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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

2008

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	Pub	lic	Insp	ectio	n
	20	09				

	For the 2	2008 calend	lar year, d	or tax year beginning 10	/01	, 2008, an	ıd ending	9/:	30		2009	
	Check if ap								D Employ	er Identifica	tion Number	
	Addre	ss change	Please use IRS label	NAMM Foundation					33-	079765	7	
	\vdash	change	or print or type.	A Not-For-Profit	. Corporat	tion			E Telepho	ne number		
	Initial	-	See specific	5790 Armada Driv					760	-438-8	001	
	H		Instruc-	Carlsbad, CA 920	08-4608							
	Termi		tions.						G 0		2,583,	300
	H	ded return	-		Togonh M	Tamond		(a) le this	G Gross read a group retur			
	Applic	ation pending			Joseph M.				a group retur affiliates incl		# '''	X No
				Armada Drive Carl			<u></u>		attach a list		tions) Yes	∐ No
<u> </u>	Tax-ex	cempt status		· · · · · · · · · · · · · · · · · · ·) 494	7(a)(1) or	527					
J	Websi	te: ► WW	w.namm	nfoundation.org	. <u> </u>		H	(c) Group	exemption nu	ımber 🏲		
K	Type of	organization	X Corpora	ation Trust Association	n Other ►	L Year	of Formatio	n 199'	7 M s	tate of legal	I domicile CA	<u></u>
Pa	rt I	Summa										
				janization's mission or mos	t significant a	tivities: Adva	ancing	acti	ve par	ticipa	ation in	1
•				cross the lifesp								
Activities & Governance				olic service prog								
ma				a_museum_to_disp						A-3-11-11-11-11-11-11-11-11-11-11-11-11-1		
Ve	2 0	neck this bo	× •	if the organization disconti	nued its opera	tions or disposed	d of more	than 25	% of its as	sets		
ဗိ	3 No	umber of vo	tına mem	bers of the governing body	(Part VI, line	1a)				3		30
8				it voting members of the go						4		0
ties				yees (Part V, line 2a)						5		0
tıvı				eers (estimate if necessary		ECENTER				6		0
Ac				ousiness revenue from Part	VIII line-12.	otumn (C)	ا يــــــــــــــــــــــــــــــــــــ			7a		_0.
	h Ne	et unrelated	business	taxable income from Form	990果 line 3	1	၂၀၂			7b		0.
		3. 4 0.4.04			101 4	PR 2 9 2010	löl		rior Year		Current Y	ear
				to (Dort VIII Iron 1b)	A E	1 N & S Z 2013	IRS-O		3,072,9	110	2,205	
ě	ı		_	its (Part VIII, line 1h)	"		122	<u> </u>	,012,	/+0.		,458.
en	9 Pr	ogram serv	ice reven	ue (Part VIII, line 2g)		INENI II	7		77,5	26		, 130. , 779.
Revenue	10 In	vestment in	come (Pa	art VIII, column (A), lines 3	4, and /00 (37,5			, 773. , 023.
ш.				III, column (A), lines 5, 6d,			0)	<u> </u>				
				nes 8 through 11 (must equ			2)		3,187,9		2,507	
				ounts paid (Part IX, column)			2,543,8	306.	1,767	,596.
				members (Part IX, column								
	15 Sa	alaries, othe	er comper	nsation, employee benefits	(Part IX, colur	nn (A), lines 5-1	0)					
Š	16a Pr	rofessional	fundraisin	ng fees (Part IX, column (A)), line 11e)							
nec	l .			· .		33	,216.			· · ·		
Expenses	1			nses (Part IX, column (D),		33,	, 210.		E00 4	101	720	112
				IX, column (A), lines 11a-1				—	589,4	$\overline{}$,112.
	1	•		nes 13-17 (must equal Pari		N), line 25).		<u> </u>	3,133,3		2,487	
	19 Re	evenue less	expense	s Subtract line 18 from lin	e 12			ļ	54,6	92.	20	<u>,103.</u>
8			-					Begi	nning of Y	'ear	End of Ye	ear
ş ğ	20 To	otal assets ((Part X. li	ne 16)					2,719,1		2,563	
Net Assets Fund Belan	1	otal liabilitie							,249,4		1,082	
ž.5	1		•	•	- l 20				,469,		1,480	
				ances Subtract line 21 from	Time 20			1	,400,	704.1	1,400	, , , , , .
Pa	ert II		ure Blo									
	i	Under penaltie	es o perjury.	. I declare that I have examined this e Declaration of preparer (other tha	return, including a n officer) is based	ccompanying schedul on all information of v	les and state which prepar	ments, and	to the best knowledge	of my knowl	edge and belief,	it is
	ļ		7 1 7	n 71 71			. FF.					
Sig		 /	11- /-	1. Jay V								
	re	Signature	of					Da	ate			
		Jose	ph A L	amond				Pres	ident	& CEO		
			rint name an								-	
		<u> </u>				Date	3	Ta	heck if	Prepa	arer's identifying instructions)	number
Pa	id			_/			/	/ s	heck if	(see	instructions)	
Pro		Preparer's signature		12	/		-/10/	(a e	mployed P	Ч ",,		
	rer's	signature		Mosent Nal			112/1	10		N/2	1	-
Us		Firm's name (ssoc AC		·····					
Or		yours if self- ` employed),	► 476	6 Park Granada,	Suite 202			E		I/A		
٠.	٠٠٠	address, and ZIP + 4		abasas, CA 91302				P	hone no	(818)	591-15	50
				with the preparer shown ab		ructions)					X Yes	No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

