use of its grants and o	ther assistance
3 Activites per Region	n. (The followin	ng Part I, line 3	table can be dupli	cated if additional space is	s needed.)	
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in the region	a (f) Total expenditures for and investments in the region
See Add'l Data						
3a Sub-total b Total from continuat		(	, ,			2,221,510
Part I		(	0 0			2,221,510

Page 2

	SCIENTIFIC RESEARCH GRANT	20,000	CHECK	

Schedule F (Form 990) 2019

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . . . . . . .

	uplicated if addit	(c) Number of		(a) Mannay of az -!-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	( <b>b)</b> Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page <b>4</b>
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	<b>✓</b> No

Schedule F (For	n 990) 2019 Page <b>5</b>
Pi ai m ai	pplemental Information  povide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; nounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting ethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide y additional information. See instructions.  E.F., Supplemental Information
Return Refere	Explanation
PART I, LINE 2	GRANT RECIPIENTS ARE REQUIRED TO PROVIDE A FINAL NARRATIVE REPORT INDICATING HOW THE FUNDS WERE SPENT.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3:	DIRECT EXPENSES

990 Schedule F, Supplemental Information Return Reference

Return Reference Explanation

PART III ACCOUNTING METHOD:

### **Additional Data**

NORTH AMERICA

## Software ID: Software Version:

**EIN:** 26-1447714

Name: GRAMMY MUSEUM FOUNDATION INC

40,000

Form 990 Schedule F Par	t 1 - Activities	Outside The C	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0		PROGRAM SERVICES	CURATORIAL SERVICES	2,181,510

GRANT-MAKING

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

## **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

DLN: 93493112008041

Inspection

lame of the organization						Employer identifi	cation number
GRAMMY MUSEUM FOUNDATION	INC					26-1447714	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used t	to award the grants	or assistance?				ce, and	☑ Yes ☐ No
2 Describe in Part IV the organical Part II Grants and Other A		_	•		raanization answered "Ves	" on Form 990 Part IV line	e 21 for any recipient
that received more t	than \$5,000. Part II	can be duplicated if ad	ditional space is needed.	ents: Complete in the o	rgamzation answered res	on rollin 990, Fait IV, line	3 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
2 Enter total number of sections 3 Enter total number of other	. , . ,	-					17
3 Enter total number of other			<u> </u>	C-+ N- 5005			U

(Form 990)

Department of the

Internal Revenue Service

Treasury

(6)

(7)

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference Explanation

PART I, LINE 2: AT THE COMPLETION OF THE PROJECT, GRANT RECIPIENTS ARE REQUIRED TO PROVIDE A FINAL NARRATIVE REPORT DETAILING THE PROJECT AND ITS RESULTS AS WELL AS A FINAL BUDGET SHOWING ACTUAL FIGURES AND INDICATING HOW THE MUSEUM'S FUNDS WERE ALLOCATED.

## **Additional Data**

LOS ANGELES, CA 90027

		Software ID:				
		Software Version:				
		EIN:	: 26-1447714			
		Name:	: GRAMMY MUSEUM F	FOUNDATION INC		
Form 990,Schedule I, Part  (a) Name and address of organization or government	(b) EIN	Other Assistance to  (c) IRC section if applicable	Domestic Organizate (d) Amount of cash grant	tions and Domesti  (e) Amount of non-  cash  assistance	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLENDALE HIGH SCHOOL 1440 E BROADWAY BLVD GLENDALE, CA 91205	95-0775453	GOVERNMENT ENTITY	7,500			MUSIC EDUCATION - GENERAL USE
JOHN MARSHALL HIGH SCHOOL 3939 TRACY ST	95-6001908	GOVERNMENT ENTITY	7,500			MUSIC EDUCATION - GENERAL USE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 95-6002372 GOVERNMENT ENTITY 7.500 BLAIR HIGH AND MIDDLE IMUSIC EDUCATION -SCHOOL IGENERAL USE 1201 S MORENGO AVE

