COMMITTEE ON NATURAL RESOURCES 113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Oversight hearing on the 2008 Lacey Act Amendments Thursday, May 16, 2013

1. Nai	me:
2. Ad	dress:
3. Em	ail Address:
4. Pho	one Number:

For W	itnesses Representing Organizations:
1.	Name: Steve McCreary
2.	Name of Organization(s) You are Representing at the Hearing: Collings Guitars, Inc.
3.	NAMM, the National Association of Music Merchants Business Address: 11210 W. Hwy. 290, Austin, TC 78737
4.	Business Email Address: steve@collingsgutars.com
5.	Business Phone Number: 512-288-7776

For Individuals:

For all Witnesses

Mr. Steve McCreary, Collins Guitars Subcommittee on FWO&IA Oversight hearing – Thursday, May 16, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Over 20 years as General Manager of Collings Guitars

d. Any federal grants or contracts (including subgrants or subcontracts) from the U.S. Department of the Interior that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Have been to several seminars and have been dealing with Lacey Act through vendors and customs brokers for past five years.

Witnesses Representing Organizations

Mr. Steve McCreary, Collins Guitars Subcommittee on FWO&IA Oversight hearing – Thursday, May 16, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

None

i. Any federal grants or contracts (including subgrants or subcontracts) from the U.S. Department of the Interior that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Provided separately

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	For the	2008 calend	ar year, o	or tax year beginning 10/01	, 2008, and ending	9/30		, 2009				
В	Check if a	applicable:				D Em	ployer Iden	tification Number				
	Add	ress change	Please use IRS label	NAMM Foundation		3:	3-0797	7657				
	\vdash	ne change	or print or type.	A Not-For-Profit Corporati	ion		phone nun					
	$\boldsymbol{\vdash}$		See	5790 Armada Drive			•	3-8001				
	\vdash	al return	specific Instruc-	Carlsbad, CA 92008-4608		· · · · · · ·	00-450	9-000T				
	Tern	mination	tions.	·								
	Ame	ended return					ss receipts		<u>957.</u>			
	Appl	lication pending		and address of principal officer: Joseph M.		i(a) is this a group r		filiates? Yes	X No			
			5790 2	Armada Drive Carlsbad, CA 🤉	92008-4608 H	i(b) Are all affiliates If 'No,' attach a		rtructions\	∐ No			
$\overline{\Gamma}$	Tax-e	exempt status	X 501	(c) (3) (insert no.) 4947	(a)(1) or 527	ii ivo, attacii a	nst. (see n	su ucuons)				
J				foundation.org		I(c) Group exemptio	n number	>				
ĸ			X Corpora		L Year of Formatio			legal domicile: CA				
	ırt İ	Summa		Alexi Tiast / Association Circ	1 - 1001 01 101110010							
•••		Priefly describ	e the oro	panization's mission or most significant acti	vities: Advancing	active n	artic	ination in				
				across the lifespan by supp								
Activities & Governance				olic_service_programs_from_								
<u>na</u>								がたいジーバルびが	⊱∓ }			
ĕ	ے م	AUG DEGA	mind"	a museum to display histor if the organization discontinued its operation	Trat Tragnies	then 25% of its	• ·					
ဓ္မ				bers of the governing body (Part VI, line 1a				I	30			
a 5				t voting members of the governing body (Pa					0			
je				yees (Part V, line 2a)					 0			
Ž				eers (estimate if necessary)			· ·		<u></u> 0			
Ac				business revenue from Part VIII, line 12, col			· · — — —		0.			
				taxable income from Form 990-T, line 34.					0.			
		tot umolatoo	000000	totale monto manifest of the control		Prior Ye		Current Ye				
		Santributiana		ts (Part VIII, line 1h)				2,205				
9						3,012	, , , 10 .		458.			
5		-		ue (Part VIII, line 2g)		77	,526.		779.			
Revenue				art VIII, column (A), lines 3, 4, and 7d)			,556.		608.			
_				II, column (A), lines 5, 6d, 8c, 9c, 10c, and		3,187		2,498,				
				nes 8 through 11 (must equal Part VIII, colu		2,543		1,767,				
				ounts paid (Part IX, column (A), lines 1-3).		2,543	, 000.	Ι, ΙΟΙ,	330.			
				members (Part IX, column (A), line 4)								
60	15 S	Salaries, othe	r compen	nsation, employee benefits (Part IX, column	(A), lines 5-10)							
136	16a P	rofessional f	undraisin	g fees (Part IX, column (A), line 11e)								
Expenses	ьт	otal fundraisi	na exper	nses (Part IX, column (D), line 25) ►	33,216.							
Ð			-	X, column (A), lines 11a-11d, 11f-24f)		589	,494.	720.	112.			
		•	•	nes 13-17 (must equal Part IX, column (A),		3,133		2,487,				
		•		s. Subtract line 18 from line 12			,692.		688.			
		revenue less	expenses	s. Subtract line to from line 12		1		l"				
25				4.00		Beginning of 2,719		End of Ye 2, 563,				
98	20 T			ne 16)								
Nat Assats or Fund Balances	21 T	otal liabilities	(Part X,	line 26)		1,249		1,082,				
				ances. Subtract line 21 from line 20		1,469	,704.	1,480,	391.			
Pa	ırt II 🥖	Signatu	<u>ire Bloc</u>	ck								
		Under penalties	of periun	I declare that I have examined this return, including according to be claration of preparer (other than officer) is placed on	empanying schedules and state	ments, and to the beer has any knowledge	est of my kr	nowledge and belief, i	t is			
				L M L		1						
Sig	yn 💮		X	1111. 16-11								
He	re	Signature of	of officer	}		Date						
			h AL			President	: & CE	.0				
		Type or pri	nt name and	d title.								
					Date	Check if self-	(reparer's identifying r see instructions)	number			
Pa		Prenarer's				employed	▶					
Pre		Preparer's signature	► All	an Rosenthal			N	I/A				
	rer's		3 7 7	an Rosenthal & Assoc AC								
Us	e	Firm's name (o										
		yours if self-	176	6 Park Granada Suite 202		FIN ►	N/A					
Or		employed), address, and ZIP + 4		6 Park Granada, Suite 202 abasas, CA 91302-3341		EIN ► Phone no.	N/A ► (81	8) 591-155	0			

Form	1 990 (2008)	NAMM	I Foundati	.on					33	3-07976	57		Page 2
Pai	t∭ S	tatemen	it of Progran	n Service <i>I</i>	Accomplish	ments (see	e instruction	ons)					
1	Briefly desc	cribe the c	organization's m	nission:		•							
	See Sch	<u>ledule</u>	0										
2	Did the org	janization	undertake any s	significant pro	gram services	during the yea	ar which were	e not listed	on the prior				
								· · · · · · · · · · · ·			Yes	X	Nо
	If 'Yes,' des	scribe thes	se new services	on Schedule	O.								
3	_		cease conductir	.	gnificant chang	ges in how it o	conducts, any	y program s	ervices?		Yes	X	No
	,		se changes on S										
4	Describe th	e exempt	purpose achiev zations and sec	ements for ea	ch of the organ	nization's thre	e largest pro	gram servic	es by exper	ses. Section	n 501(c)(3)	
	expenses,	and reven	ue, if any, for e	ach program	service reported	d.	it the amoun	i oi giains a	ind anocatio	iis to otilei:	5, tile ti	Jlai	
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	(Expenses				ng grants of		al Dawl IV 1 is)	
<u>4e</u>	Total progr	ram servic	e expenses	<u>≻ Ş</u> 2	2,432,872	. (Must equa	ai Part IX, Lii	ne ∠5, colun	ın (B).)				

Form 990 (2008) NAMM Foundation

Part IV Checklist of Required Schedules

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		٠,	
2	Schedule A	2	X	
3			- 11	
_	for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II .	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11		11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Х	
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 19		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
20 21	Did the organization operate one or more hospitals: If res, complete Schedule I, Parts I and II	21	Х	- 11
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	Х	
23		23		Х
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and		:	
	complete Schedule K. If 'No, go to question 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3) and 501(c)(4) 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		Х
I	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b	<u>.</u>	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
				$\alpha \alpha \alpha \alpha \alpha \alpha$

Form 990 (2008) NAMM Foundation

Part IV Checklist of Required Schedules (continued)

			Yes	No
	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively			
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
,	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35_		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37		Х

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Form 990 (2008)

Form 990 (2008) NAMM Foundation 33-0	797657	F	age !
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	o		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin (gambling) winnings to prize winners?	ng 1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	o		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	37823		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?	, a 4a		Х
b If 'Yes,' enter the name of the foreign country: ▶	(0.25)		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	re not		
deductible?			885.73.
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?			X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		1	
Form 8282?	7c	:	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year		223.5	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>	_	Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<mark>7g</mark>		X
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as require	ed?	_	X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	e 8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		100	
a Did the organization make any taxable distributions under section 4966?	9a		1.2027772
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12		1000	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		176-2	
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other 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) nonexempt 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 12b	300 Sept.	10 mm 15 mm	
BAA	Forr	n 990 ((2008

Form 990 (2008) NAMM Foundation 33-0797657 Page 6

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management			
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances,	9757707040	Yes	No
	processe:	s, or changes in Schedule O. See instructions.			
		number of voting members of the governing body		6 fo 76	
_			8.3		
2	officer, di	fficer, director, trustee, or key employee have a family relationship or a business relationship with any other rector, trustee or key employee?	2	X	autoriologa articol
3		ganization delegate control over management duties customarily performed by or under the direct supervision , directors or trustees, or key employees to a management company or other person?	3		Х
4		ganization make any significant changes to its organizational documents	4		Х
		prior Form 990 was filed?	_		١,,
5		ganization become aware during the year of a material diversion of the organization's assets?	5		X
6		organization have members or stockholders?	6		Α
	governing	organization have members, stockholders, or other persons who may elect one or more members of the body?	7a		Х
ŀ	Are any d	ecisions of the governing body subject to approval by members, stockholders, or other persons?	7b	er vosta adi	Х
8	the follow	· ·	2668 2122		
	-	ning body?	8a	X	
		mittee with authority to act on behalf of the governing body?	8b	<u> X</u>	177
		organization have local chapters, branches, or affiliates?	9a		X
		oes the organization have written policies and procedures governing the activities of such chapters, affiliates, thes to ensure their operations are consistent with those of the organization?	9b		
10	Was a co describe i	by of the Form 990 provided to the organization's governing body before it was filed? All organizations must in Schedule O the process, if any, the organization uses to review the Form 990 SeeSchedule . O	10	X	
	organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the on's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	11		х
Sec	tion B.	Policies			
10-	Dasa Ma	organization have a written conflict of interest policy? If 'No,' go to line '13	12a	Yes X	No
		rs, directors or trustees, and key employees required to disclose annually interests that could give rise			
		s?	12b	X	
		organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done	12c	Х	
		organization have a written whistleblower policy?	13	X	
		organization have a written document retention and destruction policy?	14	X	2855754
15	Did the properties,	ocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision:			
ē	The organ	nization's CEO, Executive Director, or top management official?	15a 15b	X	
t		cers of key employees of the organization? See . Schedule . O	150	_ <u>^</u>	¥23301
		the process in Schedule O. (see instructions)	3.7		
	entity dur	ganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ng the year?	16a	F97875	X
k	in joint ve	as the organization adopted a written policy or procedure requiring the organization to evaluate its participation nture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt h respect to such arrangements?	16b		
Sec		Disclosures			
		ates with which a copy of this Form 990 is required to be filed CA CA	_ _		
18		104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avant in Indicate how you make these available. Check all that apply.	ilable	for pu	blic
19		website \square Another's website $ ot X ot$ Upon request in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy is available to the public. See Schedule O	, and	financ	cial
20	statement	s available to the public. See Schedule 0 name, physical address, and telephone number of the person who possesses the books and records of the organ	izatior	1:	
	Larry	Manley 5790 Armada Drive Carlsbad CA 92008-4608 760-438-8007			
BAA			Form	990	(2008)

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did no	t compens	ate ar	y of	fice	r, di	rector	, tru:	stee, or key employee		
(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours	Posi	tion (c all t	hat app		Reportable compensation from	Reportable	Estimated
•	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Joseph M. Lamond President & CEO	0	X						0.	0.	0.
R.F. "Chip" Averwater. Jr.										
Chairman	0	X						0.	0.	0.
Tom Schmitt Vice Chairman	0	X						0.	0.	0.
Kevin Cranley		X							0.	
Treasurer Larry Morton	0		_					0.	<u>u.</u>	0.
Secretary	0	Х						0.	0.	0.
Kurt Listug Director	0	8						0.	0.	0.
Alan Rosen	0	χ						0.	0.	0.
Director Dick Boak	U						\vdash			
Director	_0	X						0.	0.	0.
John Tarpley Director	0	X						0.	0.	0,
Jeff Falgien Director	0	X						0.	0.	0.
Qian Ni	0	¥						0.	0.	0.
Director Ray van Straten	0	,						<u> </u>		<u> </u>
Director	0	X						0.	0.	0.
Gary Forkum Director	0	بر						0.	0.	0.
Barbara Paulsen Director	0	χ						0.	0.	0.
Joe Vasko Director	0	J_						0.	0.	0.
Jon Harris Director	0	X						0.	0.	0.
John Paulson Director	0	X						0.	0.	0.
BAA	1 0	1	EEA	0107L	. 04	124/09	<u> </u>			Form 990 (2008)

Form 990 (2008) NAMM Foundation									33-079765	
Part VII Section A. Officers, Directors, Trus	stees, l	Key	<u>Er</u>	npl	oy	ees	, ar	<u>nd Highest Co</u>	mpensated Em	ployees (cont.)
(A)	(B)							(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	institutional trustee	(check Officer		a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Robin Walenta Director	0	X						0.	0.	0.
Rosi Johnson Director	0	X						0.	0.	0.
Lee Paynter Director	0	<u>\$</u>						0.	0.	0.
Christopher White Director	0	χ						0.	0.	0.
Brock Kaericher Director	0	Ļ						0.	0.	0.
George Quinlan, Jr. Director	0	X						0.	0.	0.
Robert Wilson Director	0	X						0.	0.	0.
Joel Menchey Director	0	X						0.	0.	0.
Phil Rich Director	0	Х						0.	0.	0.
Rick Young Director	0	X						0.	0.	0.
Neil Lilien Director	0	χ						0.	0.	0.
Liane Rockley Director	0	χ						0.	0.	0.
Michael Kirman Director	0	X						0.	0.	0.
1 b Total	<u> </u>						•	0.	0.	0.
2 Total number of individuals (including those in 1a) w	ho recei	ved	mor	e th	an :	\$100	,000) in reportable cor	mpensation from the	•

organization

	VI 32111241011			
			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	578E78E	X
4	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		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation		
		Capital Capital		

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 0

						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>ω</u> ,,	1a	Federated campaigns.		1 a					
Z E		Membership dues		1 b					
S.G	С	Fundraising events	<i></i>	1 c					
AR.	d	Related organizations.		1 d	2,000,000.				56 2 45 S. 2
S, S	е	Government grants (contribution	ons)	1 e				1	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		All other contributions, gifts, c similar amounts not included		1f	205,551.	1,000		Programme	
S S		Noncash contribus included in			>	0 005 551			
	h	Total. Add lines 1a-1f		· · · · · · · ·	Business Code	2,205,551.	nt de minima de la compansión de la comp	A STATE OF THE STA	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PROGRAM SERVICE REVENUE	2a b	Museum Revenue			business code	222,458.			222,458.
ICE	c			- 1					
ERV	d			- 1					
NN S	e								
GR/	f	All other program service							
PRO		Total. Add lines 2a-2f.		_	>	222,458.	and the Spinisher Committee of		And Arthur Mills of Arthur
	3	Investment income (incother similar amounts).	luding divi	dends,	interest and	27,779.			27,779.
	4	Income from investmen		•	•				
	5	Royalties				Anatom Cara Strategy			************
		Ower Death	(i) Re	575.	(ii) Personal				
		Gross Rents	3,	5/5.					Line of the second
		Less; rental expenses. Rental income or (loss)	3	575.			August 1		and the second
		Net rental income or (lo				3,575.	100 (100 00 100 000 000 000 000 000 000	80.20.1326.0380.05.0535.05.00.00.0.530	3,575.
		Gross amount from sales of	(i) Secu		(ii) Other				
	/a	assets other than inventory.							
	b	Less: cost or other basis and sales expenses							
	¢	Gain or (loss)							
	d	Net gain or (loss)			<u> </u>			NATIONAL PROPERTY WHO BE ELECTRON	appendict of the control (Section)
NUE	8a	Gross income from function (not including. \$	Iraising ev	ents		10 mm			
REVENUE		of contributions reported		•					
		See Part IV, line 18							26.00
ОТНЕВ		Less: direct expenses .							
		Net income or (loss) fro			ents				
	9a	Gross income from garr See Part IV, line 19	iing activit	ies. a					
	b	Less: direct expenses .					£		
		Net income or (loss) fro			i <u>es,</u>				
	10a	Gross sales of inventory and allowances							
		Less: cost of goods sold							
	c	Net income or (loss) fro		f inven		39,033.		22346026666666	39,033.
		Miscellaneous Reven			Business Code				
	11a		_	· -					
	0		_ 						
	4	All other revenue	 _	-					
		Total. Add lines 11a-11c							
		Total Revenue. Add line				2,498,396.	0.	0.	292,845.

Page 9

Page 10

Form 990 (2008) NAMM Foundation

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must com	olete column (A) but are r	ot required to complete co	lumns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		1,677,096.	1,677,096.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	45,500.	45,500.	100	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	45,000.	45,000.		
4 5	Benefits paid to or for members				
5	trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	-			
	Fees for services (non-employees) Management				
	b Legal		28,115.	1,480.	
	Accounting		3,857.	203.	
	Lobbying				
6	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
•	Other		47,717.	2,511.	
	Advertising and promotion		54,327.	<u></u>	
13	Office expenses.				
14	Information technology				
15 16	Royalties Occupancy				
17	Travel	40 500	41,347.	2,176.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,391.	8,921.	470.	
20	Interest				
21	Payments to affiliates	28,247.	18,547.	1,412.	8,288.
	Depreciation, depletion, and amortization	20,241.	10,541.	1, 112.	0,200.
23 24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		<u>.</u>		
3	Programs Expenses	164,519.	164,519.	The second secon	
	Printing and Publications	81,763.	77,675.	4,088.	
	Lodgings and Meals	58,983.	56,034.	2,949.	
	Marketing	40,646.	40,646.	1 640	
	Postage and Shipping	32,976.	31,327.	1,649.	24 029
	All other expenses	121,854.	92,244.	4,682. 21,620.	24,928. 33,216.
	Total functional expenses. Add lines 1 through 24f	2,487,708.	2,432,872.	21,020.	33,210.
26	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (2008)
BAA					, , , ,

					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			11,191.	1	36,879.
	2	Savings and temporary cash investments				2	2,076,906.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			· · · · · · · · · · · · · · · · · · ·	4	
	5	• • • • • • • • • • • • • • • • • • • •				Ė	
		Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule I				5	
	6	Receivables from other disqualified persons (as define					
		and persons described in section 4958(c)(3)(B). Comp				6	
S S E T	7	Notes and loans receivable, net				7	
Ĕ	8	Inventories for sale or use			43,112.	8	48,260.
s	9	Prepaid expenses and deferred charges			129,866.	9	292,114.
		Land, buildings, and equipment: cost basis	10a	321,314.			6.64
	þ	Less: accumulated depreciation. Complete Part VI of					8-17 A
		Schedule D	10 b	212,456.	109,933.	10 c	108,858.
	11	Investments — publicly-traded securities				11	
	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				15	
	16	Total assets. Add lines 1 through 15 (must equal line 3			2,719,112.	16	2,563,017.
	17	Accounts payable and accrued expenses			371,213.	17	128,509.
	18	Grants payable			878,195.	18	954,117.
	19	Deferred revenue				19	
Ļ	20	Tax-exempt bond liabilities				20	
A B	21	Escrow account liability. Complete Part IV of Schedule				21	2020.00
l L T	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal disqualified perso					
į		of Schedule L		i		22	
Š	23	Secured mortgages and notes payable to unrelated thi				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities. Complete Part X of Schedule D			1 040 400	25	1 000 606
	26	Total liabilities. Add lines 17 through 25			1,249,408.	26	1,082,626.
Ĕ		Organizations that follow SFAS 117, check here ►	X an	d complete lines			
_		27 through 29 and lines 33 and 34.			800,199.	27	1,175,074.
∜WEI-N	27	Unrestricted net assets				28	305,317.
Ę	28	Permanently restricted net assets			003,303.	29	505/517.
Q R	29	Organizations that do not follow SFAS 117, check her		and complete			
				and complete			
CZC.	20	lines 30 through 34. Capital stock or trust principal, or current funds				30	Necessary of the Section Section 1
	30	Paid-in or capital surplus, or land, building, and equip				31	
日本 上々 Z ひ 正の	31 32	Retained earnings, endowment, accumulated income,		1		32	
Ņ	33	Total net assets or fund balances.		i	1,469,704.	33	1,480,391.
Ĕ	34	Total liabilities and net assets/fund balances			2,719,112.	34	2,563,017.
	nt X						
	1.6.73	The state of the s					Yes No
1	Δα	counting method used to prepare the Form 990:	ash	X Accrual	Other		\$48.4 C@Q (** **)
		re the organization's financial statements compiled or re			countant?		2a X
		re the organization's financial statements audited by an					
	- IE N	Vacility 3a or 3b, does the organization have a committe	e that	assumes responsibility	for oversight of the aud	lit.	1 1 1
	rev	iew, or compilation of its financial statements and selec	ction of	an independent accou	ntant?		2c X
3	a As Aud	a result of a federal award, was the organization requir dit Act and OMB Circular A-133?	ed to u	ndergo an audit or aud	its as set forth in the Si	ngle	3a X
	b lf "	Yes,' did the organization undergo the required audit or	audits?	<u>?</u>			3b
BA	A						Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047 **2008**