TEEA0112L 12/22/08

<u>Fo</u> rm	990 (2008) NAMM Foundation	33-07	33-0797657				
Par							
1	Briefly describe the organization's mission						
	See Schedule O				-		
2	Did the organization undertake any significant program services during the year which were not listed on the	prior			_		
-	Form 990 or 990-EZ?		П	Yes	X	No	
	If 'Yes,' describe these new services on Schedule O.		لسما		_		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?		Yes	X	No	
	If 'Yes,' describe these changes on Schedule O						
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported	expenses ocations to	Section others	501(c, the t	c)(3) otal		
4 a	Music Research - Fund research to encourage the study worldwide of and early childhood and the effects of music making on early child intelligence, behavior and wellness.	f_music	edu				
	b (Code) (Expenses \$1,728,085. Including grants of \$1,514,296.) (F Music Education - Educating the public about music and encouraging amateur music making. Place music education articles in regional broadcastmedia outlets. NAMM Foundation's goals are to build creding and music education, especially at an early age, and to expand the American population that enjoys and makes its own music, and that the arts and understands their value in education. In the former a Conference, the Foundation also provides vital information regard products industry including newsletters.	g yound and lead ibility at por suppose America ing the	ocal Y for tion rts m an Mu e mus	prinof music	nt_a sic_ the_		
	d Other program services. (Describe in Schedule O)	Revenue he_his	\$	of_r	nusi)	
4	(Expenses \$ including grants of \$) (Revenue \$ e Total program service expenses ► \$ 2,432,872. (Must equal Part IX, Line 25, column (B))					

Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 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 X X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 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 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 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х 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 9 Schedule D. Part IV 10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D. Part V 10 Х Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable X 11 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 Х 12 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the US.? 14a b 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 X 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 Х 15 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 17 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 20 Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II 21 X 22 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 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25 Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from Х a prior year? If 'Yes,' complete Schedule L, Part Ì 25b

26

X

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

Form 990 (2008) NAMM Foundation

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
ā	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		- <u>-</u> -
ŀ	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
ď	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		X
BAA		Forn	n 990	(2008

			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.	1a 0						
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0						
c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	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	2a 0						
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 retu				<u> </u>			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?							
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b		<u> </u>			
4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fit	or other authority over, a nancial account)?	4a		х			
b If 'Yes,' enter the name of the foreign country' ▶							
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts	oreign Bank and						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-	5a		X			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		Х			
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Prohibited Tax Shelter Transaction?	t Entity Regarding	5с					
6a Did the organization solicit any contributions that were not tax deductible?		6a		X			
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?							
7 Organizations that may receive deductible contributions under section 170(c).				X			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?							
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 file Form 8282?							
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d						
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	s on a personal	7e		J			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	efit contract?	7f		Х			
g For all contributions of qualified intellectual property, did the organization file Form 8899 as re		7g		Х			
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a F	orm 1098-C as required?	7h		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?							
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.							
a Did the organization make any taxable distributions under section 4966?		9a					
b Did the organization make any distribution to a donor, donor advisor, or related person?		9ь					
10 Section 501(c)(7) organizations. Enter							
a Initiation fees and capital contributions included on Part VIII, line 12	10a						
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11 Section 501(c)(12) organizations. Enter				}			
a Gross income from other members or shareholders	11 a						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 Ь						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		<u> </u>			
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	L	•	100			
BAA		Form	1 990	(2008)			

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, de processes, or changes in Schedule O See instructions.	escribe the circumstances,		Yes	No
1 a	Enter the number of voting members of the governing body	1a 30			
t	Enter the number of voting members that are independent	1 b]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationer, director, trustee or key employee?	ationship with any other	2	X]
3	Did the organization delegate control over management duties customarily performed by or un of officers, directors or trustees, or key employees to a management company or other person	nder the direct supervision	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	,	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization	's assets?	5		Х
6	Does the organization have members or stockholders?		6		X
	Does the organization have members, stockholders, or other persons who may elect one or m governing body?	ore members of the	7a		х
t	Are any decisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under the following	taken during the year by			
a	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		8b	Х	
9 a	Does the organization have local chapters, branches, or affiliates?		9a		X
t	of 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? describe in Schedule O the process, if any, the organization uses to review the Form 990	All organizations must See Schedule O	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	11		Х
Sec	tion B. Policies				
				Yes	No
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
t	o Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	hat could give rise	12b	х	
C	Does the organization regularly and consistently monitor and enforce compliance with the polication of this is done	cy? If 'Yes,' describe in	12c	х	
13	Does the organization have a written whistleblower policy?		13	_X_	
14	Does the organization have a written document retention and destruction policy?		14	_X_	
	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deci	ipproval by independent ision.			
	The organization's CEO, Executive Director, or top management official?		15a	Х	
ŧ	Other officers of key employees of the organization? See Schedule 0		15b	Х	
	Describe the process in Schedule O (see instructions)				1
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	arrangement with a taxable	16a		X
ŀ	of If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	to evaluate its participation the organization's exempt	16b	·	
Sec	tion C. Disclosures				
17	List the states with which a copy of this Form 990 is required to be filed CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection Indicate how you make these available. Check all that apply.	d 990-T (501(c)(3)s only) ava	allable	for pu	blic
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docume statements available to the public See Schedule O	ents, conflict of interest polic	y, and	financ	al
	State the name, physical address, and telephone number of the person who possesses the both Larry Manley 5790 Armada Drive Carlsbad CA 92008-4608 76		ızatıor	·	
BAA			Form	990	(2008)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **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 not	compens	ate ar	y of	fice	r, di	rector	, trus	stee, or key employee	•	
(A)	(B)							(D)	(E)	(F)
Name and Title	Average hours		Position (check all that apply)		Reportable compensation from	Reportable compensation from	Estimated			
	per week	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
Joseph M. Lamond										_
President & CEO	0							0.	0.	0.
R.F. "Chip" Averwater. Jr.]								
Chairman	0							0.	0.	0.
Tom Schmitt									ľ	
Vice Chairman	0							0.	0.	0.
Kevin Cranley										
Treasurer	0			<u> </u>				0.	0.	0.
Larry Morton										
Secretary	0							0.	0.	0.
Kurt Listug										
Director	0			ļ	<u> </u>			0.	0.	0.
Alan Rosen					İ					
Director	0							0.	0.	0.
Dick Boak]									
Director	0				L		<u> </u>	0.	0.	0.
John Tarpley					İ					
Director	0							0.	0.	0.
Jeff Falgien					ŀ					
Director	0				L	L		0.	0.	0.
Qian Ni]									
Director	0	<u> </u>		<u> </u>			<u> </u>	0.	0.	0.
Ray van Straten	_	1				}				_
Director	0	<u> </u>	_		_		ļ	0.	0.	0.
Gary Forkum	1		1					_	_	_
<u>Director</u>	0	<u> </u>	L		_	ļ <u> </u>		0.	0.	0.
Barbara Paulsen	1							_		_
Director	0	ļ		ļ	_	<u> </u>	<u> </u>	0.	0.	0.
Joe Vasko	1	ĺ			ĺ					_
Director	0	<u> </u>	ļ	ļ	ــــــــــــــــــــــــــــــــــــــ	ļ	_	0.	0.	0.
Jon Harris	1 .		-		1					•
Director	0	<u> </u>	<u> </u>	\vdash	1	ļ	\vdash	0.	0.	0.
John Paulson		İ							_	_
Director	0		<u>L_</u>			<u> </u>		0.	_0.	0.