PASADENA, CA 91106 CALCASIEU PARISH SCHOOL 72-6000235 GOVERNMENT ENTITY 10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LAKE CHARLES, LA 70615

IMUSIC EDUCATION -BOARD IGENERAL USE 3310 BROAD ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) BERKELEY SOCIETY FOR THE 94-2887073 501(C)(3) 20.000 MUSIC PRESERVATION PRESERVATION OF IMPLEMENTATION TRADITIONAL MUSIC IGRANT

2020 ADDISON ST BERKELEY, CA 94704					
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	14-1368361	501(C)(3)	19,320		SCIENTIFIC RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 9 ALBANY, NY 12201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ROULETTE INTERMEDIUM INC 36-3046751 501(C)(3) 10.000 MUSIC PRESERVATION

30 3RD AVE STE 208 BROOKLYN, NY 11217			,		IMPLEMENTATION GRANT
SMITHSONIAN FOLKWAYS RECORDINGS 600 MARYLAND AVE SW STE 2001	53-0206027	GOVERNMENT ENTITY	20,000		MUSIC PRESERVATION IMPLEMENTATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20024

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 24-3369042 501(C)(3) 11.461 THE KITCHEN SISTERS MUSIC PRESERVATION

PRODUCTIONS IMPLEMENTATION 916 KEARNY ST IGRANT SAN FRANCISCO, CA 94133

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EUGENE, OR 97403

UNIVERSITY OF OREGON 46-4727800 GOVERNMENT ENTITY 20.000 ISCIENTIFIC RESEARCH 1585 E 13TH AVE IGRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government ESERVATION

IMPLEMENTATION

GRANT

MISSOURI STATE UNIVERSITY 901 S NATIONAL AVE SPRINGFIELD, MO 65897	44-6000308	GOVERNMENT ENTITY	18,000		MUSIC PRESERVATION IMPLEMENTATION GRANT
UNIVERSITY OF PITTSBURGH	25-0965591	GOVERNMENT ENTITY	11,461		MUSIC PRESERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4200 FIFTH AVE

PITTSBURGH, PA 15260

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 21-0634501 501(C)(3) 19.758 THE TRUSTEES OF PRINCETON SCIENTIFIC RESEARCH

UNIVERSITY IGRANT 701 CARNEGIE CTR PRINCETON, NJ 08540

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NORWALK, CA 90650

NORWALK HIGH SCHOOL 95-6002228 GOVERNMENT ENTITY 7.500 IMUSIC EDUCATION -11356 LEFFINGWELL RD IGENERAL USE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 86-6005162 GOVERNMENT ENTITY 5.500 SHADOW MOUNTAIN HIGH IMUSIC EDUCATION -SCHOOL IGENERAL USE 2902 F SHEA BLVD PHOENIX, AZ 85028 IMUSIC EDUCATION -

PARKROSE HIGH SCHOOL 93-6000833 GOVERNMENT ENTITY 5.500 CHOIR IGENERAL USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

12003 NE SHAVER ST PORTLAND, OR 97220

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government SCHOOL DISTRICT OF KANSASI 44-6003108 GOVERNMENT ENTITY 5.500 MUSIC EDUCATION -CITY MISSOURI IGENERAL USE