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NAMM Foundation

A Not-For-Profit Corporation

Employer identification number

33-0797657

				ı s (All organizations				s part	<u>.) (see</u>	instruc	ctions)		
Гһе о	rgai	nization is not a priv	ate foundation becaus	e it is: (Please check on	ly one o	rganizat	ion.)						
1	\Box	A church, convention	on of churches or asso	ciation of churches descr	ibed in	section	170(b)(1)(A)(i).					
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedule E	.)								
3	П			organization described in		n 170(b))(1)(A)(ii	ii). (Atta	ch Sche	dule H.)			
4				I in conjunction with a ho								tal's	
		name, city, and sta	te:										. _
5		An organization open 170(b)(1)(A)(iv). (C	erated for the benefit o complete Part II.)	of a college or university	owned o	r operat	ed by a	governi	mental u	nit descr	ibed in se	ction	
6		Á federal, state, or	local government or g	overnmental unit describ	ed in se	ection 17	70(b)(1)(A)(v).					
7		An organization that in section 170(b)(1)	it normally receives a : ((A)(vi). (Complete Pa	substantial part of its sup rt II.)	port fro	m a gov	ernmen	tal unit e	or from t	he genei	ral public d	escribe	ed
8	Ш			70(b)(1)(A)(vi). (Complete		,							
9		from activities relat investment income	ed to its exempt functi	 i) more than 33-1/3 % of ons — subject to certain is taxable income (less s implete Part III.) 	exception	ns. and	(2) no i	more tha	an 33-1/3	3 % of its	s support fr	om ar	oss
10	\Box	An organization org	anized and operated e	exclusively to test for pub	lic safet	y. See	section	509(a)(4	1). (see i	instructio	ns)		
11	X	An organization org more publicly suppo describes the type	ganized and operated e orted organizations de of supporting organiza	exclusively for the benefit escribed in section 509(a) ation and complete lines	t of, to p)(1) or s 11e thro	erform t ection 5 ough 11h	he funct 09(a)(2)	tions of, . See s	or carry ection 50	out the 09(a)(3).	purposes of Check the	f one box th	or nat
		a Type I	b X Type II	c Type III	– Fund	tionally	integrat	ed		d 📙	Type III-		
e		By checking this bothan foundation ma 509(a)(2).	x, I certify that the org	anization is not controlle one or more publicly sup	d directl pported	y or ind organiza	irectly by	y one or escribed	r more d I in secti	isqualifie on 509(a	ed persons)(1) or sec	other ion	
f		If the organization i	received a written dete	rmination from the IRS t	hat is a	Type I,	Гуре ІІ с	r Type	III suppo	rting org	janization,	,,,,	. 🗀
g				ion accepted any gift or	contribu	ition fror	n any of	f the foll	lowing p	ersons?			
9		omico riagaot virja	•••, <u>.</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•		٠.			Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the su	ontrols, either alone or to pported organization?	gether v	with pers	sons des	cribed	in (ii) an	d (iii)	11 g (i)		х
				ibed in (i) above?							11 g (ii)		Х
				described in (i) or (ii) abo									Х
h				e organizations the orga									
	(1)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) l organizat (i) listed	s the ion in col.	(v) Did y the organ	(i) of	(vi) Is organizati (i) organiz U.S	on in col. ed in the	(vii) Amoun	of Sup	port
				,		rning ment?		···	1 77 -				
					Yes	No	Yes	No	Yes	No			
Nat:	ioı	nal Associat:	on of Music M	erch									
			36-2026009	501(c)(6)		Х	Х		x				0.
		·											
	_				-								
							 		<u> </u>		<u>.</u>		
Total													0.

Sche	edule A (Form 990 or 990-EZ) 200	8 NAMM Fou				33-079765	
Pai	t II Support Schedule for				l(b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
500	(Complete only if you checke stion A. Public Support	ed the box on line	5, 7, or 8 of Part	l.)			
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
_	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')				:		
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-3	N - 1000 (100 (100 (100 (100 (100 (100 (1	ge was the second water on the letter of the second	NOTE OF TRANSPORTED IN CONTRACTOR	Broke thereon are not consider to the	muses has been assessed to a difference of	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	I [.]		1	, , , , , , , , , , , , , , , , , , , ,		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activi	ities, etc. (see insl	tructions)			12	
13	First five years. If the Form 990 i organization, check this box and	s for the organization	tion's first, second	i, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶∏
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14 15	Public support percentage for 200 Public support percentage for 200	08 (line 6, column 07 Schedule A, Pa	(f) divided by line art IV-A, line 26f	e 11, column (f)			% %
16 a	33-1/3 support test — 2008. If the and stop here. The organization	organization did i qualifies as a publ	not check the box licly supported org	on line 13, and t	the line 14 is 33-1/	3 % or more, chec	ck this box
Ŀ	33-1/3 support test – 2007. If the and stop here. The organization	organization did qualifies as a publ	not check a box o licly supported org	n line 13, or 16a, ganization	and line 15 is 33-	1/3% or more, che	eck this box
17a	10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts	meets the 'facts-ar	nd-circumstances'	' test, check this b	ox and stop here	. Explain in Part IV	v now
Ł	• 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	meets the 'facts-ar	nd-circumstances'	' test, check this b	ox and stop here.	. Explain in Part IV	v now the —

Schedule A (Form 990 or 990-EZ) 2008

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

Schedule A (Form 990 or 990-EZ) 2008 NAMM Foundation Part III Support Schedule for Organizations Described in Section 509(a)(2)

Section A. Public Support		ne 9 of Part I.)				
Calendar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	<u></u>					
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line				2 2000 00 000 000	Harris Anna Francisco Company	
7c from line 6.)						
Section B. Total Support				T I		
Calendar year (or fiscal yr beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6					<u></u>	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add Ins 9, 10c, 11, and 12.)	100 S		1.00			
14 First five years. If the Form 990 is organization, check this box and s	s for the organiza	tion's first, second	i, third, fourth, o	r fifth tax year as a	section 501(c)(3)	►□
Section C. Computation of Pul						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15 Public support percentage for 200			e 13, column (f)).			%
16 Public support percentage from 2						%
Section D. Computation of Inv	estment inco	me Percentag	е			-
17 Investment income percentage fo	r 2008 (line 10c,	column (f) divided	l by line 13, colun			%
18 Investment income percentage fro	om 2007 Schedule	e A, Part IV-A, lin	e 27h	.,	18	%
19a 33-1/3 support tests — 2008. If the more than 33-1/3%, check this bo	ox and stop nere.	The organization	qualifies as a pui	olicia zabbolitea olif	garlization	
b 33-1/3 support tests – 2007. If the is not more than 33-1/3%, check	e organization did	not check a box	on line 14 or 19a,	, and line 16 is mo	re than 33-1/3%, ar ted organization	na line 18

Schedule A	(Form 9	90 or 990)-EZ) 20	800	NAMM	Four	ndat	ion						3	3-079	7657		Page 4
Schedule A	Suppl Part II	ementa , line 1	I Info r 7a or	r <mark>matio</mark> 17b; c	on. Co or Par	mple t III, I	te th	nis pa 12. F	art to Provid	provi le any	de the other	explar additio	nation onal in	require format	ed by ion. (s	Part II see ins	, line 1 structio	0; ns)
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990, 990-EZ and 990-PF ► See separate instructions. OMB No. 1545-0047

2008

Name of the organization NAMM Foundation		Employer identification number
A Not-For-Profit	Corporation	33-0797657
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(_3_) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a 527 political organization	a private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a pri 501(c)(3) taxable private foundation	vate foundation
Check if your organization is covered by the Ge boxes for both the General Rule and a Special F	neral Rule or a Special Rule. (Note: Only a section 501(c)(Rule. See instructions.)	7), (8), or (10) organization can check
General Rule — X For organizations filing Form 990, 990-EZ, contributor. (Complete Parts I and II.)	or 990-PF that received, during the year, \$5,000 or more (in	money or property) from any one
Special Rules —		
509(a)(1)/170(b)(1)(A)(vi) and received from	orm 990, or Form 990-EZ, that met the 33-1/3% support tes n any one contributor, during the year, a contribution of the % of the amount on Form 990-EZ, line 1. Complete Parts !	greater of (1) \$5.000 or (2) 2% of the
aggregate contributions or bequests of more	ation filing Form 990, or Form 990-EZ, that received from a than \$1,000 for use exclusively for religious, charitable, s ldren or animals. Complete Parts I, II, and III.	ny one contributor, during the year, cientific, literary, or educational
some contributions for use <i>exclusively</i> for re \$1,000. (If this box is checked, enter here the etc, purpose. Do not complete any of the Pa	ation filing Form 990, or Form 990-EZ, that received from a eligious, charitable, etc, purposes, but these contributions d ne total contributions that were received during the year for arts unless the General Rule applies to this organization be	id not aggregate to more than an exclusively religious, charitable, cause it received nonexclusively
religious, charitable, etc, contributions of \$5	,000 or more during the year.)	• \$
- 990 PE) but they must answer 'No' on Part IV I	the General Rule and/or the Special Rules do not file Sche ine 2 of their Form 990, or check the box in the heading of eet the filing requirements of Schedule B (Form 990, 990-E	their Form 990-EZ, or on line 2 of
	A SALUE ALL L. Calcadula	D /F 000 000 F7 at 000 DE\ /0000

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2008)	Page 1	of 1 of Part I
_	Foundation		797657
Part I			771037
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NationalAssoc ofMusicMerchants 5790 Armada Drive Carlsbad, CA 92008	\$2,000,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$Schodulo P (Form 99	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 0, 990-EZ, or 990-PF) (2008)
BAA	TEEA0702L 08/05/08	Schednie p (Form 99	u, 230-LZ, OI 330-FF) (2000)

Page 1

NAMM Foundation

of 1 of Part II

Employer identification number

33-0797657

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u> </u>			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	-
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
,		\$\$	
(a) lo. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$\$	

Name of organization

Employer identification number

MMAN	l Foundation	<u> </u>
Part II	III Exclusively religious, charitable, etc, individual contributions to sect	ion 501(c)(7), (8), or (10)
	organizations aggregating more than \$1.000 for the year. (Complete cols	(a) through (e) and the following line entry.)

(a)	For organizations completing Part III, enter contributions of \$1,000 or less for the year. (b)	(c)	(d)
o. from Part I	Purpose of gift	Use of gift	Description of how gift is held
	N/A		
ŀ			
	Transferee's name, addre	(e) Transfer of gift ess, and ZIP + 4	Relationship of transferor to transferee
]			
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
	Transferee's name, addre	(e) Transfer of gift ess, and ZIP + 4	Relationship of transferor to transferee
-			
(a) o. from Part l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	,		
ļ			
		(e) Transfer of gift	
	Transferee's name, addre		Relationship of transferor to transferee
	Transferee's name, addre		Relationship of transferor to transferee
- -	Transferee's name, addre		Relationship of transferor to transferee
(a)		ess, and ZIP + 4	
. from	Transferee's name, addro		Relationship of transferor to transferee (d) Description of how gift is held
. from	(b)	ess, and ZIP + 4	(d)
. from	(b)	ess, and ZIP + 4	(d)
. from	(b)	(c) Use of gift (e)	(d)
(a) , from Part I	(b)	(c) Use of gift (e) Transfer of gift	(d)
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Employer Identification number

2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

NAI	MM Foundation		33-0797657
	til Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	nds or Accounts Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to	o the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the impermissible private benefit?		Yes No
Pai	Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by		
•	Preservation of land for public use (e.g., re	·	of an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a	qualified conservation contribution in the form	of a conservation easement on the last day
	of the tax year.		Held at the End of the Year
			E-20-00-11
	a Total number of conservation easements		
	Total acreage restricted by conservation easen		
	Number of conservation easements on a certifi		
	Number of conservation easements included in		
3	Number of conservation easements modified, t year ►	ransferred, released, extinguished, or terminate	d by the organization during the taxable
4	Number of states where property subject to cor	nservation easement is located 🕨	_
5	Does the organization have a written policy reg enforcement of the conservation easement it h		
6	Staff or volunteer hours devoted to monitoring,		
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that de	expense statement, and balance sheet, and scribes the organization's accounting for
Pai	till Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	r Other Similar Assets
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	<u> </u>
	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer	c exhibition, education, or research in furtheran its that describes these items. See Par	t XIV
ŀ	 If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items: 	c exhibition, education, or research in furtheran	ce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of ar amounts required to be reported under SFAS 1	16 relating to these items:	
ā	a Revenues included in Form 990, Part VIII, line	1	
ŀ	Assets included in Form 990, Part X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Part III Organizations Maintaining Col	lectio	ns of Art, Histo	rical Treasure	s, or (Other Similar As	sets ('contii	าued)
3 Using the organization's accession and other that apply):	records	, check any of the	following that are a	a signifi	cant use of its collec	tion iter	ns (che	ck all
a X Public exhibition		d Loan o	r exchange prograr	ms				
b Scholarly research		e 💹 Other						
c X Preservation for future generations								
4 Provide a description of the organization's col Part XIV.	llections	and explain how	they further the org	anizatio	on's exempt purpose	in		
5 During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive be ma	e donations of art, intained as part of	historical treasures the organization's	, or oth	er similar on?	Yes	[X No
Part IV Trust, Escrow and Custodial A IV, line 9, or reported an amount	rrang	ements Compl	ete if organizat			Form	990,	Part
1a Is the organization an agent, trustee, custodia included on Form 990, Part X?	an, or o	ther intermediary for	or contributions or a	other as	ssets not	Yes		No
b If 'Yes,' explain the arrangement in Part XIV	and con	nplete the following	j table:		· · · · · · · · · · · · · · · · · · ·	A		
B					 	Amoun	ι	
c Beginning balance								
d Additions during the year								
e Distributions during the year								
f Ending balance					1f	1	Г	
2a Did the organization include an amount on Fo	rm 990	, Part X, line 21?				Yes	L	No
b If 'Yes,' explain the arrangement in Part XIV.								
Part V Endowment Funds Complete if	organ	<u>ization answer</u>	<u>ed 'Yes' to Forr</u>	<u>n 990</u>	<u>, Part IV, line 10</u>).		
(a) Curre	nt year	(b) Prior year	(c) Two years	back	(d) Three years back	(e)	Four year	rs back
1 a Beginning of year balance							. 744.6	1970 B
b Contributions		Secretary and the second					Andrews Andrews	
c Investment earnings or losses.		84.7 (1.45.4)						X46.43 %
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses		684						
g End of year balance								
2 Provide the estimated percentage of the year	end ba	ance held as:						
a Board designated or quasi-endowment		8						
-	8							
c Term endowment ► %								
3a Are there endowment funds not in the posses	cion of	the organization th	at are held and adi	ministe	red for the			
organization by:	51011 01	the organization to	at are note and au	111111111111111111111111111111111111111	ica for a c		Yes	No
(i) unrelated organizations						3a(i)		l
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations						3b		
4 Describe in Part XIV the intended uses of the								
Part VI Investments-Land, Buildings,	and E	auipment. See	e Form 990, Pa	rt X, I	ine 10.			
Description of investment	(a) Co	est or other basis (investment)	(b) Cost or other basis (other)		(c) Depreciation	(d) l	Book V	alue
1a Land				V				
b Buildings								
c Leasehold improvements				T				
d Equipment				 - 				
e Other.		-	321,31	4.	212,456.		108	,858.
Total. Add lines 1a-1e (Column (d) should equal Fo		Part X column 4						,858.
RAA	טעע ווווי	, rait A, columni (E	,, mie 10(c),,	. ,	Schen	lule D (90) 2008

	edule D (Form 990) 2008 NAMM Foundation	33-0797657	Page 4
Pa	t XIII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
<u> </u>	Total revenue (Form 990, Part VIII,column (A), line 12)		2,498,396.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2,487,708.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		10,688.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		_
6	Investment expenses.		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4-8		,
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10,688.
	T XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements		2,498,396.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d.	2e	
3	Subtract line 2e from line 1		2,498,396.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2, 130,0301
-	a Investments expenses not included on Form 990, Part VIII, line 7b		
	o Other (Describe in Part XIV)		
	S Add lines 4a and 4b.	4c	
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.).		2,498,396.
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		2, 130,0301
<u>ा वा</u> 1	Total expenses and losses per audited financial statements		2,487,708.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		2, 101, 1001
	a Donated services and use of facilities		
	a Donated services and use of facilities		
	c Losses reported on Form 990, Part IX, line 25	 00	
	d Other (Describe in Part XIV)	2e	
_			2,487,708.
3	Subtract line 2e from line 1	····	2, 401, 100.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Odici (Beschie III di A.V.)		
	Add lines 4a and 4b.	4c	2 107 700
	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	3 .	2,487,708.
	rt XIV Supplemental Information		
Com line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
	Part III, Line 1a - F/S Footnote For Art, Treasures, Etc.		
	The Museum of Making Music which is part of the Foundation, provi	des_exhibit	s_co_cne
	<u>public showing the history of music products and benefits of musi</u>	C making	
			
			 _
			
	·		
			_

Schedule D (Form 990) 2008	Page 5
Schedule D (Form 990) 2008 Part XIV Supplemental Information (continued)	
\cdot	
<u></u>	
	
	
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Schedule F (Form 990)

Statement of Activities Outside the United States

► Attach to Form 990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No. 1545-0047

2008

Open(to)Rublic

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NAMM Foundation 33-0797657

Part | General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 For grantmakers. Does the grantees' eligibility for the	ne organization mair e grants or assistan	ntain records to si ce, and the select	ubstantiate the amount of the gr ion criteria used to award the gr	ants or assistance, the rants or assistance?	X Yes No
2 For grantmakers. Describ	oe in Part IV the org	anization's proced	dures for monitoring the use of o	grant funds outside the l	Inited States.
3 Activities per Region. (Us	se Schedule F-1 (For	rm 990) if addition	nal space is needed.)		
(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 in region
Australia	1	0	Grant to Australia Music	Association	
				Grants	25,000.
Canada	1	0	Grant to Coalition for N	usic Education in	Canada
				Grants	20,000.
•					
-					
			11-	•	
Totals	> 2	0			45,000.

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Schedule F (Form 990) (2008)

Page 2

Schedule F (Form 990) 2008 NAMM Foundation

Ratification 990) 2008 NAMM Foundations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.

(f) Method of valuation (book, FMV, appraisal, other)										:		2	2	(Form 990) 2008
(h) Description of non-cash assistance							•					:	:	Schedule F
(g) Amount of non-cash assistance												ovided a section 50		
(f) Manner of cash disbursement		Check	-	Check								or counsel has pr		
(e) Amount of cash grant	сh	25,000.	ch	20,000. Check								r which the grantee		
(d) Purpose of grant	Music Research		Music Research									ign country or fo		
(c) Region	Australia		Canada									harities by the fore		
(b) IRS code section and EIN (if applicable)	**************************************										1	at are recognized as c	ins or entities	
1 (a) Name of organization												2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	3 Enter total number of other organizations or entities.	BAA

33-0797657

Page 3

NAMM Foundation

Schedule F (Form 990) 2008 NAMM Foundation

Ratelli Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

20100 000 101 0111 (11110)	(000		2000000				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ВАА						Schedule F	Schedule F (Form 990) 2008

TEEA3504L 01/06/09

BAA

Schedule F (Form 990) 2008

SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2008

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2008 **≗** □ (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form XYes 33-0797657 (g) Description of non-cash assistance Enter total number of section 501(c)(3) and government organizations. (f) Method of valuation (book, FMV, appraisal, other) 0 ٥, 0 ٥. ٥. ö ٥. ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States, 5,848. 37,500. 77,500. 37,500. 17,500. 35,000. 6,445. (d) Amount of cash grant 22,391 (c) IRC section if applicable Partil General Information on Grants and Assistance (e) EIN Guitar and Mkt. Accessories Mkt. Assn. 1 (a) Name and address of organization or government American String Teachers Assoc Educational Broadcasting Corp. Carnegie Mellon University Guitars in the Classroom NAMM Foundation Arizona State University Levine School of Music Drexel University Partil N

TEEA3901L 12/19/08

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33-0797657

Page 2 Schedule I (Form 990) 2008 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Partiv Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 45,500 (c) Amount of cash grant 15 (b) Number of recipients NAMM Foundation (a) Type of grant or assistance Educational Scholarships Schedule I (Form 990) 2008 Part III BAA

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047 2008

Open to Public Inspection

(h) Purpose of grant or assistance Employer identification number (g) Description of non-cash assistance 33-0797657 Part Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) Enter total number of Section 501(c)(3) and government organizations Enter total number of other organizations...... (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 7,500. 17,500. 41,975 7,500 (d) Amount of cash grant 15,000 32,500 30,000 17,500 20,000 (c) IRC Code section if applicable e) EIN National_Center for Creative Agi (a) Name and address of organization or government North Shore Boys and Girls Club Guild of Comm. Schools for Nat. String Project Consortium Mr. Hollands Opus Foundation New Horizons Intl Music Assn. National Piano Foundation Merit School of Music Foundation Little Kids Rock Name of the organization NAMM Nat.