BAA

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Em								ployees (cont.)		
(A)	(B)	(B) (c)		(D)	(E)	(F)				
Name and Title	Average hours							Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week	and or d	Institutional trustee	Officer	ey.	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the
		rect	E to	er	Key employee	loye	ner	(** 2 1033-141130)	(11 2 1039-14130)	organization and related
		일	nal		ğ	e com				organizations
		stee	trust		1 6	ens				
			e :			ated				
					<u> </u>					
Robin Walenta										
Director	0				<u> </u>			0.	0.	0.
Rosi Johnson										
Director	0							0.	<u> </u>	0.
Lee Paynter		,						_		
Director	0	_						0.	0.	0.
Christopher White										1
Director	0				ļ			0.	0.	0.
Brock Kaericher									_	
Director	0	<u> </u>			<u> </u>		_	0.	0.	0.
George Quinlan, Jr.	1	İ						_		
Director	0_				_			0.	0.	0.
Robert Wilson	_									
Director	0	<u> </u>	<u> </u>			_		0.	0.	0.
Joel Menchey	_	1						_		
Director	0	<u> </u>	L		<u> </u>		ļ	0.	0.	0.
Phil Rich	_							_		
Director	0	_			<u> </u>		_	0.	0.	0.
Rick Young	_									
Director	0	┡			ļ		<u> </u>	0.	0.	0.
Neil Lilien										
Director	0_	-			-		<u> </u>	0.	0.	0.
Liane_Rockley	١ ,				l				•	
Director	0	ļ			┢	-	-	0.	0.	0.
Michael Kirman					l			1	^	_
Director	0		<u> </u>	L			<u> </u>	0.	0.	0.
1b Total	L			11-		±100		<u> </u>		
2 Total number of individuals (including those in 1a) w	no rece	ivea	mor	e tn	ian	\$10C	,,00	o in reportable cor	npensation from th	е
organization ► 0								··.·		Yes No
										163 140
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	еу е	mpl	oye	e, or	higi	hest compensated	employee	3 X
4. For any individual listed on line 1a, is the sum of rei	oortable	com	nen	sati	on a	and a	othe	r compensation fr	om	
the organization and related organizations greater the	an \$150	0,000	0? If	'Ye	s' c	omp	lete	Schedule J for su	ch	4 X
ındıvıdual										4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompensa	ation	fro	m ai	ny u	nrel	ated	l organization for s	services	5 X
	edule J	IQI S	sucn	per	SOH					1 3 1 A
1 Complete this table for your five highest compensate	ed indep	end	ent o	cont	ract	ors i	that	received more that	n \$100,000 of	
compensation from the organization									· · · · · · · · · · · · · · · · · · ·	
(A) (B)									(C)	
Name and business address Description of Services Compensation										
								-		
								 		
										
2 Total number of independent contractors (including	those in	1) v	vho	rece	eive	d mo	ore t	han \$100,000 in		
compensation from the organization ► 0			_							

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Page 9

Pai	t VIII Statement of Revenue		···		
<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f h Total. Add lines 1a-1f	2,205,551.			
A SERVICE REVENUE	2a Museum Revenue b c d	222,458.			222,458.
PROGRA!	f All other program service revenue g Total. Add lines 2a-2f	222,458.		·	
	Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal Ga Gross Rents Less rental expenses	27,779.			27,779.
	c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)	3,575.			3,575.
OTHER REVENUE	d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19	9,415.			9,415.
	b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 89,594.				
	b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a	39,033.			39,033.
	b c d All other revenue e Total. Add lines 11a-11d				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c. and 11e	2,507,811.	0.	0.	302,260.

Form 990 (2008) NAMM Foundation

Part IX | Statement of Functional Expenses

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

Do t	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
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	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.		
3	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 Compensation of current officers, directors, 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				
11	Fees for services (non-employees).				_ ,
á	Management				
ŀ	Legal	29,595.	28,115.	1,480.	
(Accounting	4,060.	3,857.	203.	
(Lobbying		-,		
•	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
ç	g Other	50,228.	47,717.	2,511.	
12	Advertising and promotion	54,327.	54,327.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	43,523.	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				
22	Depreciation, depletion, and amortization	28,247.	18,547.	1,412.	8,288.
23 24	Insurance 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.)				
	Programs Expenses	164,519.	164,519.		
ı	Printing and Publications	81,763.	77,675.	4,088.	·
	Lodgings and Meals	58,983.	56,034.	2,949.	
	Marketing	40,646.	40,646.		
	Postage and Shipping	32,976.	31,327.	1,649.	
1	All other expenses	121,854.	92,244.	4,682.	24,928.
25	Total functional expenses. Add lines 1 through 24f	2,487,708.	2,432,872.	21,620.	33,216.
	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 999 (2002)
BAA	L				Form 990 (2008)