2901 TROOST AVE KANSAS CITY, MO 64109

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49311	12008	041		
Sch	edule J	Co	mpensati	on Information	10	ИВ No.	1545-0	0047		
(For	n 990)	For certain Officer	est							
		Complete if the orga	Compensa	ited Employees ered "Yes" on Form 990, Part IV,	line 23.	20	19	)		
			▶ Attach	to Form 990.		Open to Public				
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov</u>	<u>/ Form990</u> tor	instructions and the latest inform	ation.		ectio			
	ne of the organiza				Employer identifica	tion nu	ımber			
GKA	MMMY MUSEUM FOUR	NDATION INC		:	26-1447714					
Pa	rt I Questi	ons Regarding Compensati	ion	·						
							Yes	No		
1a				the following to or for a person listed y relevant information regarding these						
	✓ First-class	s or charter travel		Housing allowance or residence for p	ersonal use					
	_	companions	님	Payments for business use of person						
		nification and gross-up payments	님	Health or social club dues or initiation						
	☐ Discretion	ary spending account		Personal services (e.g., maid, chauff	eur, cner)					
b				follow a written policy regarding paym ve? If "No," complete Part III to expla		1b	Yes			
2				or allowing expenses incurred by all	- 1-2	2	Yes			
	directors, truste	es, officers, including the CEO/EX	ecutive Director	r, regarding the items checked on Line	e la:					
3				d to establish the compensation of the	e					
		EO/Executive Director. Check all ed organization to establish compe		CEO/Executive Director, but explain in	Part III.					
	☐ Compens	ation committee	<b>✓</b>	Written employment contract						
		ent compensation consultant	<b>▽</b>	Compensation survey or study						
	<b>✓</b> Form 990	of other organizations	<b>✓</b>	Approval by the board or compensati	ion committee					
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fill	ing organization or a					
а	Receive a sever	ance payment or change-of-contr	ol payment? .			4a		No		
b		• • •		fied retirement plan?		4b		No		
С			'	nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	III.					
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.						
5			_	the organization pay or accrue any						
	compensation c	ontingent on the revenues of:								
а	The organization	1?				5a		No		
b						5b		No		
6	•	5a or 5b, describe in Part III.	A line to all I	the preparation have a secure service						
6		on Form 990, Part VII, Section ontingent on the net earnings of:	A, line Ia, did i	the organization pay or accrue any						
a	-	1?				6a		No		
b						6b		No		
7	•	6a or 6b, describe in Part III.	A line to did a	the organization provide any nonfixed						
7	payments not d	escribed in lines 5 and 6? If "Yes,	" describe in Pa	rt III		7	Yes			
8				red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des	scribe					
						8		No		
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in F	Regulations section			115		
						9				
For I	Panerwork Redu	iction Act Notice, see the Insti	ructions for Fo	rm 990. Cat. No. 50	0053T Schedule J	(Forn	1990)	2019		

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 are not 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.

Note. The sum of column	ıs (B	)(I)-(III) for each listed in	dividual must equal the to	otal amount of Form 990,	190, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.					
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990		
1 ROBERT SANTELLI FOUNDING EXECUTIVE	(i)	414,823	1,750	9,858	12,500	23,201	462,132	0		
DIRECTOR	(ii)	0	0	0	0	0	0	0		
2 MICHAEL STICKA EXECUTIVE DIRECTOR	(i)	336,934	36,750	3,486	9,500	14,780	401,450	0		
	(ii)	0	0	0	0	0	0	0		
3 RITA GEORGE CHIEF OPERATING OFFICER	(i)	324,828	1,750	3,810	9,500	12,286	352,174	0		
	(ii)	0	0	0	0	0	0	0		
4 DAVID SEARS EXECUTIVE EDUCATION	(i)	176,945	1,000	6,052	9,081	17,513	210,591	0		
DIRECTOR	(ii)	0	0	0	0	0	0	0		
<b>5</b> SCOTT GOLDMAN ART DIRECTOR	(i)	162,324	1,000	6,113	12,000	12,286	193,723	0		
	(ii)	0	0	0	0	0	0	0		
6 JOHN MORRISON DIRECTOR OF	(i)	150,849	1,000	760	2,600	37,564	192,773	0		
DEVELORMENT	(ii)	0	0	0	0	0	0	0		
7 HILARY FAHLSING VP, FINANCE & ADMIN/CFO	(i)	124,988	1,000	246	9,500	37,467	173,201	0		
(BEG 6/30)	(ii)	0	0	0	0	0	0	0		
8 LYNNE OKIN DIRECTOR, PUBLIC	(i)	146,972	1,000	1,022	9,500	11,420	169,914	0		
PROGRAMŚ	(ii)	0	0	0	0	0	0	0		
							Schedule	J (Form 990) 2019		