01 m

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

2008

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

(h) Purpose of grant or assistance (g) Description of non-cash assistance 33-0797657 990), Part II.) Enter total number of other organizations...... Enter total number of Section 501(c)(3) and government organizations (f) Method of valuation (book, FMV, appraisal, other) Partil Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form (e) Amount of non-cash assistance 45,000. 10,000. 38,250. 59,167 17,500 (d) Amount of cash grant 7,500 20,000 (c) IRC Code section if applicable (P) EIN Univeristy of North Carolina-Gre Technical Institute of Music Edu (a) Name and address of organization or government Performing Arts Center LA County Rock and Roll Camp for Girls Percussion Marketing Council University of South Florida Percussive Arts Society NAMM Foundation VSA Arts

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization NAMM Foundation

Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

A Not-For-Profit Corporation 33-0797657 Part Types of Property (d) (a) (b) (c) Revenues reported on Form 990, Part VIII, line 1g Check if Number of Method of determining Contributions revenues applicable 0. X X 1. 2 Art—Historical treasures..... Books and publications..... 4 Clothing and household goods..... 5 Cars and other vehicles ĸ Boats and planes..... 7 Intellectual property..... 8 9 Securities-Publicly traded..... 10 Securities-Closely held stock..... 11 Securities-Partnership, LLC, or trust interests... 12 Securities-Miscellaneous..... Qualified conservation contribution (historic structures) Qualified conservation contribution (other)...... 14 Real estate-Residential.... 16 Real estate-Other..... 17 18 Food inventory..... 19 Drugs and medical supplies..... 20 Taxidermy..... Historical artifacts..... 22 Scientific specimens..... 23 Archeological artifacts..... 24 25 _____)... (____) 27 28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement. 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell

noncash contributions?.....

b If 'Yes.' describe the arrangement in Part II.

b If 'Yes,' describe in Part II.

describe in Part II.

purposes for the entire holding period?.....

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?.....

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2008

X

30 a

31

32 a

Schedule M (Form 990) 2008 INAMM FOUT	ndation	33-0/9/65/ Page 2
Supplemental Information. and 33. Also complete this	Complete this part to provide the information part for any additional information.	on required by Part I, lines 30b, 32b,
		
	 	
		,
		·
	TEFA4602L 07/14/08	Schedule M (Form 990) 2008
DAA	IEPAADUZI, UZZIAZIO	201104414 III (1 01111 220) 2440

TEEA4602L 07/14/08

BAA

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

NAMM Foundation A Not-For-Profit Corporation Name of the organization

Part | Identification of Disregarded Entities

2008

OMB No. 1545-0047

Open to Public Inspection

► Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Related Organizations and Unrelated Partnerships

Employer identification number 33-0797657 (F)
Direct controlling
entity (F) Direct controlling entity N/A (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets (**D)** Exempt Code section **(D)** Total income 501 (c) (6) (C)
Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) CA (B) Primary activity (B) Primary activity Parily Identification of Related Tax-Exempt Organizations National Association of Music Merchants. (A) Name, address, and EIN of related organization (A)
Name, address, and EIN of disregarded entity Carlsbad, CA 92008-4608 5790 Armada Drive

Schedule R (Form 990) (2008)

TEEA5001L 12/23/08

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

33-0797657

Schedule R (Form 990) 2008 NAMM Foundation A Not-For-Profit Corporation

Partill Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner?	8						_
	Yes						
Code V-UBI amount in Box 20 of Schedule K-1	(Form 1065)						
(H) Disproportionate allocations?	No						
Disp	Yes	 					_
(G) Share of end-of-year assets							
(F) (G) Share of total income Share of end-of-year assets							
(E) Predominant income (related, investment, unrelated)	,						
(D) Direct controlling entity							
(C) Legal domicile (state or	country)						
(B) Primary Activity							
Name, address, and EIN of Primary Activity Legal Direct controlling e domicile controlling e foreign							

PartilV Identification of Related Organizations Taxabl	axable as a Co	le as a Corporation or Trust	 				
(A) Name, address, and EIN of related organization	(B) Primary Activity	(B) Legal domicile Opirect Direct Type of entity (State or foreign controlling entity or trust) or trust)	(D) Direct ntrolling entity	Type of entity (C corp, S corp, or trust)	(F) Share of total incorr	(G) Share of end-of-year P assets	(H) Percentage ownership
			·				
			The same of the sa				
ВАА		TEEA5002L 12/23/08	81			Schedule R (Form 990) (2008)	990) (2008)

33-0797657

Organizations
Related
With
Transactions
Part V

		-
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a X
h Ciff grant or canital contribution to other organization(s)		1 h X
		>
c Gift, grant, or capital contribution from other organization(s)		
d Loans or loan guarantees to or for other organization(s)		1d X
• Loans or loan missantage hundhar ninanization(s)		X
E Louis of Iouri guarantees by one organization(s)		
f Sale of assets to other organization(s).		1f X
d Purchase of assets from other organization(s)		X 1g
I Lease of facilities, equipment, or other assets to other organization(s)		1i
i Lease of facilities, equipment, or other assets from other organization(\$).		
b Performance of services or membership or fundraising solicitations for other ormanization(s)		1k
Forting of control of months of the control of the		
Performance of services of interpolation and performance of control organization (c)		>
m Sharing of tachines, equipment, maining lists, of onlet assets		1
n Sharing of paid employees		1 n X
o Reimbursement paid to other organization for expenses		10 X
- Dimensional principles from the second principles of the second princ		Ļ
p keimpursement paid by onler organization for expenses		٠
q Other transfer of cash or property to other organization(s)		1q X
r Other transfer of cash or property from other organization(s)		1r X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	and transaction thresho	lds.
(A)	(B) Transaction	(C)
ואמוויד טי טווידי טיקאיו ובאוטוו	type (a-r)	Dalloani ilinoillo
(1) National Association of Music Merchants	c	2,000,000.
(2)		
(3)		
(4)		
(6)		
(9)		
BAA TEEA5003L 07/02/08	Schedi	Schedule R (Form 990) (2008)

33-0797657

Part VI Unrelated Organizations Taxable as a Partnership

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

(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	opor- opor- nate flions?	Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) Genera manag partne
			NO Les		S		SS
ВАА		TEEA5004L 01/21/09				Schedule R (Form 990) (2008)	m 990) (2008)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047 2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number

Name of the organization NAMM Foundation A Not-For-Profit Corporation	Employer Identification number 33-0797657
Form 990, Part III, Line 1 - Organization Mission	-
Advancing active participation in music making across the life	espan by supporting
scientific research, philanthropic giving and public service r	programs from the
<u>international music products industry and providing a museum t</u>	o display historical
treasures in music	
Form 990, Part VI, Line 10 - Form 990 Review Process	
Reviewed by the Board of Directors or Executive Committee.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officer	rs & Key Employees
Any compensation decisions reviewed by the Executive Committee	e of the Board of
Directors.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Governing documents and annual Form 990 is available at the Or	ganization's offices
for review during normal business hours upon request.	
	

2008

Federal Supplemental Information

Page 1

NAMM Foundation A Not-For-Profit Corporation

33-0797657

Schedule A, Line 13

Name of Supported Organization

National Association of Music Merchants, Inc. (An organization described in Sec. 501(c)(6) that would be a line 12 organization, above, if it were a charitable organization described in Sec. 501(c)(3).

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	For the	2009 calen	dar year,	or tax year beginning 10/01		, 20	09, and endin	g 9	/30			, 2010	
В	Check if a	applicable:		С					D Er	mploy	er Identi	fication Number	
	Addr	ess change	Please use IRS label	NationalAssociationC)fM	usicMerch	ants, Inc		3	36-2	20260	009	
		e change	or print or type.	TheInternationalMusi							ne numb		
		-	See	5790 Armada Drive					7	160.	_/30.	-8001	
		ıl return	specific Instruc-	Carlsbad, CA 92008-4	60	8			<u> </u>	00	430	0001	
	\mathbf{H}	nination	tions.									10 410	600
	Ame	nded return	<u> </u>						_		eceipts \$		
	Appl	ication pending	F Name a	and address of principal officer:					is a group			iates? Yes	X No
			Same A	As C Above					all affiliate o,' attach a			Yes	No No
ī	Tax-e	exempt statu	ıs X 501	(c) (6) (insert no.)		4947(a)(1) or	527	II IN	u, allacii e	a IISt.	(See IIISI	ructions)	
J				www.namm.org		. , , ,		H(c) Grou	ıp exempti	ion nu	ımher ►	-	
ĸ		f organization:			Other ^I	•	L Year of Format					egal domicile: C	Δ
	art I	Summa		ation Trust Association C	Julei		L real or ronnat	.1011. 1	01	141 0	otate of ie	sgar dorniche. C	
1 6	1 B			ganization's mission or most sign	ifica	nt activities:	Everythi	na MA	MM do	200	ic	intondod	+0
ce				ers and realize its									
nar			oal_mus	ic products industry	_ar	<u>id_increa</u>	sing acti	. <u>ve</u> pa	artic	1.pa	<u>ttion</u>	1_1N_mus1	<u>C</u>
Ver		naking.		is the communication of the continuous of the co					050/ -4	<u> </u>			
Ĝ	_	theck this bo		if the organization discontinued i								•	30
⋖				bers of the governing body (Part at voting members of the governi							3		0
ies			•	yees (Part V, line 2a)	-		•				5		83
Activities & Governance				eers (estimate if necessary)							6		03
Act				ousiness revenue from Part VIII,							7a		0.
				s taxable income from Form 990-							7 b		0.
	D 10	ict uniciated	ı businesi	taxable income from 1 orin 330	1, 11	110 34		<u> </u>			7.5		
	•								Prior Y	ear		Current \	rear
p		Contributions and grants (Part VIII, line 1h)							0 01	2 7	10.6	1.0 02/	- 002
en		, , , , , , , , , , , , , , , , , , , ,							18,01			16,036	
Revenue			-			•			58.	⊥,⊥	38.	2,376	<u>,805.</u>
_				II, column (A), lines 5, 6d, 8c, 9d					0 50	4 0	0.4	10 411	
				nes 8 through 11 (must equal Pa					L8,59	_		18,413	
				ounts paid (Part IX, column (A),		•			1,47	9,0	81.	1,359	<u>,769.</u>
	14 B	enefits paid	I to or for	members (Part IX, column (A), li	ine 4	1)							
Ø	15 S	alaries, othe	er comper	nsation, employee benefits (Part	IX,	column (A), lii	nes 5-10)		7,762	2,1	72.	7,301	.,646.
3e	16a P	rofessional	fundraisir	ng fees (Part IX, column (A), line	11e)							
Expenses	h T			nses (Part IX, column (D), line 25		-							
й	17 0								9,31	1 0	112	0 00	1 662
				X, column (A), lines 11a-11d, 11		-							7,662.
				nes 13-17 (must equal Part IX, c					18,55			17,759	
		levenue less	s expense	s. Subtract line 18 from line 12.							58.	654	1,611.
Net Assets or Fund Balances								Beg	ginning	of Y	ear	End of Y	ear
sets	20 T	otal assets	(Part X, li	ne 16)				. 3	38,68	8,8	94.	39,905	6,621.
t As	21 T	otal liabilitie	es (Part X	, line 26)					9,21	1,4	04.	9,773	3,522.
şΞ	22 N	let assets or	r fund bala	ances. Subtract line 21 from line	20			2	29,47	7.4	.90.	30,132	2.099.
Pa	art II		ure Bloc						,				,
					ncludi	ng accompanying	schedules and stat	ements, a	nd to the l	best o	f my kno	wledge and belief	. it is
		true, correct, a	and complete	I declare that I have examined this return, in Declaration of preparer (other than officer)	is ba	sed on all informa	ion of which prepa	arer has ar	ny knowled	dge.			,
Sig	n												
He	re	Signature	of officer						Date				
		► Togg	oh Lam	bno				Dro	siden	+			
			rint name and					TIE	STUEII	l L			
		, , ,					Date		01 1 17		Pre	eparer's identifying	number
Pa	:4						Date		Check if self-		(se	eparer's identifying e instructions)	, man
Pro		Preparer's		.					employed	i >	Ц.,	/3	
	rer's	signature		an Rosenthal							N,	/ A	
Us	e	Firm's name (an Rosenthal & Assoc									
Or		yours if self- employed),	► 476	<u>6 Park Granada, Suite</u>	e 2	02			EIN ►	<u>N</u>	/A		
		address, and ZIP + 4	Cal	abasas, CA 91302-3341	1				Phone no). -	(818	3) 591-15	50
Ma	v the IR	S discuss th	nis return	with the preparer shown above?	(see	instructions)	 					X Yes	No

	г		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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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.			
•	• 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			
	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.			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	Х	
	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	Λ
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i>	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.	20		X

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		X
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		
25 a	Section 501(c)(3) and 501(c)(4) 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		
k	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
Ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. 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		
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA Form **990** (2009)

Form 990 (2009) NationalAssociationOfMusicMerchants, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a E	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. nformation Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c D	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1 c	Χ	
2a E	Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the alendar year ending with or within the year covered by this return			
2b If	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by his return?	3a		Х
b If	f 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a A	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a inancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	f 'Yes,' enter the name of the foreign country: ►			
S	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a ∨	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
	f 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Fax Shelter Transaction?	5c		
6a D	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?	6a		Х
b If	f 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not leductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	V.2		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
a D	provided to the payor?	7a		
b If	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
F	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
e D	f 'Yes,' indicate the number of Forms 8282 filed during the year			
b	penefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 S S h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business noldings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	nitiation fees and capital contributions included on Part VIII, line 12			
b G	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 S	Section 501(c)(12) organizations. Enter:			
	Gross income from other members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If	f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA Form **990** (2009) Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ection A. Governing Body a	nd Management				
		-			Yes	No
1	1 a Enter the number of voting member	pers of the governing body	1a 30			
	b Enter the number of voting members	pers that are independent	1b			
2	2 Did any officer, director, trustee, officer, director, trustee or key en	or key employee have a family relationship or a business r nployee?See.Schedule.0	elationship with any other	2	Χ	
3	3 Did the organization delegate cor	ntrol over management duties customarily performed by or or key employees to a management company or other person	under the direct supervision	3		v
4		or key employees to a management company or other persignificant changes to its organizational documents	5011	4		X
7	-	d?		-		
5	•	re during the year of a material diversion of the organization	on's assets?	5		Х
6	S .	bers or stockholders?See. Schedule . 0	l-	6	Χ	
	· ·		•			
,	governing body?SeeS	bers, stockholders, or other persons who may elect one or chedule. 0		7a	Χ	
	b Are any decisions of the governing	ng body subject to approval by members, stockholders, or o	other persons? See Sch . 0	7b	Χ	<u> </u>
8	8 Did the organization contemporar the following:	neously document the meetings held or written actions und	ertaken during the year by			
	a The governing body?			8a	Χ	
	b Each committee with authority to	act on behalf of the governing body?		8b	Χ	
9	9 Is there any officer, director or tru	ustee, or key employee listed in Part VII, Section A, who car f'Yes,' provide the names and addresses in Schedule O.	annot be reached at the	9		Х
		ection B requests information about policies not				
	evenue Code.)	,	, ,			
			_		Yes	No
10	0 a Does the organization have local	chapters, branches, or affiliates?		10a		Χ
	b If 'Yes,' does the organization ha and branches to ensure their ope	ve written policies and procedures governing the activities rations are consistent with those of the organization?	of such chapters, affiliates,	10b		
11	1 Has the organization provided a	copy of this Form 990 to all members of its governing body	before filing the form?	11	Χ	
11.	1 A Describe in Schedule O the proce	ess, if any, used by the organization to review this Form 99	0. See Schedule O			
12	2a Does the organization have a wri	tten conflict of interest policy? If 'No,' go to line 13		12a	Χ	
	b Are officers, directors or trustees to conflicts?	, and key employees required to disclose annually interests	s that could give rise	12b	Χ	
,	c Does the organization regularly a Schedule O how this is done	nd consistently monitor and enforce compliance with the p .See. Schedule .0	olicy? If 'Yes,' describe in	12c	Χ	
13	3 Does the organization have a wri	tten whistleblower policy?		13	Χ	
14	4 Does the organization have a wri	tten document retention and destruction policy?		14	Χ	
15	5 Did the process for determining opersons, comparability data, and	ompensation of the following persons include a review and contemporaneous substantiation of the deliberation and de	d approval by independent ecision?			
	a The organization's CEO, Executive	re Director, or top management official See . Schedul	e0	15a	Χ	
	b Other officers of key employees of	of the organizationSee .ScheduleO		15b	Χ	
	If 'Yes' to line 15a or 15b, describ	be the process in Schedule O. (See instructions.)				
16	6 a Did the organization invest in, co entity during the year?	ntribute assets to, or participate in a joint venture or simila	r arrangement with a taxable	16a		X
	in joint venture arrangements und	pted a written policy or procedure requiring the organizatio der applicable federal tax law, and taken steps to safeguar gements?	d the organization's exempt	16b		
Sec	ection C. Disclosures					
17	List the states with which a copy	of this Form 990 is required to be filed ► <u>CA</u>				
18	8 Section 6104 requires an organiz inspection. Indicate how you make	ation to make its Forms 1023 (or 1024 if applicable), 990, a e these available. Check a <u>ll t</u> hat apply.	and 990-T (501(c)(3)s only) av	ailable	e for p	public
	Own website Ar	other's website X Upon request				
19	Describe in Schedule O whether statements available to the public	(and if so, how) the organization makes its governing docu c. See Schedule 0	ments, conflict of interest poli-	cy, an	d fina	ancial
20		s, and telephone number of the person who possesses the mada Drive Carlsbad CA 92008-4608 76		ınizati	on:	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee. (A) (B) (E) (F) (c) (D) Position (check all that apply) Average Reportable compensation from Name and Title Reportable Estimated hours compensation from amount of other Highest compensation from the organization Individual Officer employee Former the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) nstitutional director employee and related compensated organizations trustee trustee Kevin Cranley Vice Chairman 0 0. 0 0. Larry Morton Treasurer 0 0 0 0. Zach Frederick 0 0. 0 0. Director Dick Boak Director 0 0 0 0. Jeff Falgien 0 Director 0 0 0. Gary Forkum 0 Director 0. 0 0. Kurt <u>Listug</u> Director 0 0 0 0. Phil Rich 0 0. Director 0 0. Ray Van Straten 0. Director 0 0. 0 Christopher White Director 0 0 0 0. Rick Young Director 0 0 0 0. Carol Calato 0 0 0 Director 0. Michael Canning 0 0 0 0. Director Peter Hix Director 0 0. 0 0. Steve Judge Director 0 0 0 0. Dana <u>Messina</u> 0 Director 0 0 0. Mark Ragin Director 0 0. 0 0.

BAA TEEA0107L 11/10/09 Form **990** (2009)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Empl							loyees	s (cont.	.)			
(A)	(B) (c)		(D)	(E)		(F)						
Name and Title	Average hours			(check				Reportable compensation from	Reportable compensation from	E amo	stimated unt of other	
	per week	Individual or director	Insti	Officer	Key	Highest compensat employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com	pensation rom the	
		/idua	tutio	ěř	emp	lest o	ner	(W-2/1033-WIIGO)	(W-2/1033-WIIGO)	org	anization d related	
		Individual trustee or director	<u>a</u>		employee	comp					anizations	
		stee	Institutional trustee		CD	ensa						
			ř			ated						
Charle Carrell												
Chuck Surack	_								0			^
Director Gordon Wilcher	0							0.	0.			0.
Director	0							0.	0.		r	0.
Jake Connolly	-							0.	0.			<u>.</u>
Director	0							0.	0.		,	0.
Sharon Hennessey								0.	· ·			<u> </u>
Director	0							0.	0.		,	0.
John Riley												••
Director	0							0.	0.		(0.
Michael Skinner												
Director	0							0.	0.		1	0.
Kenny Stanton												
Director	0							0.	0.			0.
Scott Summerhays												
Director	0							0.	0.			0.
Lori Supinie												
Director	0							0.	0.			0.
Thomas Veerkamp	_											
Director	0							0.	0.			0.
Mark Goff	_											^
Secretary	5			X				0.	0.			0.
Tom Schmitt	5			Х					0			Λ
Chairman Joseph Lamond	3			Λ				0.	0.			0.
President & CEO	40			Х				441,975.	0.		,	0.
1 b Total	10		<u> </u>	21		<u> </u>		1,236,430.	0.			0.
2 Total number of individuals (including but not limited	d to tho	se li	stec	d abo	ove)	wh	o re			able cor		
from the organization • 6	u (0 1.70				,		0.0	oorroa moro alan	φ. σσ,σσσσρσ	ab.o oo.	por.lout.	• • •
											Yes N	No
3 Did the organization list any former officer, director	or truct	ا مو	kov	Δmr	alov	۰ ۵۵	or h	ighest compensat	ed employee			
on line 1a? If 'Yes,' complete Schedule J for such in	ndividua	1						·····	· · · · · · · · · · · · · · · · · · ·	. 3]	Χ
4 For any individual listed on line 1a, is the sum of re	portable	cor	npe	nsa	țioņ	and	l oth	er compensation	from			
the organization and related organizations greater the individual										. 4	Х	
5 Did any person listed on line 1a receive or accrue c												
rendered to the organization? If 'Yes,' complete Sci										. 5		Χ
Section B. Independent Contractors												
1 Complete this table for your five highest compensate compensation from the organization.	ed inde	pend	dent	cor	ntrac	ctors	tha	nt received more t	han \$100,000 of		,	
(A) (B) (C) Name and business address Description of Services Compensation												
riame and pasiness address Description of Services Compensation					Hoution							
2 Total number of independent contractors (including	but not	limi	ted	to th	nose	list	ed a	above) who receiv	ed more than			
\$100,000 in compensation from the organization >	0											

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. See instructions for Form 990.