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		11,191.	1	36,879.
	2	Savings and temporary cash investments		2,425,010.	2	2,076,906.
	3	Pledges and grants receivable, net		2/123/010:	3	
	_	Accounts receivable, net			4	
	4		tructors kay amalay	005	 	
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule I	, trustees, key employ	ees,	5	
	6	Receivables from other disqualified persons (as define				
		and persons described in section 4958(c)(3)(B) Comp			6	
Ą	7	Notes and loans receivable, net			7	
ASSETS	8	Inventories for sale or use		43,112.	8	48,260.
Ţ	9	Prepaid expenses and deferred charges		129,866.	9	292,114.
3	i -	Land, buildings, and equipment: cost basis	10a 321,			
		Less accumulated depreciation Complete Part VI of				
		Schedule D	10ь 212,	456. 109,933.	10c	108,858.
	11	Investments — publicly-traded securities	100	100.	11	
	12	Investments – publicity-valued securities Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11			13	
	-	Intangible assets			14	
	14	Other assets See Part IV, line 11			15	
	15	Total assets. Add lines 1 through 15 (must equal line 3)	24)	2,719,112.	16	2,563,017.
	16_) '	371,213.	17	128,509.
	17	Accounts payable and accrued expenses		878,195.	18	954,117.
LIABILITIES	18	Grants payable		878,193.	19	934,117.
	19	Deferred revenue				
	20	Tax-exempt bond liabilities		20		
ĝ	21	Escrow account liability Complete Part IV of Schedule		21		
Ļ	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified pers		1		
ţ		of Schedule L	ons. Complete Falt in		22	
Ę	22	Secured mortgages and notes payable to unrelated the		23		
5	23			24		
	24	Unsecured notes and loans payable Other liabilities Complete Part X of Schedule D		25		
	25	•	1,249,408.	26	1,082,626.	
	26	Total liabilities. Add lines 17 through 25	X and complete line		20	1,002,020.
Ĕ	İ	Organizations that follow SFAS 117, check here ►	A and complete inte	75		
		27 through 29 and lines 33 and 34.		800,199.	27	1,175,074.
ASSETS	27	Unrestricted net assets		669,505.	27	305,317.
Į	28	Temporarily restricted net assets		009,303.	29	303,317.
P	29	Permanently restricted net assets		lata .	25	
_	1	Organizations that do not follow SFAS 117, check he	re ► and comp	nete		
QZC,		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	-
B女し女之い 語の	31	Paid in or capital surplus, or land, building, and equip			31	
Ā	32	Retained earnings, endowment, accumulated income,	or other funds	1 460 704	32	1 400 201
Ë	33	Total net assets or fund balances.		1,469,704.	33	1,480,391.
	34	Total liabilities and net assets/fund balances.		2,719,112.	34	2,563,017.
Pa	rt X	Financial Statements and Reporting			•	
			(m)			Yes No
		— — — — — — — — — — — — — — — — — — —	Cash X Accrual	ليبا		
2		ere the organization's financial statements compiled or r				2a X
		ere the organization's financial statements audited by ar				2b X
	c If "	Yes' to 2a or 2b, does the organization have a committe riew, or compilation of its financial statements and selec	e that assumes respo	nsibility for oversight of the au	dıt,	2c X
5		a result of a federal award, was the organization requir			ınde	-
3	a As Au	dit Act and OMB Circular A-133?	ca to anacigo an addi	to dudito as set for in the s	igis	3a X
		Yes,' did the organization undergo the required audit or	audits?			3b
ВА						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.

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

NAMM Foundation

A Not-For-Profit Corporation

Employer identification number 33-0797657

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross 9 investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated **b** X Type II Type III - Other Type I С By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) Х 11 g (i) below, the governing body of the supported organization? 11 g (ii) Х a family member of a person described in (i) above? X 11 g (iii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (v) Did you notify the organization in col (i) of (i) Name of Supported (iii) Type of organization (described on lines 1.9 above or IRC section (iv) Is the (vi) is the (vii) Amount of Support (ii) EIN Organization nization in col organization in col (i) listed in your (i) organized in the (see instructions)) your support? US? Yes No Yes No Yes No National Association of Music Merch Х Х 0. 36-2026009 501(c)(6) Х Ο. Total

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

Schedule A (Form 990 or 990-EZ) 2008

	t II Support Schedule for (Complete only if you checke	•			J(b)(1)(A)(IV) a	nd 170(b)(1	ХАХ	VI)	
Sec	tion A. Public Support					T			
Calendar year (or fiscal year beginning in) ►		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Tota	al
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')								
2	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								
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)								
	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support	1		T	T	г	ı		
	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.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			_	12		
13	First five years. If the Form 990 organization, check this box and		tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501	(c)(3)		▶ 🗀
Sec	tion C. Computation of Pu	ıblic Support I	Percentage						
	Public support percentage for 20			e 11, column (f)			14		<u>%</u>
15	Public support percentage for 20	07 Schedule A, P	art IV-A, line 26f			L	15		%_
16 a	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported or	on line 13, and ganization	the line 14 is 33-1	/3 % or more	check	this box	▶ 🔲
t	33-1/3 support test – 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a, ganization.	, and line 15 is 33	·1/3% or more	, chec	k this box	-
17 <i>a</i>	7a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	s' test, check this l	box and stop her e	e. Explain in P	art IV	is 10% how the	► 🗌
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a					>
BAA					S	chedule A (Fo	rm 99	0 or 990-E	Z) 2008

Sche	dule A (Form 990 or 990-EZ) 200		undation			33-0797657	Page 3
	t III Support Schedule fo	or Organizatio	ns Described	in Section 50	9(a)(2)		
	(Complete only if you ched						
Sec	tion A. Public Support		•		•		
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	(a) 2504	(3) 2003	(6) 2000	(4) 2007	(0) 2000	(i) Fotor
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						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons						
t	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						
(: Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)						
Sec	tion B. Total Support		<u> </u>		-	<u> </u>	
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	(4) 200 1	(2) 2000	(0) 2000	(4) 2001	\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(7)
-	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (add Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and	stop nere		d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	>
	tion C. Computation of Pu						
15	Public support percentage for 20	008 (line 8, colum	in (f) divided by lin	e 13, column (f))		15	%_
_16	Public support percentage from	2007 Schedule A	Part IV-A, line 27	'g		16	%
Sec	tion D. Computation of Inv	vestment Inc	ome Percentag	je			
17		· · · · · · · · · · · · · · · · · · ·			nn (f))	17	%
18	Investment income percentage fi	•		=	***	18	%
	a 33-1/3 support tests – 2008. If the				d line 15 is more t		
	more than 33-1/3%, check this be 33-1/3 support tests - 2007. If the	ox and stop here	. The organization	qualifies as a pu	blicly supported o	rganızatıon	▶ ∐
	o 33-1/3 support tests — 2007. If the	this boy and etc	in hor check a box	on mic 14 01 198	, and ille 10 is M	uic iliali 33-1/370, 811 rted organization	