Schedule J (Form 990) 2019	Page <b>3</b>
Part III Supplemental Info	ormation
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.
Return Reference	Explanation
PART I, LINE 1A	GRAMMY MUSEUM FOUNDATION HAS A WRITTEN POLICY REGARDING FIRST-CLASS TRAVEL. THE TRAVEL POLICY STATES THAT THE MOST COST EFFECTIVE OPTIONS AVAILABLE BASED ON THE TRAVELER'S REQUESTED ITINERARY SHOULD BE MADE. THE PRESIDENT MAY BE PERMITTED FIRST-CLASS TRAVEL IF AUTHORIZED BY THE BOARD. THE PRESIDENT IS REQUIRED TO TRAVEL EXTENSIVELY ON MUSEUM BUSINESS, AND PROVIDING FOR FIRST-CLASS TRAVEL IS CONSIDERED A REASONABLE ACCOMMODATION. IT IS NOT TREATED AS TAXABLE COMPENSATION.
PART I, LINE 7	CERTAIN EMPLOYEES WERE EACH COMPENSATED WITH CRITERIA BONUSES BASED UPON SPECIFIC PERFORMANCE GOALS ESTABLISHED AND APPROVED BY THE EMPLOYEE AND THEIR DIRECT SUPERVISOR. IN ADDITION, CERTAIN EMPLOYEES WERE EACH COMPENSATED WITH DISCRETIONARY BONUSES SUBJECT TO THE DISCRETION OF THEIR DIRECT SUPERVISOR.