Open to Public Inspection

Employler Identification number Name of the Organization 36-2026009 NationalAssociationOfMusicMerchants, Inc. Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (C) (A) (B) (D) (F) Position (check all that apply) Reportable compensation from the organization (W-2/1099-MISC) Average hours per week Estimated Name and Title Reportable compensation from related organizations (W-2/1099-MISC) amount of other compensation Individual to or director Officer Highest employee Institutional Key employee Former from the organization and related organizations compensated trustee trustee Scott Robertson Dir of Marketing 40 Χ 138,018. 0. 0. Pat Martin 0. Dir of Leg Affairs 40 Χ 205,822. 0. Mary Luehrsen__ Dir of Pub Affairs 40 Χ 161,405. 0. 0. Kevin Johnstone Dir of Trade Shows 40 0 Χ 145,405. 0. Larry Manley _ _ CFO 40 Χ 143,805. 0. 0.

Pai	t VIII Statement of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contribns included in Ins 1a-1f: \$ h Total. Add lines 1a-1f					
ш		Business Code				
RAM SERVICE REVENU	2a Progam Service Revenue b Membership Dues & Assessments c d e			14,364,064.		
306	f All other program service revenue		16 026 002			
<u>a</u>	 g Total. Add lines 2a-2f. 3 Investment income (including dividends other similar amounts). 4 Income from investment of tax-exempt 5 Royalties. 	s, interest and bond proceeds	2,376,805.			2,376,805.
	(i) Real 6a Gross Rents	(ii) Personal				
OTHER REVENUE	8a Gross income from fundraising events (not including. \$	a bo				
	b Less: direct expenses	o				
	c Net income or (loss) from gaming activ	rities				
	10 a Gross sales of inventory, less returns and allowances	b				
	11 a b c d All other revenue					
	e Total. Add lines 11a-11d	—				
	12 Total revenue. See instructions	>	18,413,688.	16,036,883.	0.	2,376,805.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,359,769.	1,359,769.						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		,						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	441,975.	334,448.	107,527.	0.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.				
7	Other salaries and wages	5,182,368.	4,391,340.	791,028.					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	232,424.	, ,	232,424.					
9	Other employee benefits	965,008.	718,501.	246,507.					
10	Payroll taxes	479,871.	417,209.	62,662.					
	Fees for services (non-employees)	413,011.	411,20J.	02,002.					
	Management								
	_	1,025,638.	74,580.	951,058.					
	Legal	1,025,030.	74,500.	951,056.					
	Accounting								
	1 Lobbying								
	Prof fundraising svcs. See Part IV, In 17								
	Investment management fees								
	g Other								
12	Advertising and promotion	138,307.	137,722.	585.					
13	Office expenses	28,516.	14,803.	13,713.					
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel	58,727.	53,914.	4,813.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,		,					
19	Conferences, conventions, and meetings								
20	Interest								
	Payments to affiliates								
22	Depreciation, depletion, and amortization	446,720.	223,360.	223,360.					
23	Insurance	178,618.	64,828.	113,790.					
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).		,	,					
á	Facilities and Decorating Serv	2,430,306.	2,430,306.						
	• Membership Expenses	1,720,791.	1,720,791.						
	: Market Development Sponsorship	814,227.	814,227.		_				
	Food and Lodging	425,682.	425,682.						
	Professional Development	418,467.	418,467.						
	All other expenses	1,411,663.	785,315.	626,348.					
	Total functional expenses. Add lines 1 through 24f	17,759,077.	14,385,262.	3,373,815.	0.				
	Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	1.,133,011.	11,505,202.	5,575,015.	Form 990 (2009)				

BAA Form **990** (2009)

Pa	<u>irt X</u>	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing				1	
	2	Savings and temporary cash investments		6,077,359.	2	4,911,332.	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part		5			
	6	Receivables from other disqualified persons (as define					
		and persons described in section 4958(c)(3)(B). Comp	plete Par	t II of Schedule L		6	
A S E T	7	Notes and loans receivable, net			60,829.	7	56,938.
Ē	8	Inventories for sale or use				8	
Š	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis.	10a	9,226,626.			
		Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	4,559,608.	4,928,479.	10 c	4,667,018.
	11	Investments — publicly-traded securities				11	
	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			27,622,227.	15	30,270,333.
	16	Total assets. Add lines 1 through 15 (must equal line	34)		38,688,894.	16	39,905,621.
	17	Accounts payable and accrued expenses			2,842,987.	17	2,913,554.
	18	Grants payable				18	
	19	Deferred revenue		F		19	
į	20	Tax-exempt bond liabilities		F		20	
A B	21	Escrow or custodial account liability. Complete Part I				21	
L I T	22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per					
- 1		of Schedule L		F		22	
E S	23	Secured mortgages and notes payable to unrelated the	•	F		23	
	24	Unsecured notes and loans payable to unrelated third	•	F		24	
	25	Other liabilities. Complete Part X of Schedule D			6,368,417.	25	6,859,968.
	26	Total liabilities. Add lines 17 through 25			9,211,404.	26	9,773,522.
N E T		Organizations that follow SFAS 117, check here ►	X and	complete lines			
		27 through 29 and lines 33 and 34.			00 477 400		20 120 000
A S S	27	Unrestricted net assets			29,477,490.	27	30,132,099.
E T S	28	Temporarily restricted net assets.		F		28	
O R	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check he	ere ►	and complete			
F U N D		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		F		30	
B A	31	Paid-in or capital surplus, or land, building, and equip				31	
Ā	32	Retained earnings, endowment, accumulated income,			20 477 400	32	20 122 002
BALANCES	33	Total net assets or fund balances			29,477,490.	33	30,132,099.
	34	Total liabilities and net assets/fund balances			38,688,894.	34	39,905,621.

BAA Form **990** (2009)

Financial Statements and Reporting Yes No X Accrual 1 Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. Χ 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? **b** Were the organization's financial statements audited by an independent accountant?..... 2b Χ c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c Χ review, or compilation of its financial statements and selection of an independent accountant?..... If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Consolidated basis Separate basis Both consolidated and separate basis 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? Χ За **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..... 3b

BAA Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the c	orgai	nization	answe	red 'Yes,	' to For	m 990,	Part I\	/, line	e 5 (Proxy Tax), then	

	Section 501(c)(4), (5), or (6) organizations. Complete Fait III.								
Name	of organization			Employer identific					
		MusicMerchants,Inc.		36-202600					
		rganization is exempt under section			zation.				
1	Provide a description of the	organization's direct and indirect political of	campaign activities in	Part IV.					
2	Political expenditures			▶\$					
	3 Volunteer hours								
	Part I-B Complete if the organization is exempt under section 501(c)(3).								
1	1 Enter the amount of any excise tax incurred by the organization under section 4955								
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$					
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No				
4 8	Was a correction made?				Yes No				
ŀ	If 'Yes,' describe in Part IV.								
Pai	rt I-C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).					
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities ►\$					
2	Enter the amount of the filing	g organization's funds contributed to other	organizations for sec	tion 527 exempt					
_									
3	Total of exempt function exp	penditures. Add lines 1 and 2. Enter here a	nd on Form 1120-PO	L, ►\$					
4		e Form 1120-POL for this year?							
5	Enter the names, addresses	and employer identification number (EIN) n listed, enter the amount paid from the filingere promptly and directly delivered to a see (PAC). If additional space is needed, pr	of all section 527 pol	itical organizations to w	hich payments were				
	·								
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				

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

Schedule **C** (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-F7) 2009	NationalAssociationOfMusicMerchants, Inc.
Ochedule O (1 01111 000 01 000 EE) 2000	nacionalibbociacionolinabione enance, inc.

2	c	2	Λ	2	c	Λ	Λ	
J	6-	΄Ζ.	U	Z	o	U	U	9

Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
	A Check ► if the filing organization belongs to an affiliated group.								
(The term	Limits on Lobbyi 'expenditures' mea	ed.)	(a) Filing organization's totals	(b) Affiliated group totals					
1 a Total lobbying expenditu	ures to influence pu	ıblic opinion (grass roots lo	bbying)						
b Total lobbying expenditu	ures to influence a	legislative body (direct lobb	oying)						
, , ,	•	and 1b)							
	•								
e Total exempt purpose e	xpenditures (add li	nes 1c and 1d)							
f Lobbying nontaxable an both columns.	nount. Enter the an	nount from the following tal	ole in						
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable a	mount is:						
Not over \$500,000		20% of the amount on line 1e.							
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess							
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess							
Over \$1,500,000 but not over \$	517,000,000	\$225,000 plus 5% of the excess (\$1,000,000.	over \$1,500,000.						
0ver \$17,000,000	amount (enter 25%	of line 1f)							
•	,	s, enter -0							
		s, enter -0							
section 4911 tax for this	ner tnan zero on ei 5 year?	ther line 1h or line 1i, did t	ne organization file Fo	rm 4/20 reporting	Yes No				
(Som	e organizations tha columr	4-Year Averaging Period L at made a section 501(h) el ns below. See the instruction	Under Section 501(h) ection do not have to ons for lines 2a throug	complete all of the five Jh 2f.)					
	Lobi	ying Expenditures During	4-Year Averaging Per	iod					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a Lobbying non-taxable amount									
b Lobbying ceiling amount (150% of line 2a, column (e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
f Grassroots lobbying expenditures									
BAA				Schedule C (Form	990 or 990-EZ) 2009				

Schedule C (Form 990 or 990-EZ) 2009 NationalAssociationOfMusicMerchants, Inc. 36-2026009 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local			
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	, or s	ection 501(c)(6).
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	, or s	ection 501(c)(6)
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3	is a	nswe	rea res.
1 Dues, assessments and similar amounts from members.		1	1,446,801.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year.		2a	232,629.
b Carryover from last year.		2b	232,023.
c Total		2 c	232,629.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	289,360.
7 Aggregate unrount reported in section 6655 (c)(1)(1) Hottees of Horideadeliste section 162(c) dates			203/300:
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	S		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politi expenditure next year?	cal	4	0.
5 Taxable amount of lobbying and political expenditures (see instructions)		5	0.
Part IV Supplemental Information		<u> </u>	<u> </u>
	d Pari	HI-B.	line 1i.
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Also, complete this part for any additional information.		– ,	

Schedule C (Form 990 or 990-EZ) 2009 NationalAssociationOfMusicMerchants, Inc.	36-2026009	Page 4
Part IV	Form 990 or 990-EZ) 2009 NationalAssociationOfMusicMerchants, Inc. Supplemental Information (continued)		
			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

Open to Public Inspection

National Association Of Music Merchants. Inc.

Employer Identification number

	EInternationalMusicProductsAssocia		36-2026009				
Pai							
	the organization answered 'Yes' to For	m 990, Part IV, line 6.	as of resources complete in				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	A						
3	A						
4	Aggregate value at end of year						
-			anay advisad				
Э	Did the organization inform all donors and donor ad funds are the organization's property, subject to the	organization's exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be	d donor advisors in writing that grant fund	ds may be any other				
	purpose conferring impermissible private benefit??.		Yes No				
Pai	t II Conservation Easements Complete if	the organization answered 'Yes'	to Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the						
	Preservation of land for public use (e.g., recrea	tion or pleasure) Preservation of	of an historically important land area				
	Protection of natural habitat	Preservation of	of certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization he last day of the tax year.	d a qualified conservation contribution in	the form of a conservation easement on the				
			Held at the End of the Year				
á	Total number of conservation easements		2a				
ŀ	Total acreage restricted by conservation easements		2b				
(: Number of conservation easements on a certified hi	storic structure included in (a)	2c				
(Number of conservation easements included in (c) a	acquired after 8/17/06	2d				
3	Number of conservation easements modified, transf	erred, released, extinguished, or termina	ted by the organization during the tax				
	year ►						
4	Number of states where property subject to conserv	ation easement is located >	_				
5	Does the organization have a written policy regarding and enforcement of the conservation easement it has	ng the periodic monitoring, inspection, har	ndling of violations, Yes No				
6	Staff and volunteer hours devoted to monitoring, ins during the year ▶						
7	Amount of expenses incurred in monitoring, inspect during the year ►	ing, and enforcing conservation easemen	nts \$				
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of se	ection				
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?						
	In Part XIV, describe how the organization reports cons include, if applicable, the text of the footnote to the conservation easements.	organization's financial statements that c	describes the organization's accounting for				
Pai	Organizations Maintaining Collection Complete if the organization answere	is of Art, Historical Treasures, or d 'Yes' to Form 990, Part IV, line	Other Similar Assets 8.				
1 a	If the organization elected, as permitted under SFA: treasures, or other similar assets held for public ext the text of the footnote to its financial statements the	nibition, education, or research in furthera	ent and balance sheet works of art, historical ance of public service, provide, in Part XIV,				
ŀ	If the organization elected, as permitted under SFA treasures, or other similar assets held for public extramounts relating to these items:	S 116, to report in its revenue statement nibition, education, or research in furthera	and balance sheet works of art, historical nnce of public service, provide the following				
	(i) Revenues included in Form 990, Part VIII, line 1	l					
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, his amounts required to be reported under SFAS 116 re	torical treasures, or other similar assets felating to these items:	for financial gain, provide the following				
á	Revenues included in Form 990, Part VIII, line 1		> \$				
ŀ	Assets included in Form 990, Part X						

Part III Organizations Mainta	ining Collect	tions of Art,	Historic	al Treasures, or	Other Similar Ass	ets (c	<u>ontinu</u>	ıed)
3 Using the organization's acquisititems (check all that apply):	on accession a	nd other record	ds, check a	any of the following the	nat are a significant us	e of its	collecti	on
a Public exhibition		d		xchange programs				
b Scholarly research		е	Other					
c Preservation for future gener								
4 Provide a description of the orga Part XIV.		·				se in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be	e maintained a	is part of th	ne organization's coll	ection?	Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangeme unt on Form	nts Comple 990, Part X	te if orga , line 21	anization answere	ed 'Yes' to Form 99	90, Pa	ırt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?					er assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and	d complete the	following	table:	Г			
5						Amour	t	
c Beginning balance								
d Additions during the yeare Distributions during the year								
f Ending balance								
2a Did the organization include an a						Yes		No
b If 'Yes.' explain the arrangement		330, 1 art 7, 1	1110 21				L	
Part V Endowment Funds Co		anization ar	nswered	'Yes' to Form 99	D. Part IV. line 10.			
	(a) Current ye		Prior year	(c) Two years back	(d) Three years back	(e)	Four year	s back
1 a Beginning of year balance	<u> </u>		-					
b Contributions								
c Net Investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage	e of the year en	d balance held	d as:					
a Board designated or quasi-endov	vment ►	%						
b Permanent endowment ▶								
c Term endowment ►	%							
3a Are there endowment funds not i	n the possession	on of the organ	ization tha	t are held and admir	istered for the	ĺ		T
organization by:						2 45	Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(ii), are the related of	-	•				3b		
4 Describe in Part XIV the intender Part VI Investments—Land, B					line 10			
Description of investment		Cost or other		(b) Cost or other	(c) Accumulated	(d)	Book Va	مرياد
Description of investment	(4	(investmen		basis (other)	Depreciation	(u)	JOOK V6	ilue
1 a Land				1,728,011.		1	,728	,011.
b Buildings				3,557,300.	1,371,084.	2	,186	
c Leasehold improvements				599,136.	281,056.			,080.
d Equipment				2,058,279.	1,659,227.			,052.
e Other				1,283,900.	1,248,241.			,659.
Total. Add lines 1a through 1e (Colum	n (d) must equa	al Form 990, P	art X, colui	mn (B), line 10(c).)			, 667	
RAA					Schod	ulo D (F	-orm 90	107 200

Schedule **D** (Form 990) 2009

Part VII Investments—Other Securities See Fo	orm 990, Part X, lir	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	ation
Financial derivatives		Cost or end-or-year mar	ket value
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	Towns 000 Dowl V	ing 12) N/A	
Part VIII Investments—Program Related (See F	(b) Book value	ine 13) N/A (c) Method of valua	ation
(a) Description of investment type	(b) book value	Cost or end-of-year mar	ket value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) Part IX Other Assets (See Form 990, Part X,	line 15)		
	scription		(b) Book value
Deposits and Other Assets			171,284.
Prepaid Trade Show Expenses			624,474.
-			
Total. (Column (b) must equal Form 990, Part X, col.(B), li		······	30,270,333.
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability Federal Income Taxes	(b) Amount		
Rounding		1.	
Trade Show Deposits	6,859,96	57.	
-			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	6,859,96	58.	

BAA TEEA3303L 02/02/10 Schedule **D** (Form 990) 2009

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Pa	rt XI	Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total	l revenue (Form 990, Part VIII,column (A), line 12)		18,413,688.
2	Total	l expenses (Form 990, Part IX, column (A), line 25)		17,759,077.
3	Exce	ess or (deficit) for the year. Subtract line 2 from line 1		654,611.
4	Net ι	unrealized gains (losses) on investments		
5	Dona	ated services and use of facilities		
6	Inves	stment expenses		
7	Prior	period adjustments		
8	Othe	r (Describe in Part XIV)		
9	Total	l adjustments (net). Add lines 4 through 8		
10		ess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		654,611.
Pa	rt XII	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1	Total	I revenue, gains, and other support per audited financial statements	1	18,413,688.
2	Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:		
i	a Net ι	unrealized gains on investments		
ı	o Dona	ated services and use of facilities		
(Reco	overies of prior year grants		
(d Othe	r (Describe in Part XIV)		
(e Add	lines 2a through 2d	2e	
3	Subt	ract line 2e from line 1	3	18,413,688.
4	Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:		
i	a Inves	stments expenses not included on Form 990, Part VIII, line 7b		
I	o Othe	r (Describe in Part XIV)		
	c Add	lines 4a and 4b	4c	
5	Total	I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,413,688.
Pa	rt XIII	Reconciliation of Expenses per Audited Financial Statements With Expense	es per Retur	า
1	Total	expenses and losses per audited financial statements	1	17,759,077.
2	Amo	unts included on line 1 but not on Form 990, Part IX, line 25:		
i	a Dona	ated services and use of facilities		
I	P rior	year adjustments		
	c Othe	r losses		
	d Othe	r (Describe in Part XIV)		
(e Add	lines 2a through 2d	2e	
3	Subt	ract line 2e from line 1	3	17,759,077.
4	Amo	unts included on Form 990, Part IX, line 25, but not on line 1:		
i	a Inves	stments expenses not included on Form 990, Part VIII, line 7b		
ı	o Othe	r (Describe in Part XIV)		
	c Add	lines 4a and 4b	4c	
5	Total	l expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	17,759,077.
Pa	rt XIV	Supplemental Information		
line	iplete 4; Par mation		this part to pro	ovide any additional
			- – – – – –	
				. – – – – – – –
				. – – – – – – –

Schedule D	(Form 990) 2009	NationalAssociationOfMusicMerchants, Inc.	36-2026009	Page 5
Part XIV	Supplemental	NationalAssociationOfMusicMerchants, Inc. Information (continued)		
		, , ,		
			_	
· = -	_ _	_		_ _

Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.
 See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NationalAssociationOfMusicMerchants, Inc.

Employer identification number

36-2026009

Pa	rt I General Informat to Form 990, Par	tion on Activiti t IV, line 14b.	es Outside th	e United States. Complet	e if the organizatio	n answered 'Yes'					
1	For grantmakers. Does th grantees' eligibility for the	e organization ma grants or assistar	intain records to since, and the selec	substantiate the amount of the ction criteria used to award the	grants or assistance, the grants or assistance?.	ne Yes No					
2	For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.										
3	Activities per Region. (Use	Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)									
	(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 in region					
Uni	ted Kingdom	1	1	Develop active music		955,424.					
ī				making in Europe, Asia							
				and India.							
-											
Tota	ıls	1	1			955,424.					

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

Schedule **F** (Form 990) (2009)

Pa	rt II Grants and Other Assista Form 990, Part IV, line 15 Use Schedule F-1 (Form 9	, for any recipient	who received n	nore than \$5,	Jnited States. 0000. Check this	Complete if the box if no one	organization a recipient receiv	nswered 'Yes' to ved more than \$1	5,000 ►X
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	Enter total number of recipient organiza grantee or counsel has provided a se								<u>C</u>
BAA	Enter total number of other organizat	tions or entities							F (Form 990) 2009

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	<u></u>		,				. 490
Part III Grants and Other Assista Part IV, line 16. Use Sche	ance to Individuals O edule F-1 (Form 990)	utside the Uni if additional sp	ted States. Comple bace is needed.	ete if the organi	zation answered 'Y	es' to Form 990,	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other

Part IV	Supplemental Information	36-2026009	Page 4
1 artiv	Complete this part to provide the information required in Part I, line 2, and any additional inf	formation.	

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2003

Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Open to Public Inspection

NationalAssociationOfMusic	Merchants Inc					36-202600	
Part I General Information on G		nce				00 20200	
 Does the organization maintain reco the selection criteria used to award Describe in Part IV the organization 	the grants or assistanc	e?					X Yes No
Part II Grants and Other Assista					te if the organizat	ion answered 'Ye	es' to Form
990, Part IV, line 21 for a Part IV and Schedule I-1	ny recipient that re	ceived more t	han \$5,000. Check	this box if no one r	ecipient received	more than \$5,00	0. Use
1 (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 non-cash assistance	(h) Purpose of grant or assistance
AARP 5790 Armada Drive Carlsbad, CA 92008	-		51,782.	0.			
Fortune Battle of the Bands 5790 Armada Drive Carlsbad, CA 92008	-		43,020.	0.			
Lennon Bus Tour 5790 Armada Drive Carlsbad, CA 92008	-		90,299.	0.			
Lesson Program 5790 Armada Drive Carlsbad, CA 92008	-		32,531.	0.			
Music For All 5790 Armada Drive Carlsbad, CA 92008	-		51,261.	0.			
NAMM Foundation 5790 Armada Drive Carlsbad, CA 92008	- - 33-0797657		800,000.	0.			
Scholl Jam USA 5790 Armada Drive Carlsbad, CA 92008	-		190,301.	0.			
Vans Worped Tour 5790 Armada Drive	-						
Carlsbad, CA 92008 2 Enter total number of section 501(c)	. , ,	ganizations	54,134.	0.		>	4

BAA

Schedule I (Form 990) 2009

	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Information. Cor	mplata this part to p	ravida tha informa	tion required in De	rt L line 2 and any other	or additional information
·					
·					

SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

National Association Of Music Merchants, Inc.