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 NAMM Foundation	33-0797657 Page 4
Part IV Supplemental Information. Complete this part to provid Part II, line 17a or 17b; or Part III, line 12. Provide any	e the explanation required by Part II, line 10;
Part II, line 17a or 17b; or Part III, line 12. Provide any	other additional information. (see instructions)
	· · ·

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No 1545 0047

2008 Open to Public

Inspection
Employer Identification number

Name of the organization NAMM Foundation 33-0797657 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to 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) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day 2 of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? No Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

See Part XIV b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

Schedule D (Form 990) 2008 NAMM Part III Organizations Mainta	Foundation	n Pions of Art Histo	orical Transcuras o	33-079	
		· · · · · · · · · · · · · · · · · · ·	-		
3 Using the organization's accessio that apply):	n and other reco	ords, check any of the	following that are a sign	nificant use of its collect	ion items (check all
a X Public exhibition		d Loan o	or exchange programs		
b Scholarly research		e U Other		-,	
c X Preservation for future genera					
4 Provide a description of the organ Part XIV		·	•		ın
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be	maintained as part of	the organization's colle	ction?	Yes X No
Part IV Trust, Escrow and Cu IV, line 9, or reported	ı stodial Arra an amount o	ngements Compl on Form 990. Par	lete if organization t X. line 21.	answered 'Yes' to	Form 990, Part
				accets not	
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, t	or other intermediary i	or contributions or other	assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the followin	g table.	`	
		•	•		Amount
c Beginning balance				1c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1f	
2a Did the organization include an a	mount on Form	990, Part X, line 21?			Yes No
b If 'Yes,' explain the arrangement		,		•	
Part V Endowment Funds Co	mplete if org	anızatıon answer	red 'Yes' to Form 9	90, Part IV, line 10).
	(a) Current yea				(e) Four years back
1 a Beginning of year balance	-				
b Contributions				·	
c Investment earnings or 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	of the year end	I balance held as			
a Board designated or quasi-endow	ment -	%			
b Permanent endowment ►					
c Term endowment ►					
3a Are there endowment funds not in organization by	n the possession	of the organization t	hat are held and admini	stered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(ıı), are the related of	rganizations list	ed as required on Sch	nedule R?		3b
4 Describe in Part XIV the intended	-				
Part VI Investments-Land, B				(, line 10.	
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land		· · · · · · · · · · · · · · · · · · ·			
b Buildings.					
c Leasehold improvements					
d Equipment					
e Other			321,314.	212,456.	108,858.
Total. Add lines 1a-1e (Column (d) sho	ould equal Form	990, Part X, column (•	108,858.
BAA				` Sched	dule D (Form 990) 2008

Part VII Investments—Other Securities See	Form 990, Part X, line	12. N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
		
Total (Column (b) should equal Form 990 Part X, col (B) line 12)		
Part VIII Investments-Program Related (Se	ee Form 990, Part X, line	e 13) N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
		
Total Column (b)(should equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part	X, line 15) N/A	
		(h) Pook value
(a,	Description	(b) Book value
Total. Column (b) Total (should equal Form 990, Part X,	col (B), line 15)	>
Part X Other Liabilities (See Form 990, P		
(a) Description of Liability	(b) Amount	
	(b) / inicant	1
Federal Income Taxes		-
		-
		-
		4
		4
		_
		7
		1
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25,	· ▶	1

Schedule D (Form 990) 2008 NAMM Foundation

BAA

33-0797657

Page 3

Sche	edule D (Form 990) 2008 NAMM Foundation	33-0797	7657	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	5		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		2,50	7,811.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2,48	7,708.
3	Excess or (deficit) for the year Subtract line 2 from line 1		2	0,103.
4	Net unrealized gains (losses) on investments	L		
5	Donated services and use of facilities	L		
6	Investment expenses	L		
7	Prior period adjustments	L		
8	Other (Describe in Part XIV)	L		
9	Total adjustments (net) Add lines 4-8.			
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		2	0,103.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe			
1	Total revenue, gains, and other support per audited financial statements	1	2,50	7,811.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
á	Net unrealized gains on investments 2a			
ŀ	Donated services and use of facilities 2b			
•	Recoveries of prior year grants			
•	Other (Describe in Part XIV)			
•	Add lines 2a through 2d	2e		
-	Subtract line 2e from line 1	3	2,50	7,811.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,50	7,811.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per I		2.40	7 700
	Total expenses and losses per audited financial statements	1	2,40	7,708.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities			
	Prior year adjustments 2b			
	Losses reported on Form 990, Part IX, line 25 1 Other (Describe in Part XIV)	\dashv \perp		
	,			
	e Add lines 2a through 2d	2e	2 48	7,708.
	Subtract line 2e from line 1		2,30	7,700.
	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			
		\dashv \mid		
	o Other (Describe in Part XIV) C Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	2 48	7,708.
	t XIV Supplemental Information			17100.
				4.17
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	v, lines ib	and 20; Par	τν,
	The strain of the strain and the strain of t			
	Part III, Line 1a - F/S Footnote For Art, Treasures, Etc.			
	The Museum of Making Music which is part of the Foundation, provid-	les_exh	<u>ibits to</u>	the_
	public showing the history of music products and benefits of music	<u>: making</u>	J	
		-		

TEEA3304L 12/23/08

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Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008	Page 5
Schedule D (Form 990) 2008 Part XIV Supplemental Information (continued)	

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the	ne organization	
NEW KER	Foundati	~~

Employer identification number

NAMM Foundation				33-07976			
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 organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?						
 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 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		
Australia 1 0 Grant to Australia Music Association							
				Grants	25,000.		
Canada	1	0	Grant to Coalition for N	usic Education in	Canada		

	<u> </u>			Grants	20,000.
<u></u>					
	<u> </u>				
	!				
					