Schedule 1 (Form 990) 2019

Department of the Treasury Internal Revenue Service  Name of the organization GRAMMY MUSEUM FOUNDATION INC  Part I Excess Benefit Trace Complete if the organization 1 (a) Name of disquare  2 Enter the amount of tax incu- 4958		_	ed Data -					DL	N: 93	49311	2008041	
Department of the Treasury Internal Revenue Service  Name of the organization GRAMMY MUSEUM FOUNDATION INC  Part I Excess Benefit Traccomplete if the organization (a) Name of disquestion (b) Relationshi with organization (c) Recording ARTS AND SCIENCES  Total Formula Grants or Assistance (a) Name of interested person (a) Name of interested person (a) Name of interested person (b) Relationshi with organization (c) Recording ARTS AND SCIENCES	Schedule L Transaction					s			10	1B No. 1	545-0047	
Name of the organization GRAMMY MUSEUM FOUNDATION INC  Part I Excess Benefit Tra Complete if the organi  1 (a) Name of disqua  2 Enter the amount of tax incu 4958. 3 Enter the amount of tax, if a  Part II Loans to and/or Complete if the organization  (a) Name of interested person  (b) Relationshi with organization  (1) NATIONAL ACADEMY OF RECORDING ARTS AND SCIENCES  FOUNDER  ACADEMY OF RECORDING ARTS AND SCIENCES  (a) Name of interested person  (a) Name of interested person  (a) Name of interested person  (b) Relationshi with organization	lete if the organ	ization an 8b, or 28c	swered "Yes , or Form 99	on Form 99	90, Part IV, lir , line 38a or 4	nes 2!	5a, 2	5b, 26	,	<b>20</b>	19	
Part II	►Go to <u>www.irs.</u>	gov/Form	<u>990</u> for inst	ructions and	the latest info	ormat	tion.		C	pen to Inspe	Public ction	
Complete if the organic  1 (a) Name of disque  2 Enter the amount of tax incu- 4958							iploy -1447		ntifica	tion nu	mber	
Complete if the organic  (a) Name of disque  2 Enter the amount of tax incu- 4958	ansactions (se	ction 501(c	)(3), section 5	501(c)(4), and	section 501(c)				s only)			
2 Enter the amount of tax incu- 4958	zation answered '	'Yes" on Fo	rm 990, Part :	IV, line 25a or	25b, or Form 9	90-E						
A958.  3 Enter the amount of tax, if a complete if the organization  (a) Name of interested person  (b) Relationshi with organization  (1) FOUNDER  ACADEMY OF RECORDING ARTS AND SCIENCES  Foundary of Recording and the complete if the organization of the complete if the complete if the organization of the complete if the complete if the organization of the complete if	alified person	<b>(b)</b> R		tween disqual organization	lified person and	d (		escripti Insactio		<u>`</u>	Corrected?	
Apple 1958.  3 Enter the amount of tax, if a part II				n gamzation		-	ша	IIISactio	111	Yes	No No	
A958. 3 Enter the amount of tax, if a complete if the organization  (a) Name of interested person  (b) Relationshi with organization  (b) Relationshi with organization  (c) Record of the organization  FOUNDER  ACADEMY OF RECORDING ARTS AND SCIENCES  (a) Record of the organization  (b) Relationshi with organization  (b) Relationshi with organization						+						
A958. 3 Enter the amount of tax, if a complete if the organization  (a) Name of nterested person  (b) Relationshi with organization  (b) Relationshi with organization  (c) Part III Grants or Assistation  (a) Name of interested person (a) Name of interested person (c)												
A958. 3 Enter the amount of tax, if a complete if the organization  (a) Name of interested person  (b) Relationshi with organization  (b) Relationshi with organization  (c) Record of the organization  FOUNDER  ACADEMY OF RECORDING ARTS AND SCIENCES  (a) Record of the organization  (b) Relationshi with organization  (b) Relationshi with organization												
Apple 1958.  3 Enter the amount of tax, if a part II												
Apple 1958.  3 Enter the amount of tax, if a part II				11.61	1							
Part II  Loans to and/or Complete if the organization  (a) Name of interested person  (b) Relationshing with organization  (b) Relationshing with organization  (c) Relationshing with organization  (d) Name of interested person  (e) Relationshing with organization  (b) Relationshing with organization  (c) Relationshing with organization  (d) Relationshing with organization  (e) Recording with organization  (f) Relationshing with organization  (f) Relat	arred by the orga	nization ma	nagers or dis	qualified perso	ons during the y	ear u	nder	section • •				
Complete if the organization  (a) Name of interested person  (b) Relationshi with organization  1) FOUNDER  RECORDING ARTS AND SCIENCES  Fotal Formula Grants or Assistation  Complete if the organization	any, on line 2, abo	ove, reimbu	irsed by the o	rganization .		:	: :	<b>&gt;</b> 3				
Complete if the organization  (a) Name of nterested person  (b) Relationshi with organization  1) FOUNDER  ATIONAL CADEMY OF RECORDING RTS AND SCIENCES  Fotal Formula Grants or Assistation  Complete if the organization	. F Tt	stad Dawa										
(a) Name of nterested person (b) Relationshi with organization  1) FOUNDER IATIONAL CADEMY OF RECORDING RTS AND SCIENCES  Cotal Complete if the organization	anization answere	d "Yes" on	Form 990-EZ,	Part V, line 3	8a, or Form 99	0, Par	t IV,	line 26	; or if t	he orga:	nization	
organization  1) NATIONAL ACADEMY OF RECORDING RRTS AND SCIENCES  Total  Complete if the organization  organization  FOUNDER  FOU	ip (c) Purpose	(d) Loan t	o or from the		(f) Balance	(g)		<b>(</b>			Written	
1) FOUNDER NATIONAL ACADEMY OF RECORDING ARTS AND SCIENCES  Fotal Part III Grants or Assista Complete if the or (a) Name of interested person (	of loan		organization? principal due amount		due	defa 	ult?	Approv boar				
IATIONAL ACADEMY OF RECORDING RRTS AND SCIENCES  Total Part III Grants or Assista Complete if the or  (a) Name of interested person (	.acion							comm				
TOTAL  TOTAL  TOTAL  TOTAL  TOTAL  TOTAL  Part III Grants or Assista  Complete if the ori  (a) Name of interested person (		То	From			Yes	-	Yes	No	Yes	No	
Grants or Assista Complete if the or (a) Name of interested person	OPERATING EXPENSES		X	2,436,395	2,436,395		No	Yes		Yes		
Complete if the ora a) Name of interested person												
Grants or Assista Complete if the or (a) Name of interested person (												
Grants or Assista Complete if the or (a) Name of interested person				<u>                                     </u>	2,436,395							
Complete if the or (a) Name of interested person (	ance Benefitir	a Intere		•	2,430,393							
a) Name of interested person (					line 27.							
	( <b>b)</b> Relationship b nterested person organization	etween and the	(c) Amount o		(d) Type o	f assis	stance	e (	( <b>e)</b> Pui	pose of	assistance	
								_				
<del></del>		+						+				