Part I Questions Regarding Compensation

Employer identification number 36-2026009

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

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

Schedule \mathbf{J} (Form 990) 2009

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation	
(A) Name		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
Joseph Lamond	(i)	441,975.	0.	0.	0.	0.	441,975.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
Pat Martin	(i)	205,822.	0.	0.	0.	0.	205,822.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
Mary Luehrsen	(i)	161,405.	0.	0.	0.	<u> </u>	161,405.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)_								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i) (ii)								
	(i)								
	(ii)								
-	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
-	(i)								
	(ii)								
DAA	(")						l .	dula 1 (Farma 000) 0000	

BAA TEEA4102L 02/02/10 Schedule **J** (Form 990) 2009

BAA Schedule J (Form 990) 2009

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009

Employer identification number

36-2026009

2005

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

NationalAssociationOfMusicMerchants, Inc. TheInternationalMusicProductsAssociation

Open to Public Inspection

Part I Identification of Disregarded Entities (Complete	if the organization answ	vered 'Yes' to Form	n 990, Part IV, line	33.)	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
NAMM International LLC	Promote music				
5790 Armada Drive	making in				
Carlsbad, CA 92008	Europe, Asia and				
	India.	CA	0.	26,082.	N/A
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations du	ons (Complete if the orging the tax year.)	ganization answere	ed 'Yes' to Form 990), Part IV, line 34 b	ecause it had
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D)	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NAMM Foundation					
5790 Armada Drive	Advancing active				
Carlsbad, CA 92008	participation in				
33-0797657	music making	CA	501(c) (3)	Type II	N/A

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

bccause it had	One of more re	iated orga	ariizations tica	icu as a partificisii	ip during the tax ye	ai.)					
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	unrelated, excluded from tax under	(F) Share of total income	(G) Share of end-of-year assets	(I) Dispr tior alloca	nate	Code V-UBI amount in box 20 of Schedule K-1	Gene mana parti	J) ral or aging ner?
		country)		sections 512-514)			Yes	No	(Form 1065)	Yes	No

Part IV	Identification of Related Organizations T	axable as a Cor	poration or Tr	rust (Complete	e if the organiz	ation answered 'Ye	es' to Form 990, P	art IV,
1 artiv	¹ line 34 because it had one or more relate	d organizations	treated as a c	orporation or t	trust during the	e tax year.)		
	(/\)	(R)	(C)	(D)	(F)	(F)	(C)	/H

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity.		1a		X
b	Gift, grant, or capital contribution to other organization(s)		1 b	Χ	
С	Gift, grant, or capital contribution from other organization(s)		1с		Χ
d	Loans or loan guarantees to or for other organization(s)		1 d		Χ
е	Loans or loan guarantees by other organization(s).		1e		Χ
f	Sale of assets to other organization(s).		1f		X
g	Purchase of assets from other organization(s).		1g		Χ
	Exchange of assets				X
i	Lease of facilities, equipment, or other assets to other organization(s).		<u>1i</u>		X
_					,,
-	Lease of facilities, equipment, or other assets from other organization(s).				X
	Performance of services or membership or fundraising solicitations for other organization(s)				X
	Performance of services or membership or fundraising solicitations by other organization(s)				X
	Sharing of facilities, equipment, mailing lists, or other assets			Х	
n	Sharing of paid employees		<u>1n</u>	Х	
	Reimbursement paid to other organization for expenses				X
р	Reimbursement paid by other organization for expenses.		<u>1p</u>	Х	
					3.7
	Other transfer of cash or property to other organization(s)				X
	Other transfer of cash or property from other organization(s).				Χ
2_	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationship	ps and transaction thresh	olds.		
	(A) Name of other organization	(B) Transaction type (a-r)	Amount	C) involv	ed_
(1)	NAMM Foundation	b		800,	000.
(2)					
(3)					
(4)					
(5)					
(6)					
BAA	TEEA5003L 02/05/10	Schedule	R (Form	990) ((2009)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all sec 501(organiz	partners tion c)(3) cations?	(E) Share of end-of-year assets	Dispr tior alloca	F) ropor- nate tions?	(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	Gene mana partr	ral or
			Yes	No		Yes	No	` ,	Yes	No
DAA			1	1			·	Cabadula D /Farra	222	(0000)

BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization National Association Of Music Merchants, Inc. The International Music Products Association	Employer identification number 36-2026009
Form 990, Part III, Line 1 - Organization Mission	
Everything NAMM does is intended to serve its Members and reali	ze its mission of
unifying, leading and strengthening the global music products i	ndustry and
increasing_active_participation_in_music_making	
To_achieve these goals, the association has broadened the indus	try's reach through
professional education, public legislation and innovative market	t-building programs.
In addition, NAMM has partnered with such major organizations a	s Disney, Sesame
Street, VH1 and the Justin Timberlake Foundation to share its m	essage with the
masses. NAMM has also captured the attention of the media with	unprecedented
music/brain research, built the world's premier music product t	rade shows and helped
its Members save time and money through carefully selected disc	count service
providers	
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors	s <u>, Etc</u>
Officer_and_directors_may_do_business_transactions_with_each_ot	her in the normal
course of business in a supplier/customer relationship.	
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder	
The organization has members that are engaged in business withi	n the music products
industry.	
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Bod	ly
The Board of Directors and officers of the organization are ele	ected by the members.
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or	Shareholders
Certain decisions made by the organization (as described in th	e organizations's
bylaws) are subject to the approval of the members.	

TEEA4901L 07/17/09

Schedule 0 (Form 990) 2009								
Name of the organization Name of the organization	VationalAssociationOfMusicMerchants,Inc. TheInternationalMusicProductsAssociation	Employer identification number 36-2026009						

California Exempt Organization Annual Information Return

FORM

199

Calendar ye	ear 2009 or fisca	al year beginnir	ng month 10 c	day 01	year 2	2009,	and endin	g month 09		y 30	year	2010
A First Retu	ırn Filed? Ye	s B	Type of organization	Exempt un	der Secti	on 23701	<u>E</u> (insert letter)	С	ORP#		
	X No			IRC Section	n 4947(a)	(1) trust			E	7-1253	000	
Corporation/Or	ganization Name N	ATIONALAS	SOCIATIONOFM	MUSICMER	CHAN	rs, ind	c		F	EIN		
			TIONALMUSICE						3	36-202	6009	
Address												
5790 AF	RMADA DRIV	E										
City									St	tate ZIP Co	de	
CARLSBA	AD, CA 920	08-4608										
C Amended	Return?		● Yes	X No				ox. See General Ins			_ !	
D Are you a	subordinate/affiliat	e in a group exemp	tion? Yes	X No		•		ed				
a Is this	a group filing for aff	iliates?			H		-	ed 1 Cash		X Accrua		
	neral Instruction L			X No	ı	(1) partic	inger R&TC	Section 23701d, har political campaign	or (2) a	rganization attempted to	auring the influence	; year:
,	enter the number o			<u> </u>		legislation	n or anv ball	ot measure, or (3) r	nade an	ı election ur	nder	
	affiliates included? .		X Yes	No		complete	and attach f	(relating to lobbyir orm FTB 3509, Polit	ig by pu ical or	Legislative i	Activities	s, by
, ,	' attach a list. See ir	,						izations				
by a gr	a separate return file oup ruling?	ed by an organizati	Yes	X No	J	Did the or	rganization h	ave any changes in	its activ	vities, aover	ning instr	ument.
	Group Exemption N				-	articles of	f incorporation	on, or bylaws that h	ave not	been report	ted to the	
	ster of subordinates			X No				If 'Yes,' complete a				
E Final retu											Yes	
•	Dissolved •	Surrendered (Withdrawn)		K	-		empt under R&TC S		23701g? •	Yes	X No
•	Merged/Reorganize	d (attach explanatio	n)					of gross receipts fr				
If a box is	s checked, enter date	e •		_	L			der audit by the IRS	•			
F Check the	box if the organizat	i <u>on filed the follow</u>	ng f <u>ede</u> ral forms or sche	dule:	_			year?			Yes	X No
1 ●	990T 2 ●	990PF 3	(Schedule H) 990	0	M	Is the org	janization a L	imited Liability Cor	npany? .	•	Yes	X No
G If organiz	ation is exempt unde	er R&TC Section 23	701d and is exclusively rarily (50% or more) by p	eligious,	N	Did the or	rganization fi	le Form 100 or Forr ?	n 109 to	0	Yes	X No
Part I			quired to file this fo		noral In						163	A NO
			rom other sources.						1	1	6.740	,869.
		•	nents from members						2			,819.
Receipts			, grants, and simila						3		_, -, -	,
and Revenues		-	iling requirement te							L		
	_	•	eted. If the result is			•		ruction C •	4	1	8,413	,688.
		•		-								
	_		sales expenses of a									
			nd line 6						7			
	8 Total gros	s income. Sub	tract line 7 from line	e 4					8	1	8,413	,688.
-			ursements. From Si						9	1	7,759	,077.
Expenses	10 Excess of	receipts over	expenses and disbu	irsements. S	ubtract	line 9 fr	rom line 8		10		654	,611.
	11 Filing fee	\$10 or \$25. Se	e General Instruction	on F					11			10.
Filing	12 Total payr	ments							12			
Fee			ee General Instruct						13			
			struction K						14			
	15 Balance d	lue. Add line 1 ract line 12 fro	I, line 13, and line in the result	14.					15			10.
			t I have examined this retu eparer (other than taxpaye							knowledge	and belief,	
Sign	correct, and comple	te. Declaration of pr	eparer (other than taxpaye	er) is based on a Title	ll informa	tion of whi	ch preparer h	as any knowledge. Date	ı.			
Here	Signature of officer							Date		Telephon		
	of officer			PRESID	ENT	Date		Check		760-43 Prepare		
Paid	Preparer's A	LLAN ROSE	NTHAT			Bate		if self- employed	- 1	200172		
Preparer's			SENTHAL & AS	SSOC AC						FEIN		
Use Only	Firm's name (or yours, if self-employed)		RK GRANADA, S		2					95-398	5478	
	and address		AS, CA 91302-						_	Telepho		
									\Box	(818)	591-1	.550
	May the FTB d	liscuss this retu	ırn with the prepare	er shown abo	ve? Se	e instru	ctions		•	X Ye	:S	No
										. –		_

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

	Ť	4		· · · · · · · · · · · ·				
		2	Interest					386,711.
		3	Dividends			•		
Receip from	ots	4	Gross rents					
Other		5	Gross royalties					
Source	es	6	Gross amount received from sale	e of assets (See Instruct	ions)	•	6	
		7	Other income. Attach schedule.			ATEMENT 1 •	7	16,354,158.
		8	Total gross sales or receipts from	m other sources. Add lin	e 1 through line 7.		_	
			Enter here and on Side 1, Part I	, line 1			8	16,740,869.
		9	Contributions, gifts, grants, and similar an	mounts paid. Attach schedule		•	9	1,359,769.
		10	Disbursements to or for member	S		•	10	
		11	Compensation of officers, director	ors, and trustees. Attach	scheduleSEEST	ATEMENT 2 •	11	441,975.
Expen	ses	12	Other salaries and wages			•	12	5,182,368.
and Disbur	/CO-	13	Interest			•	13	
ments		14	Taxes			•	14	479,871.
		15	Rents			•	15	
		16	Depreciation and depletion (See	Instructions)		•	16	446,720.
		17	Other. Attach schedule		SEEST	ATEMENT 3 •	17	9,848,374.
		18	Total expenses and disbursements. Add I	ine 9 through line 17. Enter her	re and on Side 1, Part I, line	9	18	17,759,077.
Sche	dule	L	Balance Sheets	Beginning of	taxable year	End	d of taxab	le year
Assets	5			(a)	(b)	(c)		(d)
					6,077,359.		•	4,911,332.
			receivable				•	
			eivable. Attach schedule		60,829.		•	56,938.
			tate government obligations				•	
			n other bonds. Attach sch					
			n stock. Attach schedule					
			is (number of loans)					
			ents. Attach schedule		26,877,828.		•	29,474,575.
			ssets	7,313,356.	20,011,020.	7,498,6		29,414,313.
			ated depreciation		3,200,468.	4,559,6		2,939,007.
				4,112,000.	1,728,011.	4,559,0	•	1,728,011.
			Attach schedule		744,399.		•	795,758.
			Attacii sciiculic		38,688,894.			39,905,621.
			et worth		30,000,034.			33,303,021.
			able		2,842,987.		•	2,913,554.
			gifts, or grants payable		2,042,507.			2,313,334.
			tes payable. Attach schedule				•	
			yable				•	
			es. Attach schedule		6,368,417.			6,859,968.
			or principle fund		29,477,490.		•	30,132,099.
			oital surplus. Attach reconciliation				•	00, 202, 0001
			ings or income fund				•	
22 T	otal lial	oilitie	s and net worth		38,688,894.			39,905,621.
Sche	dule	M -1						
			Do not complete this schedu				\$25,000	
			er books			•		
			e tax		not included in this			
			earded on books this year			coturn not charged	• • • • • • • • • • • • • • • • • • • •	
			corded on books this year.		8 Deductions in this in against book incom	-		
			orded on books this year not deducted					
			Attach schedule			nd line 8		
	otal.				10 Net income per retu			
A	dd line	1 thr	ough line 5	654,611.		ı line 6		654,611.
			•		<u> </u>			<u> </u>

Side 2 Form 199 C1 2009 059 3652094 CACA1112L 11/20/09

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Page 1

NationalAssociationOfMusicMerchants,Inc. TheInternationalMusicProductsAssociation

36-2026009

Statement 1 Form 199, Part II, Line 7 Other Income

Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Mark Goff 5790 Armada Drive Carlsbad, CA 92008-4608	Secretary 5.00	\$ 0.	\$ 0.	\$ 0.
Tom Schmitt 5790 Armada Drive Carlsbad, CA 92008-4608	Chairman 5.00	0.	0.	0.
Joseph Lamond 5790 Armada Drive Carlsbad, CA 92008-4608	President & CEO 40.00	441,975.	0.	0.
Kevin Cranley 5790 Armada Drive Carlsbad, CA 92008-4608	Vice Chairman 0	0.	0.	0.
Larry Morton 5790 Armada Drive Carlsbad, CA 92008-4608	Treasurer 0	0.	0.	0.
Zach Frederick 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Dick Boak 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Jeff Falgien 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Gary Forkum 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.

National Association Of Music Merchants, Inc. The International Music Products Association

36-2026009

Page 2

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Kurt Listug 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	\$ 0.		
Phil Rich 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Ray Van Straten 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Christopher White 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Rick Young 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Carol Calato 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Michael Canning 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Peter Hix 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Steve Judge 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Dana Messina 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Mark Ragin 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Chuck Surack 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.

National Association Of Music Merchants, Inc. The International Music Products Association

36-2026009

Page 3

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Gordon Wilcher 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	\$ 0.	\$ 0.	\$ 0.
Jake Connolly 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Sharon Hennessey 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
John Riley 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Michael Skinner 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Kenny Stanton 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Scott Summerhays 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Lori Supinie 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
Thomas Veerkamp 5790 Armada Drive Carlsbad, CA 92008-4608	Director 0	0.	0.	0.
	Total	\$ 441,975.	\$ 0.	\$ 0.

Statement 3 Form 199, Part II, Line 17 Other Expenses

Advertising and Promotion	\$	138,307.
Bank Service Charges		220,399.
Computer Supplies & Expenses		74,586.
Dues and Subscriptions.		8,521.
Equipment Expenses		83,857.
Facilities and Decorating Serv	2	2,430,306.

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Page 4

National Association Of Music Merchants, Inc. The International Music Products Association

36-2026009

Statement 3 (continued)
Form 199, Part II, Line 17
Other Expenses

Insurance Legal Fees. Maintenance and Repairs Market Development Sponsorship. Membership Expenses Office Expenses Other Employee Benefit. Outside Services. Pension Plan Contributions Planning and Development. Postage and Shipping. Printing and Publications Professional Development Property Tax & Use Tax Registration Services Telephone Travel Utilities	\$ 425,682. 178,618. 1,025,638. 114,072. 814,227. 1,720,791. 28,516. 965,008. 74,350. 232,424. 51,204. 48,059. 150,739. 418,467. 101,787. 217,013. 181,609. 58,727. 85,467. \$ 9,848,374.
	y 9,040,314.

Statement 4 Form 199, Schedule L, Line 12 Other Assets

Deposits and Other A	Assets	171,284.
Prepaid Trade Show H	Expenses	624,474.
-	Total	\$ 795,758.

Statement 5 Form 199, Schedule L, Line 18 Other Liabilities

Rounding	1.
Trade Show Deposits	6,859,967.
Total	\$ 6,859,968.

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

9/30 , 2010 For the 2009 calendar year, or tax year beginning 10/01 2009, and ending D Employer Identification Number Check if applicable: 36-2026009 NationalAssociationOfMusicMerchants, Inc. Address change TheInternationalMusicProductsAssociation or print or type. See E Telephone number Name change 760-438-8001 5790 Armada Drive specific Instruc-Initial return Carlsbad, CA 92008-4608 Termination 18,413,688. G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? X No Yes F Name and address of principal officer: Application pending H(b) Are all affiliates included? No Same As C Above If 'No,' attach a list. (see instructions) Tax-exempt status X 501(c) (6) ◄ (insert no.) 4947(a)(1) or 527 H(c) Group exemption number Website: ► http://www.namm.org M State of legal domicile: CA L Year of Formation: 1901 Other > Form of organization: X Corporation Trust Association Summary Part I Briefly describe the organization's mission or most significant activities: Everything NAMM does is intended to serve its Members and realize its mission of unifying, leading and strengthening the global music products industry and increasing active participation in music ___ Activities & Governance making. if the organization discontinued its operations or disposed of more than 25% of its assets. Check this box ▶ 30 3 Number of voting members of the governing body (Part VI, line 1a) 0 83 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 5 Total number of employees (Part V, line 2a)..... 0 Total number of volunteers (estimate if necessary)..... 6 0. 7 a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12...... 0. **b** Net unrelated business taxable income from Form 990-T, line 34..... 7 b **Current Year Prior Year** Contributions and grants (Part VIII, line 1h).... 16,036,883. Program service revenue (Part VIII, line 2g) 18,013,786. Revenue 9 2,376,805. 581,138. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 18,413,688. 18,594,924. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 1,359,769. Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,479,081 14 Benefits paid to or for members (Part IX, column (A), line 4)..... 7,301,646. 7,762,172 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,097,662. 9,314,813. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)..... 17 17,759,077. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 18,556,066. 654,611. 38,858. Revenue less expenses. Subtract line 18 from line 12... End of Year Beginning of Year or ses 39,905,621. 38,688,894 Total assets (Part X, line 16)..... 20 9,773,522. 9,211,404 21 30,132,099. 29,477,490. Net assets or fund balances. Subtract line 21 from line 20. 22 Signature Block Part II l declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of pytparer (other than officer) is based on all information of which preparer has any knowledge. Under penalties of perjurt true, correct, and complete Sign Date Signature of office Here President Joseph Lamond Type or print name and title Preparer's identifying number (see instructions) Date Check if employed Paid Preparer's signature N/A Pre-Allan Rosenthal parer's Use Allan Rosenthal & Assoc AC Firm's name (or yours if self-employed), address, and ZIP + 4 N/A 4766 Park Granada, Suite 202 Only **►** (818) 591-1550 Calabasas, CA 91302-3341 No X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