			-		·
					—
		•			
	ĺ				
Totals	2	0			45,000.

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Schedule F (Form 990) (2008)

Page 2	55,000 🗕	(i) Method of valuation (book, FMV, appraisal, other)					
33-0797657	inswered 'Yes' t ved more than \$	(h) Description of non-cash assistance					
	e organization a e recipient recei	(g) Amount of non-cash assistance					
	Complete if the s box if no one	(f) Manner of cash disbursement		Check		Check	
	Jnited States. 000. Check this	(e) Amount of cash grant	ch	25,000. Check	ch	20,000. Check	
	Outside the (∩ore than \$5,	(d) Purpose of grant	Music Research		Music Research		
undation	Grants and Other Assistance to Organizations 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.	(c) Region	Australia		Canada		
		(b) IRS code section and EIN (if applicable)					
Schedule F (Form 990) 2008 NAMM Foundation	Part II Grants and Other Assistance to Organizations 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 Use Schedule F-1 (Form 990) if additional space is needed.	1 (a) Name of organization					

Schedule F (Form 990) 2008 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) a Enter total number of other organizations or entities

BAA

TEEA3502L 07/30/08

33-0797657

Page 3

P 4

Schedule F (Form 990) 2008

NAMM Foundation

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. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

TEEA3503L 12/24/08

BAA

Schedule F (Form 990) 2008

Schedule F (Form 990) 2008 NAMM Foundation	33-0797657	Page 4
Part IV Supplemental Information		
Complete this part to provide the information required in Part I, line 2, and any other	r additional information	
Part I, Line 2 - Grantmakers Explanation For Grants Outside US		
The Foundation monitors grant funds by communicating wit	h the grantee organi	zation
during and after the grant process to help ensure that t	the grant objectives	have been
met.		
		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

Department of the Treasury

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

Internal Revenu				ions that e	mier more	than \$15,000 on Form	77U-EZ,	iiie oa.	inspection
Name of the org	ganization NA	MM Foundati	on			-		Employer identifica	
	A 1	Not-For-Pro	fit Corpo					33-079765	
Part I F	undraisir	ng Activities.	Complete if	the orga	anızatior	n answered 'Yes' to	Form	<u> 990, Part I\</u>	/, line 17.
Ma Er Ph	ail solicitation mail solicitat none solicita	ons tions itions	aised funds thro	ough any d	of the follo	wing activities. Check a Solicitation of non-e Solicitation of gove X Special fundraising	governm rnment	nent grants	
	-person soli								
emplog b If 'Yes	yees listed i ' list the tei	n Form 990, Part n highest paid inc	VII) or entity in lividuals or enti	n connection ties (fundr	on with pro aisers) pu	l (including officers, dire ofessional fundraising si rsuant to agreements u	ervices? nder wh	ich the fundraise	Yes X No
compe	ensated at le	east \$5,000 by the	e organization	Form 9901	Z filers a	re not required to compl	,		
	Name of income of the contract		(ii) Activity	have custor	fundraiser ly or control ibutions?	(iv) Gross receipts from activity	`(or	mount paid to retained by) aiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
									
								· · · · · ·	
	·			<u> </u>					
									
				-					
							ļ		
Total					<u> </u>		L		0.
3 List all or lice		hich the organiza	ation is register	ed or licer	sed to sol	ıcıt funds or has been n	otified it	t is exempt from	registration
								· -	
				_					
	- -								

Schedule G (Form 990 or 990-EZ) 2008 NAMM Foundation

administer charitable gaming?

33-0797657

Page 2

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

Schedule G (Form 990 or 990-EZ) 2008 NAMM Foundation	33-0797657	P	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility			
b An outside facility	b %		
14 Provide the name and address of the person who prepares the organization's gaming/special events b	ooks and records:		
Name [,] ►			
Address: -			
15a Does the organization have a contact with a third party from whom the organization receives gaming r	evenue? 15	ia	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$	and the amount		1
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address			
None A			
Name			
Address:			
16 Gaming manager information			
Name •			
Gaming manager compensation ► \$			
Description of services provided.			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds state gaming license?	17	7a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or	spent in the		
organization's own exempt activities during the tax year 🕒 \$			<u>L.</u>
BAA TEEA3703L 07/18/08	Schedule G (Form 990 or	990-EZ) 2008

• • • • •

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

2008

OMB No 1545 0047

Open to Public Inspection

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

Employer identification number

33-0797657

2

X Yes

Part I General Information on Grants and Assistance NAMM Foundation

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if ado	ditional space is	needed		-	•	▲
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
American String Teachers Assoc			35,000.	.0			
State University			22, 391.	0.			
Carnegie Mellon University			5,848.	0.			
Drexel University			6,445.	0			
Educational Broadcasting Corp			37,500.	.0			
Guitar and Mkt Accessones Mkt Assn			77,500.	0.			
Gutars in the Classroom			37,500.	0.			
Levine School of Music			17,500.	0.			
2 Enter total number of section 501(c)(3) and government organizations	(3) and government or	rganizations				A 4	30

Schedule I (Form 990) 2008

TEEA3901L 12/19/08

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3 Enter total number of other organizations

Schedule I (Form 990) 2008 NAMM Foundation Page 2

Page 2

Page 1

Page 2

Page 2

Page 2

Part III 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.

(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
Educational Scholarships	15	45,500.			
Part IV Supplemental Information. Complete this part to provide the information required in	plete this part to p	provide the informa	tion required in Pa	Part I, line 2, and any o	and any other additional information.
	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	1	
			1		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !		
ВАА					Schedule I (Form 990) 2008

SCHEDULE 1-1 (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).