Page 2

(a) Name of interested pers	son	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?			
					Yes	No		
(1) NATIONAL ACADEMY OF RECORDING AND SCIENCES	G ARTS	FOUNDER		PERFORMANCE OF GENERAL AND ADMINISTRATIVE SERVICES		No		
(2) NATIONAL ACADEMY OF RECORDING ARTS AND SCIENCES		FOUNDER	,	SALE OF GRAMMY TELECAST TICKETS		No		
Part V Supplemental Info		responses to questions on	Schedule L (see instruction	ons).				
Return Reference			Explanation	on				
SCH L, PART II		RAS PROVIDES CERTAIN GENERAL AND ADMINISTRATIVE SERVICES TO THE MUSEUM. OPERATING PENSES CHARGED TO THE MUSEUM BY NARAS INCLUDE ITEMS, SUCH AS SHARED SALARY EXPENSES.						

SECURITY, UTILITIES, TAXES AND LICENSES, REPAIR AND MAINTENANCE, OFFICE SUPPLIES, COMPUTER

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

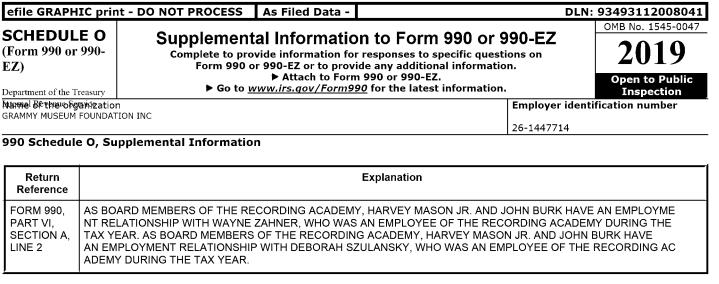
EXPENSES, AND ALLOCATIONS OF GRAMMY.COM EXPENSES. THE EXPENSES ARE ALLOCATED ON THE BASIS OF SOUARE FOOTAGE, NUMBER OF COMPUTERS USED, NUMBER OF ACTIVE WEB PAGES, OR OTHER

SUITABLE METHODOLOGIES. WHERE APPROPRIATE. AS OF FISCAL YEAR ENDED JULY 31, 2020. THE OUTSTANDING BALANCE OWED TO NARAS WAS \$2,436,395.

SCH L, PART IV, SALE OF GRAMMY

NARAS BILLED THE MUSEUM THE FACE VALUE OF PURCHASED EVENT TICKETS FOR EVENTS HELD BY TELECAST TICKETS: NARAS. THE FACE VALUE OF EVENT TICKETS PURCHASED BY THE MUSEUM WAS \$228,700, THE MAJORITY OF WHICH WAS INCLUDED IN PAYMENTS TO AFFILIATES IN THE STATEMENTS OF FUNCTIONAL EXPENSES.