California Exempt Organization 2009 Annual Information Return

FORM **199**

Calendar ve	ar 2009 or fiscal year beginning month 10 day 01 year 2009, and ending month 09	day 30 year 2010
A First Retur		CORP#
7 Thornord	X No IRC Section 4947(a)(1) trust	F-1253000
Corporation/Org		FEIN
	THEINTERNATIONALMUSICPRODUCTSASSOCIATION	36-2026009
Address	INDINIBANATIONALIODIOTAODOCIONOCOCIATION	
	MADA DRIVE	
City	MADA DRIVE	State ZIP Code
	D CA 92008-4608	
CARLSDA C Amondod	D, CA 92008-4608 Return? Yes X No contributions, check box. See General Instru	uction F.
	No filing fee is required	
	H Accounting method used 1 Cash	2 X Accrual 3 Other
See Ger	group filing for affiliates? eral Instruction L	the organization during the year:
b If 'Yes,'	enter the number of affiliates	r (2) attempted to influence ade an election under
c Are all	enter the number of affiliates. legislation or any ballot measure, or (3) ma R&TC Section 23704.5 (relating to lobbying complete and attach form FTB 3509, Political Complete and Attach form FTB 3509,	by public charities)? If 'Yes,'
d Is this a	separate return filed by an organization covered	
	Supruling?	s activities, governing instrument,
	Group Exemption Number Tax Board? If 'Yes,' complete an	explanation and attach copies
f Is a ros	ter of subordinates attached?	• Yes X No
E Final retu	Is the organization event under R&TC Sec	ction 23701g? • Yes X No
	Dissolved Surrendered (Withdrawn) If 'Yes,' enter amount of gross receipts from	m
	Werged/Reorganized (attach explanation) nonmember sources	\$
	checked, enter date • L Is the organization under audit by the IRS or	or has the Yes X No
	box if the organization filed the following federal forms or schedule: IRS audited in a prior year? IRS audited in a prior year?	
1 •	990T 2 • 990PF 3 • (Schedule H) 990 M Is the organization a Limited Liability Comp	· — —
G If organiza	tion is exempt under R&TC Section 23701d and is exclusively religious, i, or charitable, and is supported primarily (50% or more) by public N Did the organization file Form 100 or Form report taxable income?	
Part I	Complete Part I unless not required to file this form. See General Instructions B and C.	
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1 16,740,869.
	2 Gross dues and assessments from members and affiliates	2 1,672,819.
Receipts	3 Gross contributions, gifts, grants, and similar amounts received ●	3
and Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	
Nevenues	This line must be completed. If the result is less than \$25,000, see General Instruction C ●	4 18,413,688.
	5 Cost of goods sold	
	6 Cost or other basis, and sales expenses of assets sold • 6	
	7 Total costs. Add line 5 and line 6	7
	8 Total gross income. Subtract line 7 from line 4	8 18,413,688.
	9 Total expenses and disbursements. From Side 2, Part II, line 18	9 17,759,077.
Expenses	Likess of receipts over expenses and disparsonmente: east act mis s not misses	10 654,611.
	11 Filing fee \$10 or \$25. See General Instruction F	11 10.
Filing	12 Total payments	12
Fee	13 Penalties and Interest. See General Instruction J	13
	14 Use tax. See General Instruction K	14
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15 10.
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	of my knowledge and belief, it is true,
Sign		 Telephone
Here	Signature > \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Signature PRESIDENT PRESIDENT	760-438-8001 Preparer's SSN/PTIN
	Preparer's ATLAN ROSENTHAL Check if self-employed employed	Preparer's SSN/PTIN
Paid	signature ALLAN ROSENTHAL employed	FEIN
Preparer's Use Only	Firm's name (or yours, if 4766 PARK GRANADA, SUITE 202	95-3985478
	self-employed)	• Telephone
	and address CALABASAS, CA 91302-3341	(818) 591-1550
	May the FTB discuss this return with the preparer shown above? See instructions	
	may the FIB discuss this return with the preparer shown above? See instructions	4 103 100

2010 TAX RETURN

	Client Copy
Client:	NAMM
Prepared for:	NationalAssociationOfMusicMerchants,Inc. TheInternationalMusicProductsAssociation 5790 Armada Drive Carlsbad, CA 92008-4608 760-438-8001
Prepared by:	Allan Rosenthal Allan Rosenthal & Assoc AC 4766 Park Granada, Suite 202 Calabasas, CA 91302-3341 (818) 591-1550
Date:	August 16, 2012
Comments:	
Route to:	

FDIL2001L 05/05/10

2010 Exempt Org. Return prepared for:

National Association Of Music Merchants, Inc. The International Music Products Association 5790 Armada Drive Carlsbad, CA 92008-4608

Allan Rosenthal & Assoc AC 4766 Park Granada, Suite 202 Calabasas, CA 91302-3341

Allan Rosenthal & Assoc AC

4766 Park Granada, Suite 202 Calabasas, CA 91302-3341 (818) 591-1550 Client NAMM August 16, 2012

NationalAssociationOfMusicMerchants,Inc. TheInternationalMusicProductsAssociation 5790 Armada Drive Carlsbad, CA 92008-4608 760-438-8001

FEDERAL FORMS

Form 990 2010 Return of Organization Exempt from Income Tax

Schedule C Political Campaign and Lobbying Activities

Schedule D Schedule D

Schedule F Activities Outside U.S.

Schedule I Grants and Other Assistance Inside U.S.

Schedule J Schedule J

Schedule R Related Organizations and Unrelated Partnerships

Schedule O Supplemental Information Form 8868 Application for Extension

Form 8879-EO IRS e-file Signature Authorization

CALIFORNIA FORMS

Form 199 2010 California Exempt Organization Return

Form 3539 (199) Automatic Extension Voucher - Corp.

FEE SUMMARY

Preparation Fee

2010	Federal Exempt Organization Tax Summary	Page 1
	National Association Of Music Merchants, Inc.	
	TheInternationalMusicProductsAssociation	36-2026009

REVENUE	2010	2009	Diff
Program service revenue	16,843,015 125,671	16,036,883 2,376,805	806,132 -2,251,134
Total revenue	16,968,686	18,413,688	-1,445,002
EXPENSES Grants and similar amounts paid	3,692,929 5,635,105 8,887,527	1,359,769 7,301,646 9,097,662	2,333,160 -1,666,541 -210,135
Total expenses	18,215,561	17,759,077	456,484
NET ASSETS OR FUND BALANCES Revenue less expenses Total assets at end of year Total liabilities at end of year Net assets/fund balances at end of year.	-1,246,875 40,124,277 11,239,053 28,885,224	654,611 39,905,621 9,773,522 30,132,099	-1,901,486 218,656 1,465,531 -1,246,875

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California 199 Tax Summary NationalAssociationOfMusicMerchants,Inc. TheInternationalMusicProductsAssociation

Page 1

36-2026009

REVENUE	2010	2009	Diff
Interest Other income Gross dues and assess. from members	373,601 14,961,549 1,633,536	0 0 0	373,601 14,961,549 1,633,536
Total income	16,968,686	0	16,968,686
EXPENSES AND DISBURSEMENTS Contributions, gifts, grants. Compensation of officers, etc. Other salaries and wages. Taxes. Rents. Depreciation and depletion. Other deductions	3,692,929 596,395 3,773,627 230,657 372,408 390,877 9,158,668	0 0 0 0 0 0	3,692,929 596,395 3,773,627 230,657 372,408 390,877 9,158,668
Total deductions Excess of receipts over disbursements	18,215,561 -1,246,875	0	18,215,561 -1,246,875
FILING FEE Filing fee Balance due	1,240,673	10 10	0 0
SCHEDULE L Beginning Assets Beginning Liabilities & Net Worth	39,905,621 39,905,621	38,688,894 38,688,894	1,216,727 1,216,727
Ending AssetsEnding Liabilities & Net Worth	40,124,277 40,124,277	4,928,479 0	35,195,798 40,124,277

2010

General Information

Page 1

NationalAssociationOfMusicMerchants,Inc. TheInternationalMusicProductsAssociation

36-2026009

Forms needed for this return

Federal: 990, Sch C, Sch D, Sch F, Sch I, Sch J, Sch R, Sch O, 8868 California: 199, 3539

Carryovers to 2011

None

Preparer e-file Instructions - Federal

Page 1

NationalAssociationOfMusicMerchants,Inc. TheInternationalMusicProductsAssociation

36-2026009

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return

Form 990

The organization should review their Federal Return along with any accompanying schedules and statements.

Paperless e-file

The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.

Even Return

No payment is required.

After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.

Do not mail:

Form 8879-EO IRS e-file Signature Authorization

2010

Preparer e-file Instructions - Federal

Page 1

NationalAssociationOfMusicMerchants,Inc. TheInternationalMusicProductsAssociation

36-2026009

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return

Form 8868

No signature is required when filing Form 8868 electronically.

Even Return

No payment is required.

After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

2010

Federal Worksheets

Page 1

National Association Of Music Merchants, Inc. The International Music Products Association

36-2026009

Form 990, Part IX, Line 24f Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program <u>Services</u>	Management & General	<u>Fundraising</u>
Bank Charges Building Lease Expense Donations Dues and Subscriptions Equipment Rental Maintenance and Repairs Miscellenous Expenses Postage and Shipping Printing and Publications Professional Development Registration	238,738. 2,855. 1,200. 6,571. 45,486. 99,569. 24,937. 46,846. 141,325. 143,263. 253,370. Total \$ 1,004,160. \$	238,738. 983. 16,669. 49,785. 22,143. 35,837. 139,261. 143,263. 253,370. 900,049.	2,855. 1,200. 5,588. 28,817. 49,784. 2,794. 11,009. 2,064.	<u>\$ 0.</u>

7	n	1	
Z	u		u

Page 1

Supporting Detail
NationalAssociationOfMusicMerchants,Inc.
TheInternationalMusicProductsAssociation

36-2026009

Program Service Revenue	
Related or exempt function	income
Progam Service Revenue	

NAMM Show	\$ 14,388,946.
Summer Session.	820,533.
Total	\$ 15,209,479.

Code Note

Market Development	\$ 4,445,077.
Total	\$ 4,445,077.

Code Note

Summer Show	\$ 6,726,791. 0.
Total	\$ 6,726,791.

Code Note

Membership	\$ 4,575,564.
Professional Development	0.
General & Administrative	0.
Less: Management & Admin Allocated	0.
Total	\$ 4,575,564.

Balance Sheet Unrestricted

Operating Fund (END)	\$ 14,128,780.
Appropriations (END)	1,035,000.
Operating Reserves (END)	7,345,356.
Scholarship Fund (END)	126,088.
Building Fund (END)	6,250,000.
Total	\$ 28,885,224.

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning 10/01 , 2010, and ending 9/30 , 2011 .

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. See instructions. Name of exempt organization Employer identification number NationalAssociationOfMusicMerchants, Inc. 36-2026009 TheInternationalMusicProductsAssociation Name and title of officer President & CEO Joseph M. Lamond Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only |X||authorize Allan Rosenthal & Assoc AC to enter my PIN ERO firm name Enter five numbers, but on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date ► Part III | Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN...... 95175791302 I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Allan Rosenthal

ERO's signature

Form **8879-EO** (2010)

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For th	he 2010 calen	dar year, or tax year begin	ning 10/01	, 2010,	and ending	9/3	30	,	2011	
В	Check i	if applicable:		-				D Employ	er Identifi	cation Number	
	Ac	ddress change	NationalAssociat	ionOfMusicMerch	ants, Inc	•		36-2	20260	09	
		ame change	TheInternational					E Telepho			
		itial return	5790 Armada Driv					760	-438-	8001	
			Carlsbad, CA 920	08-4608				700	130	0001	
		erminated						C a		16 060	606
		mended return	F Name and address of principal	rc.		l u	(a) la thia	G Gross read a group return		16,968,	
	Ap	oplication pending		опісег:				affiliates incl		⊨ !""	X No No
_			Same As C Above	·	740474 2442			attach a list.		uctions) Yes	NO
<u> </u>		exempt status	501(c)(3) X 501(c) (6		4947(a)(1) or	527			_		
<u>J</u>			tp://www.namm.org		T ₂			exemption nu			
K			X Corporation Trust	Association Other ►	LY	ear of Formatio	n: 190.	1 M s	tate of leg	gal domicile: CA	
Pa	rt I	Summa									
	1	Briefly descri	be the organization's missi	on or most significant ac	ctivities: <u>Ev</u>	<u>erythin</u>	g <u>NAM</u>	<u>M_does</u>	<u>is</u> i	<u>ntended</u>	<u>to</u>
çe			s <u>Members and rea</u>								
пап			al music products	s_industry_and_i	ncreasir	ng_activ	<u>re par</u>	ticipa	tion	_in_music	
Governance	_	_making									
Ĝ	_	Check this bo	oting members of the gover	n discontinued its operat					net ass	ets.	30
			dependent voting members						4		0
Activities &			of individuals employed in						5		61
₹			of volunteers (estimate if						6		0
Ac			ed business revenue from F						7a		0.
			d business taxable income						7 b		0.
				·				rior Year		Current Ye	ear
	8	Contributions	and grants (Part VIII, line	1h)							
Revenue	9		vice revenue (Part VIII, line				16	,036,8	83.	16,843	,015.
Ver	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)			2	2,376,8	05.		,671.
æ	11	Other revenu	e (Part VIII, column (A), lir	es 5, 6d, 8c, 9c, 10c, ar	nd 11e)						
	12	Total revenue	e - add lines 8 through 11	(must equal Part VIII, co	olumn (A), lin	ne 12)	18	3,413,6	88.	16,968,	,686.
	13	Grants and s	imilar amounts paid (Part I	X, column (A), lines 1-3)		1	,359,7	69.	3,692	,929.
	14	Benefits paid	I to or for members (Part IX	(, column (A), line 4)							
	15	Salaries, other	er compensation, employee	benefits (Part IX, colun	nn (A), lines	5-10)	7	,301,6	46.	5,635	,105.
Expenses	16a	Professional	fundraising fees (Part IX, o	olumn (A), line 11e)							
Sen			sing expenses (Part IX, col								
Ä			ses (Part IX, column (A), lir				0	0,097,6	62	8,887	527
			• • • • • • • • • • • • • • • • • • • •					7,037,0 1,759,0		18,215	
			es. Add lines 13-17 (must e				1 /	654,6			
	19	Revenue less	s expenses. Subtract line 18	s from line 12			Dii.			-1,246	
Es o	20	Tatal assats	(Dark V. line 10)					ng of Curren		End of Ye 40, 124	
Net Assets or Fund Balances	20 21		(Part X, line 16)es (Part X, line 26)), 773, 5		11,239	
let A			,								
	22		fund balances. Subtract li	ne 21 from line 20			30	,132,0	99.	28,885	<u>, 224 .</u>
Pa	rt II	Signatu	re Block								
Und	ler pena iplete. D	Ilties of perjury, I d Declaration of prep	leclare that I have examined this retu arer (other than officer) is based on	urn, including accompanying sch all information of which prepare	edules and stater r has any knowled	ments, and to th	e best of n	ny knowledge	and belie	f, it is true, correct	i, and
					-						
C:		Signatu	ire of officer				Da	ite			
Sig He	gn To								CEO		
ПС	16		eph M. Lamond r print name and title.				Presi	ident 8	x CEO		
		31	preparer's name	Dronovovio oignoturo		Data			1 Ip	TIN	
_		, ,	•	Preparer's signature	1	Date		Check	」"		
Pa			Rosenthal	Allan Rosentha	L	1		self-employe	ed N	I/A	
	epare	ds.			<u> </u>				37 / 7		
US	e On	Firm's addre		nada, Suite 202	2			Firm's EIN		. = 0.4 . = =	
			,	91302-3341				Phone no.	(818)		
Ma	y the I	IRS discuss th	nis return with the preparer	shown above? (see inst	ructions)					X Yes	No

			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
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	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? / 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
	c 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	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i>	11 d		
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12a	Х	
	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, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Χ
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) NationalAssociationOfMusicMerchants, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
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		
25 a	Section 501(c)(3) and 501(c)(4) 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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> .	27		Х
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, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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 l</i>	33	Χ	
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Χ
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

BAA Form 990 (2010)

Form 990 (2010) NationalAssociationOfMusicMerchants, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V	<u></u>		, · L
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c	Χ	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 6	1		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	Χ	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	. За		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	. 3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		Х
b If 'Yes,' enter the name of the foreign country: See instructions for filling requirements for Forms TD F 00 33.1. Deport of Foreign Depl. and Financial Accounts	-		
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Ea		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5c		Λ
-	. 50		
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?	. 6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	. 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	. 7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	. 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. 7с		
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	. 8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	. 9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
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:			
a 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.			
a Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in			
which the organization is licensed to issue qualified health plans			
	144		Х
14a Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		Λ
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	. 14b		l

Form 990 (2010) National Association Of Music Merchants, Inc. 36-2026009 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. Section A. Governing Body and Management Yes No 30 1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a **b** Enter the number of voting members included in line 1a, above, who are independent 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?....See. Schedule.0..... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person?..... Χ Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed?..... Did the organization become aware during the year of a significant diversion of the organization's assets?..... Χ 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....See. Schedule. O..... Χ **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See . Sch . O 7_b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8a **b** Each committee with authority to act on behalf of the governing body?..... 8_b Is there any officer, director or 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a 10 a Does the organization have local chapters, branches, or affiliates?..... b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?..... 10b Χ 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13..... Χ 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 13 Does the organization have a written whistleblower policy?..... Χ 13 Χ 14 Does the organization have a written document retention and destruction policy? . . . 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? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0..... Χ 15a 15b Χ 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?..... Χ 16a **b** If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Another's website Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial

statements available to the public. See Schedule 0

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► Larry Manley 5790 Armada Drive Carlsbad CA 92008-4608 760-438-8007

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Form **990** (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)					ппре	(D)	(E)	(F)
Name and title	Average	Pos	ition (that app	ly)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Jeff Mozingo										
Director	0							0.	0.	0.
(2) Mark Goff										
Treasurer	5	X		Χ				0.	0.	0.
(3) Robin Walenta										
Secretary	5	X		Χ				0.	0.	0.
(4) Kevin Cranley	_							_		_
Chairman	5	X		Χ				0.	0.	0.
_(5) Larry Morton	-	.,		.,					•	•
Vice Chairman	5	X		X				0.	0.	0.
_(6) Tom Bedell	-	37						0	0	0
Director	0	Х						0.	0.	0.
_(7) Keith Brawley Director	0	Х						0.	0.	0.
(8) Carol Calato	U	Λ						0.	0.	0.
Director	0	Х						0.	0.	0.
(9) Michael Canning		71						0.	0.	<u> </u>
Director	0	Х						0.	0.	0.
(10) Tim Carroll	<u> </u>									
Director	0	Χ						0.	0.	0.
(11) Jake Connolly										
Director	0	Χ						0.	0.	0.
(12) Jonathan Haber										
Director	0	Χ						0.	0.	0.
(13) Sharon Hennessey										
Director	0	X						0.	0.	0.
(14) Peter Hix										
Director	0	X						0.	0.	0.
(15) Stephen Judge										-
Director	0	X						0.	0.	0.
(16) Dana Messina	\perp	77							^	0
Director Orașetal Merris	0	Х						0.	0.	0.
(17) Crystal Morris Director	0	Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	oye	es,	an	d Highest Con	pensated Emp	loyee	s (cor	nt)
(A)	(B)	(c) Position (check all that apply)						(D)	(E)		(F)	
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			(check Officer		a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo cor or a	Estimated ount of oth opensation from the ganization of related panizations	on n d
		<u> </u>	<u> </u>		<u> </u>							
(18) Jyotindra Parekh									_			
Director	0	Х	<u> </u>		-			0.	0.			0.
(19) Menzie Pittman		37							0			^
Director	0	Х	┢		-			0.	0.			0.
	0	Х						0.	0.			0.
(21) John Riley	0	Λ	<u> </u>		-			0.	0.			0.
Director	0	Х						0.	0.			0.
(22) Michael Skinner		- 1	<u> </u>		 			0.	0.			<u> </u>
Director	0	Х						0.	0.			0.
(23) Aaron Soriero								Ŭ.	•			
Director	0	Х						0.	0.			0.
(24) Kenny Stanton												
Director	0	Χ						0.	0.			0.
(25) Scott Summerhays												
Director	0	Χ						0.	0.			0.
(26) Lori Supinie												
Director	0	X						0.	0.			0.
(27) Chuck Surack												
Director	0	Х	<u> </u>					0.	0.			0.
(28) Thomas Veerkamp												
Director	0	X			<u> </u>			0.	0.			0.
(29) Gordon Wilcher		,,										•
Director	0	X	<u> </u>		<u> </u>			0.	0.			0.
1 b Sub-total								1,306,856.	0.		16,0	0.
d Total (add lines 1b and 1c)							•	1,306,856.	0.		16,0	
2 Total number of individuals (including but not limite							o re			able co		
from the organization • 6	u to tho	36 11	3100	abi	JVC)	, ,	0 10	cerved more than	\$100,000 iii report	able co	препас	ווטווג
Troff the organization											Yes	No
3 Did the organization list any former officer, director	or trust	tee '	kev	emr	olov	ee	or h	ighest compensat	ed employee			
on line 1a? If 'Yes,' complete Schedule J for such in	ndividua	.00, . ≱l							· · · · · · · · · · · · · · · · · · ·	. 3		Χ
4 For any individual listed on line 1a, is the sum of re	portable	noo e	mpe	ensat	tion	and	l oth	er compensation	from			
the organization and related organizations greater t	han \$15	50,00	00?	If 'Y	′es′	com	plet	e Schedule J for		4	Х	
									de altoratora	- 4	Λ	
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or 12 Did any person listed on line 1a receive or accrue of for services rendered to the organization?	compens	e Sc	n tro :hed	om a Iule .	any <i>J fo</i> :	unre <i>r su</i>	eiate ch p	ed organization or Derson	ındıviduai	. 5		Х
Section B. Independent Contractors	,									ı		
1 Complete this table for your five highest compensat	ted inde	pend	dent	cor	ntrac	ctors	tha	nt received more t	nan \$100,000 of			
compensation from the organization.								(B			<u>~</u>	
(A) Name and business address) of services	Compe	(C) ensation	n
										'		
2 Total number of independent contractors (including	but not	limi	ted	to th	1056	e list	ted a	above) who receiv	ed more than			
\$100,000 in compensation from the organization	0											

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

Employler Identification number

National Association Of Music Merchants, Inc. | Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees								,	-	
(A) Name and Title	(B)	(C) Position (check all that apply)		(D)	(E)	(F) Estimated				
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Joseph M. Lamond President & CEO	40			Х				596,395.	0.	11,000.
Mary Luehrsen Dir of Pub Affairs	40					Х		166,906.	0.	5,030.
Kevin Johnstone Dir of Trade Shows	40					Х		148,156.	0.	0.
Larry Manley CFO	40					Х		141,756.	0.	0.
Scott_Robertson Dir of Marketing	40					Х		135,556.	0.	0.
Dan Kessler	40					Х		118,087.	0.	0.
	-									
	-									
	-									
	-									
										Form 000 2010