2008

OMB No 1545-0047

Open to Public Inspection

(h) Purpose of grant or assistance Employer identification number (g) Description of non-cash assistance 33-0797657 990). Part II.) (f) Method of valuation (book, FMV, appraisal, other) Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form (e) Amount of non-cash assistance 41,975. 20,000. 7,500. 15,000. 32,500 30,000 7,500 (d) Amount of cash grant 17,500 17,500 (c) IRC Code section if applicable 2 Enter total number of Section 501(c)(3) and government organizations **(b)** EIN Enter total number of other organizations (a) Name and address of organization or government National Center for Creative Agi Nat. Guild of Comm. Schools for North Shore Boys and Girls Club Nat. String Project Consortium Mr. Hollands Opus Foundation New Horizons Intl Music Assn. National Plano Foundation Merit School of Music NAMM Foundation Little Kids Rock Name of the organization 1

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

Employer identification number

(h) Purpose of grant or assistance (g) Description of non-cash assistance 33-0797657 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form (e) Amount of non-cash assistance 59, 167. 7,500. 10,000. 38,250. 21,259 20,000 17,500 (d) Amount of cash grant 45,000 (c) IRC Code section if applicable Enter total number of Section 501(c)(3) and government organizations (**b**) EIN Enter total number of other organizations Technical Institute of Music Edu Univeristy of North Carolina-Gre (a) Name and address of organization or government Performing Arts Center LA County Rock and Roll Camp for Girls University of South Florida Percussion Marketing Council Percussive Arts Society NAMM Foundation Name of the organization VSA Arts

SCHEDULE M (Form 990)

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

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

Pai	t I Types of Property							
		(a)	(b)	(c)		(d	-	
		Check if applicable	Number of Contributions	Revenues reported on Form 990.	Meth	od of d rever	letermin	ıng
		аррисавіс	30/14/154/10/13	Part VIII, line 1g		10101	1000	
_		ļ						
	Art—Works of art	X		0.				
	Art-Historical treasures	X	1	1.	ļ. ——			
	Art-Fractional interests				ļ			 -
4	Books and publications							
5	Clothing and household goods				 			
6	Cars and other vehicles				<u> </u>			
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded				L			
10	Securities—Closely held stock							
11	Securities-Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution (historic structures)							<u>. </u>
14	Qualified conservation contribution (other)							
15	Real estate-Residential							
16	Real estate-Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
	Historical artifacts.							
	Scientific specimens							
	Archeological artifacts						-	
25	Other ► ()							
26	Other ► ()							
27	Other ► ()				 			
28	Other > (-			
		<u> </u>		· · · · · ·	 			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones	n during the	tax year for contributio	ns for which the	29			
	organization completed Form 0200; Furt IV, Done	. Monitowica	gement				Yes	No
30 a	During the year, did the organization receive by co hold for at least three years from the date of the in	ntribution ar	ny property reported in I	Part I, lines 1-28 that it	must			
	purposes for the entire holding period?	iiliai continuc	Miori, and which is not i	equiled to be used for t	sxempt	30 a		X
						300		
	If 'Yes,' describe the arrangement in Part II	that ran	as the remove of any no	on etandard agatribution	-2	21		
	Does the organization have a gift acceptance police	•	_		2;	31	^-	
32	Does the organization hire or use third parties or re	elated organ	izations to solicit, proce	ess, or sell		32a	ľ	X
	noncash contributions?					328		
	If 'Yes,' describe in Part II						ļ	1
33	If the organization did not report revenues in colun describe in Part II	nn (c) for a t	type of property for which	ch column (a) is checke	d,			

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Schedule M (Form 990) 2008

Schedul	le M (Form 990) 2008	NAMM	Foundation				33-0797657	Page 2
Part I	le M (Form 990) 2008 Supplemental I and 33. Also co	nformat mplete	t ion. Complete this part for an	this part to pr y additional in	ovide the inform formation.	nation required	d by Part I, line	s 30b, 32b,
			· 					
			-					
								
-								
								
								
	. 							
-								
								
				- 				
	 _							
		 _						
		. -						

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Open to Public Inspection

(F)
Direct controlling
entity (F)
Direct controlling
entity N/A Employer identification number 33-0797657 Public charity status (if section 501(c)(3)) (End-of-year assets 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. (**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 Part II Identification of Related Tax-Exempt Organizations NAMM Foundation A Not-For-Profit Corporation National Association of Music Merchants (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Part I Identification of Disregarded Entities Carlsbad, CA 92008-4608 5790 Armada Drive Department of the Treasury Internal Revenue Service Name of the organization

Schedule R (Form 990) (2008)

TEEA5001L 12/23/08

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

Page 2

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

Part III Identification of Related Organizations Taxable as a Partnership

_		1		İ		1	ļ	
(J) General or managing partner?	N _N		 					
Gen	Yes							
Code V-UBI amount in Box 20 of Schedule K-1	(Form 1065)							
(H) Disproportionate allocations?	Yes No		 					
Share of total income Share of end-of-year Disproportionale assets allocations?								
Share of total income								
(E) Predominant income (related, investment, unrelated)								
(C) (D) Legal Direct domicile controlling entity (state or foreign								
Legal domicile (state or foreign	country)					;		
(B) Primary Activity								
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust	Taxable as a Co	rporation or T	rust	1		
(A)	(8)	<u> </u>	<u>e</u>	(E)	(F)	9)
Name, address, and ElN of related organization	Primary Activity	Legal domicile	Direct	Type of entity	Share of total income Share of en	Share of en
		(state or foreign	(state or foreign controlling entity (C corp, S corp,	(C corp, S corp,		asse

990) (2008)	Schedule R (Form 990) (2008)			9/23/08	TEEA5002L 12/23/08		ВАА
		_					
ownership	assets	(state or foreign controlling entity (C corp, S corp, country) or trust)	(C corp, S corp, or trust)	controlling entity	(state or foreign country)		
(H) Percentage	(G) Share of end-of-year	Share of total income	(E) Type of entity	Drect	(C) Legal domicile	(b) Primary Activity	(A) Name, address, and EIN of related organization

33-0797657

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A Not-For-Profit Corporation	tions
NAMM Foundation A	With Related Organizat
NAMM	ith Rel
Schedule R (Form 990) 2008 NAMIN	Part V Transactions Wi