IN GENERAL, THESE TICKETS ARE UTILIZED TO FULFILL OBLIGATIONS RELATED TO THE MUSEUM'S CORPORATE SPONSORSHIPS. Schedule L (Form 990 or 990-EZ) 2019



Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BOARD APPROVED AMENDED AND RESTATED BYLAWS ON MAY 13, 2020 THAT SIGNIFICANTLY ALTERED THE GOVERNING STRUCTURE OF THE CORPORATION. THE RESTATED BYLAWS ELIMINATED THE PREVIOUS TWO MEMBERS OF THE CORPORATION (NATIONAL ACADEMY OF RECORDING ARTS & SCIENCES, INC. AND L.A. ARENA LAND COMPANY, LLC) IN FAVOR OF A NONMEMBERSHIP BOARD OF DIRECTORS. ADDITIONALLY, THE E CHAIR AND VICE CHAIR OF THE BOARD ARE NO LONGER APPOINTED BY THE TWO MEMBERS OF THE CORPORATION BUT ARE INSTEAD VOTED ON BY THE FULL BOARD OF DIRECTORS. THE TREASURER AND SECRETA RY OFFICER POSITIONS WERE COMBINED INTO ONE POSITION. THE RESTATED BYLAWS PROVIDE FOR FOUR NEW COMMITTEES OF THE BOARD CREATED BY CHARTER INCLUDING THE FINANCE COMMITTEE, NOMINATIN GIGOVERNANCE COMMITTEE, DEVELOPMENT COMMITTEE AND COMPENSATION COMMITTEE. THE AMENDED EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIR, VICE CHAIR, SECRETARY/TREASURER, PRESIDENT/CEO OF NARAS AS SPECIFIED DIRECTOR, PRESIDENT/CEO OF ANSCHUTZ ENTERTAINMENT GROUP ("AEG") AS SPECIFIED DIRECTOR, CHAIR OF THE DEVELOPMENT COMMITTEE AND CHAIR OF THE NOMINATING AND GOVE RNANCE COMMITTEE. THE RESTATED BYLAWS ALSO CHANGED CERTAIN QUORUM, VOTING RIGHTS AND VOTING APPROVAL REQUIREMENTS, AND INCLUDED ADDITIONAL NON-DELEGABLE POWERS THAT CONFORM TO CALIFORNIA CORPORATIONS LAW. THE BOARD CAN AMEND THE BYLAWS WITH THE FOLLOWING NEW LIMITS: (1) ANY BOARD MEETING TO AMEND THE BYLAWS MUST BE A DULY HELD AND NOTICED MEETING PROVIDING A NEXPLANATION OF THE AMENDMENT, AND (2) SO LONG AS THE NARAS LICENSE AGREEMENT HAS NOT EXPLINED OR BEEN TERMINATED, THE BYLAWS CONCERNING THE NARAS DESIGNATED DIRECTORS CANNOT BE AM ENDED WITHOUT NARAS CONSENT. THE RESTATED BYLAWS SUPPORT AND REFLECT THE 2015 CHANGE IN ST ATUS APPROVED BY THE IRS FROM A SUPPORTING ORGANIZATION TO NARAS TO A STANDALONE PUBLIC CHARITY.