Form **990** 2010

Pai	t VIII Statement of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e					
CONTRIBUTION AND OTHER SI	f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in Ins 1a-1f: \$ h Total. Add lines 1a-1f					
PROGRAM SERVICE REVENUE		ess Code	15,209,479. 1,633,536.	15,209,479. 1,633,536.		
PROGRAM	f All other program service revenue g Total. Add lines 2a-2f		16,843,015.			
	 Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond propositions Royalties 	roceeds	125,671.			125,671.
	(i) Real (ii) 6a Gross Rents	Personal				
	d Net rental income or (loss)	ii) Other				
	and sales expenses					
OTHER REVENUE	8a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18					
.o	c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses					
	10 a Gross sales of inventory, less returns and allowances					
		ess Code				
	d All other revenue					
	12 Total revenue. See instructions		16,968,686.	16,843,015.	0.	125,671.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp	. ,	· · ·	, ,, ,,	• • • • • • • • • • • • • • • • • • • •
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,692,929.	3,692,929.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2, 22 , 2	.,,.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	596,395.	298,197.	298,198.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	3,773,627.	3,286,396.	487,231.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits	1,034,426.	579,830.	454,596.	
10	Payroll taxes	230,657.	189,139.	41,518.	
11	Fees for services (non-employees):	·	·	·	
á	Management				
ŀ	Legal	371,515.	53,123.	318,392.	
(Accounting				
(I Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				_
ç	g Other				_
12	Advertising and promotion	204,433.	203,393.	1,040.	_
13	Office expenses	34,373.	12,729.	21,644.	
14	Information technology	381,949.	190,975.	190,974.	_
15	Royalties				
16	Occupancy	372,408.	162,096.	210,312.	
17	Travel	46,832.	42,679.	4,153.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	390,877.	195,438.	195,439.	
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f	199,456.	60,582.	138,874.	
_	expenses on Schedule O.)	2,586,360.	2,586,360.		
	A Facilities, AV and Decorating	2,142,312.	2,142,312.		
	Membership Expenses	445,548.	445,548.		
	Outside Personnel	367,516.	367,516.		
	Food and Lodging	339,788.	338,141.	1,647.	
	Planning and Development All other expenses	1,004,160.	900,049.	1,647.	
		18,215,561.	15,747,432.	2,468,129.	0.
	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► if following	10,213,301.	10,141,432.	2,400,129.	<u> </u>
26	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				Form 990 (2010)

Pa	irt X	Balance Sneet					
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing				1	
	2	Savings and temporary cash investments			4,911,332.	2	6,202,700.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Pacaivables from current and former officers, director	e trueto	as kov omplovoos			
	,	Receivables from current and former officers, director and highest compensated employees. Complete Part				5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contr sponsoring organizations of section 501(c)(9) voluntal organizations (see instructions)	vees' beneficiary		6		
A	7	Notes and loans receivable, net.			56,938.	7	57,192.
<u>\$</u>				-	30,330.	8	31,192.
A S E T S	8	Inventories for sale or use		-		9	
S	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	9,386,949.			
	b	Less: accumulated depreciation	10b	4,950,485.	4,667,018.	10 c	4,436,464.
	11	Investments — publicly traded securities				11	
	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			30,270,333.	15	29,427,921.
	16	Total assets. Add lines 1 through 15 (must equal line	34)		39,905,621.	16	40,124,277.
	17	Accounts payable and accrued expenses			2,913,554.	17	3,713,690.
	18	Grants payable	·	18	· ·		
	19	Deferred revenue		19			
Ļ	20	Tax-exempt bond liabilities				20	
Ā	21	Escrow or custodial account liability. Complete Part I	V of Sch	edule D		21	
I L T	22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per of Schedule L	stees, ke sons. Co	y employees, emplete Part II		22	
E S	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities. Complete Part X of Schedule D	•		6,859,968.	25	7,525,363.
	26	Total liabilities. Add lines 17 through 25			9,773,522.	26	11,239,053.
Й		Organizations that follow SFAS 117, check here ►			· · ·		, ,
N E T		27 through 29 and lines 33 and 34.					
Ą	27	Unrestricted net assets			30,132,099.	27	28,885,224.
SSETS	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
O R		Organizations that do not follow SFAS 117, check he	re ►	and complete			
E		lines 30 through 34.	•	_			
F U N D	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipm				31	
Ĺ	32	Retained earnings, endowment, accumulated income,	or other	funds		32	
BALANCES	33	Total net assets or fund balances			30,132,099.	33	28,885,224.
Š	34	Total liabilities and net assets/fund balances	<u></u>	<u></u>	39,905,621.	34	40,124,277.
ВΛ					· · · · · · · · · · · · · · · · · · ·		Form 900 (2010)

BAA Form **990** (2010)

Form	990 (2010) NationalAssociationOfMusicMerchants, Inc.	36-202	26009		Pa	age 12
Par						
	Check if Schedule O contains a response to any question in this Part XI					·
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	6,9	68,6	386.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	8,2	15,5	61.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	1,2	46,8	75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	30,1	32,0	99.
5	Other changes in net assets or fund balances (explain in Schedule O).	5				0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2	28,8	85,2	224.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					. \square
					Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 <i>a</i>	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ
Ł	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	ht of the a	nudit,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
c	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer separate basis, consolidated basis, or both:	e issued o	on a			
	X Separate basis Consolidated basis Both consolidated and separate basis					

BAA Form **990** (2010)

Χ

За

3b

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?.....

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.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

Section 527 organizations: Complete Part I-A only.

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number National Association Of Music Merchants, Inc. 36-2026009 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. Part I-B | Complete if the organization is exempt under section 501(c)(3). 2 Enter the amount of any excise tax incurred by organization managers under section 4955...... ▶ \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?..... Yes No 4a Was a correction made?..... No b If 'Yes.' describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... Did the filing organization file Form 1120-POL for this year?.... Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing (e) Amount of political organization's funds. If none, enter-0-. contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2) (3) (4) (5)

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

(6)

Schedule **C** (Form 990 or 990-EZ) 2010

Cabadula C (Form 000 or 000 E7) 2010	NationalAssociationOfMusicMerchants, Inc
Schedule C (Form 390 of 390-EZ) 2010	National Association of Music Melchants, inc

2	-	2	Λ	2	c	Λ	Λ	
J	6-	΄Ζ.	U	Z	o	U	U	9

Page 2

Part II-A Complete if section 501(the organization h)).	is exempt under se	ction 501(c)(3) and	d filed Form 5768 (el	ection under
		ngs to an affiliated group.			
	0 0	ked box A and 'limited co			
(The term	Limits on Lobbyii 'expenditures' mean	ng Expenditures s amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendite	ures to influence pub	lic opinion (grass roots lo	bbying)		
b Total lobbying expendition	ures to influence a le	gislative body (direct lobb	oying)		
c Total lobbying expendite	ures (add lines 1a ar	d 1b)			
d Other exempt purpose e	•			·	
e Total exempt purpose e	expenditures (add line	es 1c and 1d)			
f Lobbying nontaxable an both columns.	nount. Enter the amo	ount from the following tal	ble in		
If the amount on line 1e, col	umn (a) or (b) is: T	he lobbying nontaxable a	mount is:		
Not over \$500,000		0% of the amount on line 1e.			
Over \$500,000 but not over \$1		100,000 plus 15% of the excess	·		
Over \$1,000,000 but not over \$, ,	175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		3225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		1,000,000.			
g Grassroots nontaxable a	•	•			
h Subtract line 1g from lini Subtract line 1f from lin				·	
	ŕ				
j If there is an amount ot section 4911 tax for this	her than zero on eith s vear?	er line 1h or line 1i, did t	he organization file Fo	rm 4720 reporting	Yes No
	4	-Year Averaging Period Umade a section 501(h) el below. See the instruction	Jnder Section 501(h)		
	Lobby	ing Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	n 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 NationalAssociationOfMusicMerchants, Inc. 36-2026009 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	a)	(b)		
	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? If 'Yes,' describe in Part IV					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	, or			
section 501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Χ
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pa	c)(5) rt III-	, or A, lin	e 3		
is answered 'Ŷeś.'					
1 Dues, assessments and similar amounts from members.		1	1,4	05,3	71.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a	2	54,8	06.
b Carryover from last year.		2b			
c Total.		2 c	2	54,8	06.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		81,0	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces	S			,-	<u> </u>
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit expenditure next year?		4			0.
5 Taxable amount of lobbying and political expenditures (see instructions)		5			0.
Part IV Supplemental Information					<u> </u>
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an Also, complete this part for any additional information.	d Par	t II-B,	line 1i.		
Also, complete this part for any additional information.					

Schedule C (Form 990 or 990-EZ) 2010 NationalAssociationOfMusicMerchants, Inc.	36-2026009	Page 4
Part IV	Form 990 or 990-EZ) 2010 NationalAssociationOfMusicMerchants, Inc. Supplemental Information (continued)		
			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NationalAssociationOfMusicMerchants, Inc.

Employer identification number

	<u>eInternationalMusicProductsAss</u>			36-20		
Pai		r Advised Funds or Oth	er Similar Funds	or Accounts.	Complete i	f
	the organization answered 'Yes' t	, , , , , , , , , , , , , , , , , , ,				
_		(a) Donor advised	funds	(b) Funds and	d other accou	nts
1	3					
2	33 3 ,					
3						
4	Aggregate value at end of year					
5	Did the organization inform all donors and dor funds are the organization's property, subject				Yes	No
6	Did the organization inform all grantees, dono	rs, and donor advisors in writ	ing that grant funds of	can be		
	used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or do efit?	nor advisor, or for ar	ny otner	Yes	No
Pai	rt II Conservation Easements. Compl					
	Purpose(s) of conservation easements held by			1 01111 330, 1 ai	tiv, mic /	
•	Preservation of land for public use (e.g., r	•		n historically impo	rtant land are	22
	Protection of natural habitat	cereation or education;	—	certified historic s		Ju
	Preservation of open space		reservation or a	contined mistorie s	oti actai c	
2		on held a qualified conservati	on contribution in the	e form of a conserv	vation easem	ent on the
	nact day or the tan your.			Held at th	e End of the	Tax Year
á	a Total number of conservation easements			2a		
	b Total acreage restricted by conservation ease			h		
	c Number of conservation easements on a certi					
	d Number of conservation easements included i	n (c) acquired after 8/17/06 :	and not on a historic			
	structure listed in the National Register			2d		
3	Number of conservation easements modified,	transferred, released, extingu	ished, or terminated	by the organization	n during the	
_	tax year ►					
4	Number of states where property subject to co					
5	and enforcement of the conservation easemen			_	Yes	No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing	conservation easeme	ents during the yea	ar	
7	Amount of expenses incurred in monitoring, ir ▶ \$	nspecting, and enforcing cons	ervation easements	during the year		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of section	on [Yes	No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its to the organization's financial	revenue and expense statements that desc	statement, and bala cribes the organiza	ance sheet, an ation's accour	d nting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, or On Part IV, line 8.	ther Similar As	sets.	
1 a	a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final	r SFAS 116 (ASC 958), not to s held for public exhibition, ed ncial statements that describe	report in its revenue ducation, or research es these items.	e statement and ba in furtherance of p	alance sheet voublic service	works of , provide,
ŀ	b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items:	r SFAS 116 (ASC 958), to repeled for public exhibition, educate	oort in its revenue sta tion, or research in f	tement and baland urtherance of publ	ce sheet work ic service, pro	s of art, ovide the
	(i) Revenues included in Form 990, Part VIII,	, line 1			\$	
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other 116 (ASC 958) relating to the	er similar assets for t se items:	financial gain, prov	vide the follow	ving
á	a Revenues included in Form 990, Part VIII, line	. 1			\$	
	b Assets included in Form 990, Part X					

Part III Organizations Maintai	ining Collec	tions of Art,	Historica	al Treasures, or	Other Similar Ass	ets (d	:ontinu	ıed)
3 Using the organization's acquisiti items (check all that apply):	on, accession,	and other reco	rds, check	any of the following	that are a significant ι	use of it	s collec	tion
a Public exhibition		d	•	change programs				
b Scholarly research		e	Other					
c Preservation for future gener								
4 Provide a description of the orga Part XIV.		·				se in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to b	e maintained a	is part of th	e organization's coll	ection?			No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangeme unt on Form	ents. Comple 990, Part X	ete if orga , line 21.	nization answer	red 'Yes' to Form 9	990, P	art IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian	, or other interr	mediary for	contributions or oth	er assets not	Yes	; [No
b If 'Yes,' explain the arrangement	in Part XIV an	d complete the	following t	able:	г			
5						Amour	ıt	
c Beginning balance								
d Additions during the year								
e Distributions during the yearf Ending balance								
2a Did the organization include an a						Yes		No
b If 'Yes,' explain the arrangement		11 330, 1 411 7, 1	1110 21				·	
Part V Endowment Funds. Co		e organizatio	on answe	red 'Yes' to Forr	n 990. Part IV. line	e 10.		
	(a) Current y		Prior year	(c) Two years back			Four years	s back
1 a Beginning of year balance			-					
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage	e of the year e	nd balance held	d as:					
a Board designated or quasi-endov		%						
b Permanent endowment ►								
c Term endowment ►	%							
3a Are there endowment funds not i	n the possessi	on of the organ	ization that	are held and admir	nistered for the	ĺ	· ·	
organization by:						2-45	Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations b If 'Yes' to 3a(ii), are the related of						3a(ii) 3b		
4 Describe in Part XIV the intended	~					SD		<u> </u>
Part VI Land, Buildings, and I								
Description of investment		a) Cost or other (investmen	basis (I	Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land		(•/	1,728,011.	asprosiation:	1	L,728,	,011.
b Buildings				3,557,300.	1,472,697.		2,084,	
c Leasehold improvements				599,136.	319,033.			,103.
d Equipment	_			2,216,362.	1,902,948.			,414.
e Other	_			1,286,140.	1,255,807.			,333.
Total. Add lines 1a through 1e (Column	•	al Form 990, P	art X, colun	nn (B), line 10(c).).			1,436,	
RΛΛ					Sohoo	lulo D (Form 00	2010

Schedule **D** (Form 990) 2010

Part VII	I Investments—Other Securities. See	Form 990, Part X, II	ne 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion: ket value
(1) Finan	cial derivatives		Cost of chid of year man	NCT Value
	ly-held equity interests			
(A)				
(C)				
(D)		· <u> </u>		
<u>(E)</u>				
<u>(F)</u>				
(G)				
<u>(H)</u>				
<u>(l)</u>				
	umn (b) must equal Form 990 Part X, column (B) line 12.).		line 12) N/A	
Part VII	II Investments—Program Related. (Se		1	tion.
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	rket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Part IX	umn (b) must equal Form 990, Part X, column (B) line 13.). Other Assets. (See Form 990, Part X	▶ X line 15)		
I alt IX		Description		(b) Book value
(1) De	posits and Other Assets	Description		183,486.
	ng-Term Investments			16,585,268.
	rketable Securities			12,024,850.
	epaid Trade Show Expenses			634,317.
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	olumn (b) must equal Form 990, Part X, column		· · · · · · · · · · · · · · · · · · ·	29,427,921.
Part X	Other Liabilities. (See Form 990, Pa			
	(a) Description of liability	(b) Amount	<u></u>	
	eral income taxes		1	
	unding	7 525 27	1.	
	ade Show Deposits	7,525,36	52.	
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
(11)				
	ımn (b) must equal Form 990, Part X, column (B) line 25)	> 7,525,36	63.	
0 FINI 40	(ACC 740) E	1 7,323,30		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Pai	rt XI	Reconciliation of Change in Net Assets from Form 990 to Audited Financ	ial Statements		
1	Total re	evenue (Form 990, Part VIII,column (A), line 12).		L	16,968,686.
2	Total e	xpenses (Form 990, Part IX, column (A), line 25)			18,215,561.
3	Excess	or (deficit) for the year. Subtract line 2 from line 1			-1,246,875.
4	Net unr	realized gains (losses) on investments			
5	Donate	d services and use of facilities			
6	Investn	nent expenses			
7	Prior pe	eriod adjustments			
8	Other (Describe in Part XIV).			
9	Total a	djustments (net). Add lines 4 through 8			
10		or (deficit) for the year per audited financial statements. Combine lines 3			-1,246,875.
Pai	rt XII F	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	turn	
1		evenue, gains, and other support per audited financial statements		1	16,968,686.
2	Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12:			
		realized gains on investments			
		d services and use of facilities			
•	c Recove	eries of prior year grants	2c		
(d Other (Describe in Part XIV)	2d		
•	e Add Iin	es 2a through 2d		2e	
3	Subtrac	ct line 2e from line 1		3	16,968,686.
4	Amoun	ts included on Form 990, Part VIII, line 12, but not on line 1:			
ä	a Investn	nents expenses not included on Form 990, Part VIII, line 7b	4a		
ı	b Other (Describe in Part XIV.)	4b		
(c Add lin	es 4a and 4b		4 c	
		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	16,968,686.
Pai	rt XIII	Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per l	Returr	
1		xpenses and losses per audited financial statements		1	18,215,561.
2		ts included on line 1 but not on Form 990, Part IX, line 25:			
ä	a Donate	d services and use of facilities	2a		
	-	ear adjustments			
•	c Other I	0SSes	2c		
	•	Describe in Part XIV.)			
•	e Add Iin	es 2a through 2d		2e	
3		ct line 2e from line 1		3	18,215,561.
4		ts included on Form 990, Part IX, line 25, but not on line 1:			
		nents expenses not included on Form 990, Part VIII, line 7b			
		Describe in Part XIV.)			
		es 4a and 4b.	-	4 c	10 215 561
		xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		Э	18,215,561.
		Supplemental Information		. 41	1.01
Com	iplete thi V. line 4	s part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa 4: Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lii	art III, lines Ta and 4; Part IV, nes 2d and 4b. Also complete	lines It this pa	o and 2b; rt to provide
any	additiona	al information.	·		'
		·	_		
			=		
			_ _ _ _		_
	:				

Schedule D	(Form 990) 2010	NationalAssoci	iationOfMusio	cMerchants	,Inc.	36-2026	5009	Page 5
Part XIV	Supplemental	Information (cont	inued)					
							- – – – – .	

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NationalAssociationOfMusicMerchants, Inc.

Employer identification number

NationalAssociationOfMusicMerchants, Inc. 36-2026009

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes'

to Form 990, Part	IV, line 14b.				
1 For grantmakers. Does the grantees' eligibility for the	e organization mai grants or assistan	intain records to sice, and the selec	substantiate the amount of the tion criteria used to award the	grants or assistance, the grants or assistance?	e Yes No
2 For grantmakers. Describe	in Part V the org	anization's proce	dures for monitoring the use or	f grant funds outside the	e United States.
3 Activities per Region. (The	following Part I, I	ine 3 table can be	e duplicated if additional space	is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
			Dev active music		
(1) United Kingdom	1	1	making		280,778.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					2
(16)					
(17)					
3a Sub-total	1	1			280,778.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			280,778.

rait	Form 990, Part IV, line 15 Part II can be duplicated	5, for any recipient v	who received r	nore than \$5,0	000. Check this	box if no one	recipient receiv	red more than \$	5,000 ►∑
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 E	Enter total number of recipient orga he grantee or counsel has provided	nizations listed above th l a section 501(c)(3) equ	at are recognized ivalency letter	l as charities by t	he foreign country,	recognized as tax	c-exempt by the IR	S, or for which	0
3 E BAA	Enter total number of other organiza	ations or entities							0 F (Form 990) 2010

TEEA3502L 10/27/10

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
_(2)							
_(3)							
_(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
<u>(11)</u>							
(12)							
(13)							
(14)							
<u>(</u> 15)							
(16)							
<u>(17)</u>							
(18)							(5. 000) 0010

Scriedule F (Form 990) 2010 NationalASSOCIationOlMuSicMelChants, i	le F (Form 990) 2010 NationalAssociationOfMusicMerchan	s, Inc.
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36-2026009

Page 4

Par	t IV Foreign 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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to 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).	1 —	X 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	X 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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621).	Yes	X 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	X 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 file Form 5713, International Boycott Report (see instructions for Form 5713)	Yes	X No
BAA	TEEA3505L 10/27/10	Schedule F	(Form 990) 2010

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

Open to Public Inspection

NationalAssociationOfMusicN	Merchants Inc					36-202600	
Part I General Information on G		псе				00 202000	
 Does the organization maintain recording the selection criteria used to award the selection part IV the organization's Part II Grants and Other Assistant 	he grants or assistance s procedures for monito	e? oring the use of g	rant funds in the United	States.			Yes X No
Form 990, Part IV, line 21							
Part II can be duplicated if					•		φ5,000. ► [
1 (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 non-cash assistance	(h) Purpose of grant or assistance
(1) Drum Corp Int'l 5790 Armada Drive Carlsbad, CA 92008			26,450.	0.			
(2) Fortune Battle of the B 5790 Armada Drive Carlsbad, CA 92008			40,000.	0.			
(3) Muic For All Foundatio 5790 Armada Ave. Carlsbad, CA 92008			41,725.	0.			
(4) NAMM Foundation 5790 Armada Drive Carlsbad, CA 92008	33-0797657		1,800,000.	0.			
(5) Piano Guy Sponsorships 5790 Armada Drive Carlsbad, CA 92008			40,000.	0.			
(6) School Jam USA 5790 Armada Drive Carlsbad, CA 92008			221,792.	0.			
(7)			,				
(8)							

Schedule I (Form 990) 2010 National A	AssociationOfMusic	Merchants, Inc.		36	6-2026009 Page 2
Part III Grants and Other Assistance Part III can be duplicated if a	ce to Individuals in the additional space is need	United States. Co Hed	mplete if the orgar	nization answered 'Yes'	to Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information.	Complete this part to p	ovide the informa	ation required in Pa	ort I, line 2, and any othe	er additional information.
BAA					Schedule I (Form 990) 2010

SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NationalAssociationOfMusicMerchants, Inc.