Note Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	ş
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			-	7:
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		В	\dagger	× :
b Gift, grant, or capital contribution to other organization(s)		<u>ا</u>		\times
c Gift grant, or capital contribution from other organization(s)		<u>د</u>	×	
d loans or loan arganises to or for other organization(s)		Jd		×
d Loans or loan quarantees by other organization(s)		9		×
E LOGIS OF TOBER GRACES by Office of garlication (3)				-
(Sala of accept to other organization(s)		-	1	×
Odic of assets to order organization(s)		-	<u> </u>	×
Turkings of absets from one organization (s)		7 =		: ×
n Exchange of assets		;	\dagger	: ;
i Lease of facilities, equipment, or other assets to other organization(s)		=		×
i Lease of facilities equinoment or other assets from other organization(s)		=	!	×
k Performance of services or membership or fundraising solicitations for other organization(s)		<u>+</u>		×
I Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Shanno of facilities, equipment, marking lists, or other assets		=	×	
a Channo of naid employees		-	×	
o Reimbursement paid to other organization for expenses		10	×]
* Dominiconnect road by other oversity and the other oversity and th		-		×
ל ופוווסמו אפוופור לשנת מל מנופן מלמו ולמנימון זכן כאלמו אפני				_
a Other transfer of cash or property to other organization(s)		10	<u> </u>	×
r Other transfer of cash or property from other organization(s)		ř		×
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	transaction thresholds	┨		1
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	volved	_
(1) National Association of Music Merchants	υ	2,00	2,000,000	0
(2)				
(3)				- [
(5)				
(6)				
BAA TEEA5003L 07/02/08	Schedule	Schedule R (Form 990) (2008)	90) (50	98

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

Name, address, and EIN of entity Cautify Cauti	(B) Primary activity	(State or Foreign Country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount In Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	_3g o
			Yes No		Yes No		Yes	શ
					, ,			
ŀ	,							
- 1								
A A G		TEFA50041 01/21/09				Schedule R (Form 990) (2008)	n 990) (20	 8
DAA		ורושמעייר אייניייי						

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

Name of the organization NAMM Foundation A Not-For-Profit Corporation	33-0797657
Form 990, Part III, Line 1 - Organization Mission	
Advancing active participation in music making acr	oss the lifespan by supporting
scientific research, philanthropic giving and publ	ic service programs from the
international music products industry and providing	g a museum to display historical
treasures in music	
Form 990, Part VI, Line 10 - Form 990 Review Process	
Reviewed by the Board of Directors or Executive Co	mmittee.
Form 990, Part VI, Line 15b - Compensation Review & Approval Pro	ocess for Officers & Key Employees
Any compensation decisions reviewed by the Executi	ve Committee of the Board of
Directors.	
Form 990, Part VI, Line 19 - Other Organization Documents Pub	licly Available
Governing documents and annual Form 990 is availab	le at the Organization's offices
for review during normal business hours upon reque	est.

TEEA4901L 12/19/08

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2008

Federal Supplemental Information

Page 1

Client NAMMFOUN

NAMM Foundation
A Not-For-Profit Corporation

33-0797657

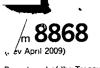
4/19/10

08:44AM

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).



Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Revenue			File a separate application for each ret	turn.	
If you are filing for an Automatic 3-Month		Automatic 3-Month	Extension, complete only Part I and check the	nis box .	► X
-	_		omatic) 3-Month Extension, complete only P		
Do not comp	lete Part II un	nless you have alrea	dy been granted an automatic 3-month exten	ision on a previously file	ed Form 8868.
Part I	Automatic	3-Month Extensi	on of Time. Only submit original (no	copies needed).	
-				,	
•	•		requesting an automatic 6-month extension		
All other corp income tax re		uding 1120-C filers),	, partnerships, REMICS, and trusts must use	Form 7004 to request a	an extension of time to file
returns noted the additional Form 990-T	below (6 mo not automa Instead, you r	nths for a corporatio tic) 3-month extension must submit the fully	ectronically file Form 8868 if you want a 3-min required to file Form 990-T). However, you on or (2) you file Forms 990-BL, 6069, or 887 or completed and signed page 2 (Part II) of For-file for Charities & Nonprofits.	cannot file Form 8868 70. group returns, or a c	electronically if (1) you want composite or consolidated
	Name of Exempt	Organization			Employer identification number
Type or print	NAMM Fou				
princ		r-Profit Cor			33-0797657
File by the due date for	Number, street, a	and room or suite number	If a P O box, see instructions		
filing your return See		ada Drive			
instructions			e For a foreign address, see instructions		
	Carlsbad	, CA 92008-4	608		
Check type of	f return to be	filed (file a separat	e application for each return):		
X Form 990)		Form 990-T (corporation)	Form 4720)
		Form 990-T (section 401(a) or 408(a) trust)) Form 5222	7	
√ Form 990	Form 990-EZ Form 990-T (trust other than above)		Form 6069	•	
Form 990-PF		Form 8870)		
Telephone If the orga If this is f check this the exten	anization does for a Group Rose box son will cove	eturn, enter the orga . If it is for part of the	FAX No Por place of business in the United States, chanization's four digit Group Exemption Number group, check this box Por and attach a	er (GEN) If t a list with the names ar	
			is for a corporation required to file Form 990-		
		$\underline{}$, 20 $\underline{}$ $\underline{}$ $\underline{}$, to file the organization's re	the exempt organization return for the organi turn for:	ization named above	
	calendar yea				
		nning 10/01	, 20 <u>08</u> , and ending <u>9/30</u>	, 20 <u>09</u> .	
		less than 12 months			nange in accounting period
		for Form 990-BL, 99 s. See instructions	0-PF, 990-T, 4720, or 6069, enter the tentativ	ve tax, less any	3a \$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$\\$3b\$\$					зь \$ 0.
deposit See ins	with FTD cou tructions	upon or, if required,	3a Include your payment with this form, or, i by using EFTPS (Electronic Federal Tax Payi	ment System).	3c \$ 0.
Caution. If yo	ou are going tructions	to make an electroni	c fund withdrawal with this Form 8868, see F	form 8453-EO and Form	1 8879-EO for
BAA For Pri	vacy Act and	Paperwork Reducti	on Act Notice, see instructions.		Form 8868 (Rev. 4-2009)