# Return Explanation

990 Schedule O, Supplemental Information

FORM 990,
PART VI,
SECTION B,
LINE 11B

AFTER THE FORM 990 IS PREPARED, IT IS SUBMITTED TO THE AUDIT COMMITTEE FOR REVIEW. THE BOA
RD HAS DESIGNATED THE AUDIT COMMITTEE TO REVIEW AND APPROVE THE FILING OF THE TAX RETURN O
N ITS BEHALF. AFTER ALL COMMENTS AND QUESTIONS FROM THE AUDIT COMMITTEE HAVE BEEN ADDRESSE
D AND INCORPORATED, THE AUDIT COMMITTEE APPROVES THE FILING WITH THE IRS. THE FULL BOARD A
LSO RECEIVES A COPY OF THE TAX RETURN BEFORE IT IS FILED.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH POWERS DELEGATED BY THE BO ARD OF DIRECTORS NEEDS TO SIGN A STATEMENT UPON HIRING OR APPOINTMENT AFFIRMING THAT HE/SH E 1) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, 3) HAS AGREED TO COMPLY WITH THE POLICY, AND 4) UNDERSTANDS THAT THE MUSEUM IS A NON-PROFIT ORGANIZATION AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION STATUS, IT M UST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OF MORE OF ITS TAX-EXEMPT PURPOSES . PERIODIC REVIEWS ARE CONDUCTED BY THE HUMAN RESOURCES DEPARTMENT TO ENSURE COMPLIANCE WITH THE POLICY. THIS FUNCTION IS PERFORMED BY AEG MUSEUM, LLC AS PART OF ITS OUTSOURCING AG REEMENT WITH GRAMMY MUSEUM FOUNDATION. PERIODICALLY, A CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED TO SELECTED EMPLOYEES FOR COMPLETION AND SIGNATURE, AND THEN REVIEWED BY HUMAN RESOURCES. COPIES OF THESE FORMS ARE MAINTAINED BY HUMAN RESOURCES IN PERSONNEL FILES. ANNUALLY, THE CORPORATE SECRETARY DISTRIBUTES THE ANNUAL DISCLOSURE STATEMENT AT A BOARD MEETING. THE STATEMENTS ARE COLLECTED BY THE CORPORATE SECRETARY AND THEN A SUMMARY REPORT IS GIVEN TO THE CHAIR OF THE AUDIT COMMITTEE. ACCORDINGLY, THE CHAIR OF THE AUDIT COMMITTEE IS RESPONSIBLE FOR BOTH MONITORING AND ENFORCING THE CONFLICT OF INTEREST POLICY BASED ON THE STATEMENTS THAT ARE PROVIDED.

Return Explanation

FORM 990, PART VI, ON OF OTHER NON-PROFIT MUSEUM DIRECTORS IN THE GENERAL AREA. BASED UPON THIS COMPARISON AN SECTION B, AMOUNT WAS DETERMINED BY DISCUSSION AND APPROVAL OF SELECTED BOARD MEMBERS OF THE MUSEUM.

Return Explanation
Reference

FORM 990,
PART VI,
SECTION C,
LINE 19

THE MUSEUM'S FORM 990, AUDITED FINANCIAL STATEMENTS, ARTICLES, BYLAWS, AND CONFLICT OF INT
EREST POLICY ARE AVAILABLE UPON REQUEST. ADDITIONALLY, THE MUSEUM FILES ITS FORM 990 WITH
THE CALIFORNIA ATTORNEY GENERAL AND ROUTINELY UPDATES ITS INFORMATION ON THIRD-PARTY PLATF
ORMS SUCH AS GUIDESTAR. CHARITY NAVIGATOR AND SMU DATAARTS.

Return Explanation

LINE 2

FORM 990, PART VII, SCIENCES, INC.

Return Explanation

TANGIBLE

INIGIDEE	SECTION 1.200(A)-1(1 ) DE MINNING SALE HARBOR ELECTION TAXEA LES 13 MARING THE DE MINNING SA	
PROPERTY	FE HARBOR ELECTION UNDER TREAS. REG. 1.263(A)-1(F) FOR ALL ELIGIBLE AMOUNTS PAID OR INCURR	
ELECTIONS	ED DURING THE TAXABLE YEAR. SECTION 1.263(A)-3(N) CAPITALIZATION ELECTION TAXPAYER HEREBY	
	ELECTS TO CAPITALIZE REPAIR AND MAINTENANCE COSTS UNDER TREAS. REG. 1.263(A)-3(N). THE COS	
	TO WEDE INCLIDED DUDING THE TAYABLE VEAD IN THE ELECTING TAYBAVED'S TRADE OR BUSINESS AND	

THE ELECTING TAXPAYER TREATS SUCH COSTS AS CAPITAL EXPENDITURES ON ITS BOOKS AND RECORDS.

SECTION 1.263(A)-1(E) DE MINIMIS SAFE HARROR ELECTION TAYPAYER IS MAKING THE DE MINIMIS SA