Employer identification number 36-2026009

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

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010 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 in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown o	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	compensation	benefits		reported in prior Form 990 or Form 990-EZ
Joseph M. Lamo	(i)	596 , 395.	0.	0.	11,000.	0.	607,395.	0.
1	(ii)	0.	0.	0.	0.	0.	0.	0.
Mary Luehrsen	(i)	<u> 166,906.</u>	0.	0.	<u>5,030.</u>	0.	171,936.	0.
2	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
<u>11 </u>	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
<u>16</u>	(ii)							lula I (Farma 000) 0010

BAA Schedule **J** (Form 990) 2010 TEEA4102L 11/15/10

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Name of the organization Employer identification number NationalAssociationOfMusicMerchants, Inc. TheInternationalMusicProductsAssociation 36-2026009

Identification of Disregarded Entities (Complete if the organization answered Yes' to Form 990, Part IV, line 33.)											
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)		(e) End-of-year assets	(f) Direct controlling entity						
(1) NAMM International LLC	Promote music										
5790 Armada Drive	making in										
(2) Carlsbad, CA 92008	Europe, Asia an	nd									
	India.	CA	0.	0.	N/A						
<u>(3)</u>											
<u>(4)</u>											
<u>(5)</u>	_										
<u>(6)</u>											
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations of		organization answer	red 'Yes' to Form 99	0, Part IV, line 34 l	because it had						
(a) Name, address, and EIN of related organization Pr	(b) imary activity Legal	(c) (domicile (state Exemp	d) (e) t Code Public charity	y status Direct contr	(g) olling Sec 512(b)(13)						

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)) (f) Direct controlling entity		(g) Sec 512(b)(13) controlled entity	
						Yes	No
(1) NAMM Foundation							
5790 Armada Drive	Advancing active						
(2) Carlsbad, CA 92008	participation in						
33-0797657	music making	CA	501(c) (3)	Type II	N/A		X
_(3)							
<u>(4)</u>							
<u>(5)</u>							
<u>(6)</u>							
<u></u>							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

because it had one of more related organizations treated as a partnership during the tax year.)												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	tior	(h) Disproportionate allocations? (i) Code V-UBI amount in box 20 of Schedule K-1		partner?		(k) Percentage ownership
		country)		sections 512-514)			Yes	No	(Form 1065)	Yes	No	
<u>(1)</u>												
												_

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV
I ditiv	Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

into 34 because it had one of more related organizations treated as a corporation of trust during the tax year.)										
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership			
(1)										
<u>(2)</u>										
<u>(3)</u>										

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			-		Yes	No			
1	During the tax year did the organization engage in any of the following transactions with one or more related organization	tions listed in Parts II-l	IV?				X			
a	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity.									
k	b Gift, grant, or capital contribution to other organization(s).									
C	c Gift, grant, or capital contribution from other organization(s)									
c	d Loans or loan guarantees to or for other organization(s)									
e Loans or loan guarantees by other organization(s).										
f	f Sale of assets to other organization(s).									
	Purchase of assets from other organization(s).			_	1 q		X			
	Exchange of assets.				1h		X			
	Lease of facilities, equipment, or other assets to other organization(s).			-	1i		X			
•	Lease of facilities, equipment, of other assets to other organization(s)				- 1 1		Λ			
	Lange of facilities, aguinment, or other access from other argenization(s)				1:		Χ			
•	Lease of facilities, equipment, or other assets from other organization(s).			-	1j		X			
	Performance of services or membership or fundraising solicitations for other organization(s)			-	1k					
	Performance of services or membership or fundraising solicitations by other organization(s)				11		X			
r	Sharing of facilities, equipment, mailing lists, or other assets				1m	Χ				
r	Sharing of paid employees				1n	Χ				
							X			
o Reimbursement paid to other organization for expenses										
p Reimbursement paid by other organization for expenses										
c	Other transfer of cash or property to other organization(s)				1q		Χ			
r	Other transfer of cash or property from other organization(s)			[1r		X			
	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including					•	_			
	(a)	_ (b)	(c)		(c	l)	_			
	(a) Name of other organization	Transaction	(c) Amount involved	Metho	od of c	leterm	ining			
		type (a-r)		an	nount	involv	ed			
							_			
/1\]	IAMM Foundation	b	1,800,000.							
(1)	WWW Toundacion	D	1,000,000.							
(2)										
(3)										
(4)										
. ,										
/E\										
(5)										
(6)										
BAA	TEEA5003L 12/23/10		Sched	dule R	(Form	1 990)	2010			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign country)	Are all	d) partners tion c)(3) zations?	(e) Share of end-of-year assets	Dispr tior alloca	(f) Disproportionate allocations? Code V-UBI amount in box 20 of Schedule K-1 Form (1065)		Gene mana part	ral or aging ner?
			Yes	No		Yes	No		Yes	No
<u></u>										
	· -									
	· =									
<u>(2)</u>	. 🚽									
	-									
	· -									
<u></u>										
	. –									
<u>(4)</u>										
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<u>(6)</u>										
	. –									
	-									
<u>(7)</u>										
	. 🚽									
	· -									
(8)	. 🚽									
	· -									
DAA			1	1	1			Cabadula D /Fa		

TEEA5004L 12/23/10

Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Schedule R (Form 990) 2010

Page 5

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

National Association of Music Meteriality, inc.	Employer identification number						
TheInternationalMusicProductsAssociation	36-2026009						
Form 990, Part III, Line 1 - Organization Mission							
Everything NAMM does is intended to serve its Members and reali	ze its mission of						
unifying, leading and strengthening the global music products industry and							
increasing_active_participation_in_music_making							
To_achieve_these_goals, the_association_has_broadened_the_indus	try's reach through						
professional education, public legislation and innovative marke	t-building programs.						
In_addition, NAMM has partnered with such major organizations a	s Disney, Sesame						
Street, VH1 and the Justin Timberlake Foundation to share its m	essage_with_the						
masses. NAMM has also captured the attention of the media with	unprecedented						
music/brain_research, built_the_world's_premier_music_product_t	rade shows and helped						
its Members save time and money through carefully selected disc	ount_service						
providers							
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors	s, Etc.						
Officer and Directors may do business transactions with each ot	her in the normal						
course of business in a supplier/customer relationship.							
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder							
The organization has members that are engaged in business withi	n the music products						
industry.							
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Bod							
The Board of Directors and Officers of the organization are ele	cted by the members.						
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or	Shareholders						
Certain decisions made by the organization (as described in th	e organization's						
bylaws) are subject to the approval of the members.							

Schedule O (Form 990 or 990-EZ) 2010	Page 2
Name of the organization National Association Of Music Merchants, Inc. The International Music Products Association	Employer identification number 36–2026009
Form 990, Part VI, Line 11b - Form 990 Review Process	
A copy of Form 990 is reviewed by the governing body prior to	filling.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	nflicts
The organization monitors any potential confilct of interest by	y circulating a
disclosure questionaire annually to its Board of Directors, of	ficers and key
employees. If a conflict is found, it is resolved so that ultime	mately the conflict is
removed.	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, I	Exec. Dir., or Top Mgtment
Review of compensation of the President is reviewed by the comp	pensation committee of
the Board of Directors.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Office	rs & Key Employees
The President approves all other employees compensation within	a budget established
by the Board of Directors.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
The Organization's governing documents and financial statement	s and a copy of its
990 is available upon request at the corporate offices during	normal business hours.

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

Internal Reve	enue Service	File a sep	parate appii	cation for each return.					
• If you	are filing for an	Automatic 3-Month Extension, con	nplete only	Part I and check this box		► Х			
-	-	•		n, complete only Part II (on page 2 of thi	•				
	•	, , ,		atic 3-month extension on a previously f					
Associate	Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.								
Part I	Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).								
				-month extension - check this box and o	complete Part I only				
	corporations (inc ax returns.	luding 1120-C filers), partnerships,	REMICS, a	nd trusts must use Form 7004 to request	an extension of tim	ne to file			
	Name of exempt	organization			Employer identification r	number			
Type or print	TheInter	AssociationOfMusicMero	Associat		36-2026009				
File by the due date for	Number, street,	and room or suite number. If a P.O. box, see in	structions.						
filing your return. See		nada Drive							
instructions.		st office, state, and ZIP code. For a foreign addr	ress, see instru	ctions.					
	Carlsbac	l, CA 92008-4608							
Enter the	Return code for	the return that this application is fo	r (file a sep	parate application for each return)		01			
Application Is For			Return Code	Application Is For		Return Code			
Form 990			01	Form 990-T (corporation)		07			
Form 990	-BL		02	Form 1041-A		08			
Form 990	-EZ		03	Form 4720		09			
Form 990	-PF		04	Form 5227		10			
		i) or 408(a) trust)	05	Form 6069		11			
Form 990	-T (trust other th	an above)	06	Form 8870		12			
Teleph If the If this check	none No. ► 760 organization doe is for a Group R this box ►	s not have an office or place of bus eturn, enter the organization's four . If it is for part of the group, check	siness in the digit Group < this box.	o. ► 760-438-8257 e United States, check this box Exemption Number (GEN) If I and attach a list with the names a	this is for the whole	group,			
unti	extension is for calendar yea	$_{\rm ,}$ 20 $_{\rm 12}$ $_{\rm ,}$ to file the exempt org	anization re	and to file Form 990-T) extension of time eturn for the organization named above. $\frac{9/30}{1} = \frac{9}{3}$					
	ne tax year entere Change in accou	ed in line 1 is for less than 12 mont nting period	hs, check re	eason: Initial return Fin	al return				
non	refundable credit		<u></u>	······	3a \$	0.			
pay	ments made. Inc	lude any prior year overpayment all	lowed as a	any refundable credits and estimated tax credit.	3b \$	0.			
EFT	PS (Electronic F		instructions	i	3c \$	0.			
	If you are going instructions.	to make an electronic fund withdray	val with this	Form 8868, see Form 8453-EO and For	m 8879-EO for				

FORM 199

California Exempt Organization 2010 Annual Information Return

Calendar ye	ear 2010 or fiscal year b	peginning month 10	day 01	year 20:	10 , and ϵ	ending month	09 da	y 30	year 2011
A First Retu		B Type of organization	Exempt u	nder Section 2	3701 E	(insert letter)	(CORP #	
	X No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		on 4947(a)(1)		(,	1	F-12530	00
Corporation/Org	anniantion Name							EIN	
	NATION	NALASSOCIATIONOE							
	THEINT	<u> TERNATIONALMUSIC</u>	PRODUCTS	SASSOCIA	ATTON			36-2026	009
Address									
5790 AF	RMADA DRIVE								
City							S	tate ZIP Code	e
CARLSBA	AD, CA 92008-46	0.8							
	Return?		X No	cor	ntributions, c	heck box. See Gener	al Instruction	F.	
						required			. • 🗍
,	subordinate/affiliate in a gro	up exemption? Yes	X No	H Acc	counting met	hod used 1	Cash 2	2 X Accrual	
a is this a	a group filing for affiliates? neral Instruction L	• Yes	No	I If c	vemnt under	R&TC Section 2370	1d has the c	rnanization du	uring the year
	' enter the number of affiliates	<u> </u>		(1)	participated	in any political cam ny ballot measure, on	paign or (2)	attempted to	influence
			П.,	leg	islation or ar	ny ballot measure, or	r (3) made ai	1 election und	er
	affiliates included?		No	ror cor	nnlete and at	3704.5 (relating to lettach form FTB 3509	obbying by pi Political or	Jenislative Ac)! IT Yes, rtivities by
, ,	' attach a list. See instructions	•				Organizations			
d Is this a	a separate return filed by an o	rganization covered	—			-			
	oup ruling?		No	J Did	the organiza	ation have any chang poration, or bylaws	jes in its acti	vities, governi	ing instrument,
	Group Exemption Number			Fra	inchise Tax E	Board? If 'Yes,' comp	olete an expla	nation and at	tach copies
f Is a ros	ster of subordinates attached?	Yes	No			ments	•		Yes X No
E Final retu	rn?								= =
•	Dissolved • Surre	endered (Withdrawn)			-	ion exempt under R&		23701g? ●	Yes X No
• 🗇	Merged/Reorganized (attach	explanation)		If "	Yes,' enter a	mount of gross rece irces	ipts from	•	
	s checked, enter date	· ·							
		he following federal forms or sc	— hadula:	L Is t	the organizat	ion under audit by tl a prior year?	ne IRS or has	the	Yes X No
1 •	_	F 3 • (Schedule H) S				· -			
<u>L</u>		<u> </u>			-	ion a Limited Liabili			162 V 140
education	ation is exempt under K&TC S al. or charitable, and is suppo	Section 23701d and is exclusively orted primarily (50% or more) b	y religious, v nuhlic	N Did	i the organiza ort taxable ir	ation file Form 100 c ncome?	or Form 109 t	0 •	Yes X No
		not required to file this	•					· · · · · · · · ·	100 11 110
i uiti	•	ceipts from other sources					• 1	1.5	,335,150.
		•							
Receipts		assessments from member							<u>,633,536.</u>
and		ns, gifts, grants, and sim					• 3		
Revenues		ots for filing requirement		_					
		completed. If the result			e General	I Instruction B	• 4	16	,968,686.
	5 Cost of goods sol	d			5				
	6 Cost or other bas	is, and sales expenses o	f assets sold.	•	6				
		ine 5 and line 6					7		
		ne. Subtract line 7 from li						16	,968,686.
		nd disbursements. From							,215,561.
Expenses	'	s over expenses and dist							,215,301. ,246,875.
		\$25. See General Instruc							10.
F <u>i</u> ling	' '								
Fee		erest. See General Instru							
		neral Instruction K					• 14		
		d line 11, line 13, and line 12 from the result					15		10.
		eclare that I have examined this r						knowledge ar	
Sign	correct, and complete. Declara	ation of preparer (other than taxpa	ayer) is based on	all information	of which pre	parer has any knowle	dge.	Wiowicage ai	ia belief, it is trac,
Here			Title			Date		Telephone	
	Signature of officer		PRESI	DENT &	CEO			760-438	-8001
			100.000		Date	Check		Preparer's	
Paid	Preparer's signature ALLAN	ROSENTHAL				if self- employed		001721	
Preparer's	Firm's name ALL	AN ROSENTHAL & A	ASSOC AC			-		● FEIN	
Use Only	(or yours, if	6 PARK GRANADA,		02				95-3985	478
	Self-elliployeu)	ABASAS, CA 9130					<u> </u>	Telephone	
								(818) 5	91-1550
	May the ETR discuss t	this return with the prepa	rar chawn ah	0V2 S00 i	netruction	c		X Yes	_
	I way the LID discuss t	ins return with the prepa	ICI SHOWH 4D	016: 3661	risti uCtiOH	<u> </u>	<u></u> (• V 162	INO

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

		1	Gross sales or receipts from all b	ousiness activities. See	instructions	•	1	
		2	Interest			•	2	373,601.
		3	Dividends			•	3	
Rece from Othe		4	Gross rents			•	4	
		5	Gross royalties			•	5	
Sour		6	Gross amount received from sale	e of assets (See Instruct	ions)	•	6	
		7	Other income. Attach schedule		SEEST	ATEMENT 1 •	7	14,961,549.
		8	Total gross sales or receipts from	n other sources. Add lin	e 1 through line 7.			
			Enter here and on Side 1, Part I,	, line 1			. 8	15,335,150.
		9	Contributions, gifts, grants, and similar an	nounts paid. Attach schedule		•	9	3,692,929.
		10	10 Disbursements to or for members				10	
		11	Compensation of officers, director	ors, and trustees. Attach	schedule	•	11	596,395.
Expe	nses	12	Other salaries and wages			•	12	3,773,627.
and Disb	Irse-	13	Interest			•	13	
ment		14	Taxes			•	14	230,657.
		15	Rents			•	15	372,408.
		16	Depreciation and depletion (See	Instructions)		•	16	390 , 877.
		17	Other. Attach schedule		SEEST	ATEMENT 2 •	17	9,158,668.
		18	Total expenses and disbursements. Add li	ine 9 through line 17. Enter her	e and on Side 1, Part I, line 9	9	. 18	18,215,561.
Sch	edule	<u>L</u>	Balance Sheets	Beginning of	taxable year	En	d of taxa	ble year
Asse	ts			(a)	(b)	(c)		(d)
1					4,911,332.		•	6,202,700.
2			receivable				•	
3			eivable. Attach scheduleST.3		56,938.		•	57,192.
4			tate government obligations				•	
5 6			n other bonds. Attach sch					
7			n stock. Attach schedule					
8			ns (number of loans)					
9			nents. Attach scheduleST . 4		20 474 575		-	28,610,118.
-			ssets	7,498,615.	29,474,575.	7 650 0	_	20,010,110.
	•		ated depreciation		2,939,007.	7,658,9 4,950,4		2 700 452
			alcu ucpreciation	4,339,000.	1,728,011.	4,950,4	•	2,708,453. 1,728,011.
12			Attach schedule		795,758.		-	817,803.
13			Attacii sciicuuic		39,905,621.			40,124,277.
			et worth		39,903,021.			40,124,277.
			able		2,913,554.		•	3,713,690.
			gifts, or grants payable		2,913,334.			3,713,090.
			tes payable. Attach schedule				•	
17			yable				•	
18			es. Attach schedule		6,859,968.			7,525,363.
19			or principle fund		30,132,099.		•	28,885,224.
20			oital surplus. Attach reconciliation		30/132/033.		•	20,000,224.
21			ings or income fund				•	
22			s and net worth		39,905,621.			40,124,277.
Sch	edule	M-1	Reconciliation of income pe	r books with income pe	r return			
			Do not complete this schedu				\$25,000)
			er books		=	•		
			ne tax		not included in this			
			ital losses over capital gains					
4	Income not recorded on books this year.				8 Deductions in this re			
E			lle		against book income			
Э			orded on books this year not deducted Attach schedule					
6	Total.	ciui II.	Attacii Scriedule		10 Net income per retu			
J		e 1 thr	ough line 5	-1,246,875.		line 6		-1,246,875.
	1111	. 4111	J					_,,

Form at bottom of page.

IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE: Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2010 FTB 3539' on the check or money order. Detach form below. Enclose, but do not staple, payment with form and mail to:

FRANCHISE TAX BOARD

PO BOX 942857

SACRAMENTO CA 94257-0551

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar year corporations — File and Pay by March 15, 2011

Fiscal year filers — See instructions
Employees' trust and IRA — File and Pay by April 15, 2011*
Calendar year exempt organizations — File and Pay by May 16, 2011

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day. *Due to the federal Emancipation Day holiday on April 15, 2011, tax returns or payments due by this date, and received on April 18, 2011, will be considered timely.

PAY ONLINE: Beginning November 2010, corporations and exempt organizations can make payments electronically at the Franchise Tax Board's website using Web Pay. After a one-time online registration, corporations and exempt organizations can make an immediate payment or schedule payments up to a year in advance. For more information, go to ftb.ca.gov and search for web pay.

_ _ _ DETACH HERE _ _ _ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS FORM _ _ _ DETACH HERE _ _ _ _

TAXABLE YEAR Payment for Automatic Extension for Corps and Exempt Orgs 2010

CALIFORNIA FORM

3539 (CORP

0000000 36-2026009 NATI

760-438-8001

10

3 FORM

TYB 10-01-10 TYE 09-30-11

NATIONALASSOCIATIONOFMUSICMERCHANTSINC THEINTERNATIONALMUSICPRODUCTSA LARRY MANLEY

5790 ARMADA DRIVE

CA 92008-4608 CARLSBAD

TOTAL PAYMENT AMT

10.

2010

California Statements

Page 1

National Association Of Music Merchants, Inc. The International Music Products Association

36-2026009

Staten	nent 1	
Form ¹	199, Part II, Line 7	
Other	Income	

Other Investment Income	\$ -247,930.
Program Service Revenue	15,209,479.
Total	\$ 14,961,549.

Statement 2 Form 199, Part II, Line 17 Other Expenses

Advertising and Promotion	
Bank Charges	
Building Lease Expense	2,855.
Donations	1,200.
Dues and Subscriptions	
Equipment Rental	45,486.
Facilities, AV and Decorating	
Food and Lodging	367,516.
Information Technology	381,949.
Insurance	199,456.
Legal Fees	371,515.
Maintenance_and Repairs	99,569.
Membership Expenses	2,142,312.
Miscellenous Expenses	24,937.
Office Expenses	34,373.
Other Employee Benefit	1,034,426.
Outside Personnel	445,548.
Planning and Development	339,788.
Postage and Shipping	46,846.
Printing and Publications	141,325.
Professional Development	143,263.
Registration	253,370.
Travel	46,832.
Total	\$ 9,158,668.

Statement 3 Form 199, Schedule L, Line 3 Net Notes Receivable

Other Notes and Loans	Doubtful Accounts Balance Due Allowanc	S
Accrued Interest Receivable	\$ 57,192.	0.
	Total Net Other Notes and Loans \$ 57,1	92.
	Total Net Receivables \$ 57.1	92

7	n	1	
Z	u		u

California Statements

Page 2

National Association Of Music Merchants, Inc. The International Music Products Association

36-2026009

Statement 4 Form 199, Schedule L, Line 9 Other Investments

Long-Term Investments\$	16,	585,268.
Marketable Securities	12,	024,850.
Total 🕏	28,	610,118.

Statement 5 Form 199, Schedule L, Line 12 Other Assets

Deposits and Other A	Assets	183,486.
Prepaid Trade Show E	Expenses	634,317.
_	Total	\$ 817,803.

Statement 6 Form 199, Schedule L, Line 18 Other Liabilities

Rounding	1.
Trade Show Deposits	7,525,362.
Total	\$ 7,525,363.