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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2010

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2010, or tax year beginning 01-01-2010, and ending 12-31-2010

G Check all that apply

 Initial return Initial return of a former public charity Final return Amended return Address change Name change

Name of foundation

MUSICAL INSTRUMENT MUSEUM

A Employer identification number

16-1743588

Number and street (or P O box number if mail is not delivered to street address)
4725 EAST MAYO BOULEVARD

Room/suite

B Telephone number (see page 10 of the instructions)

(480) 478-6000

City or town, state, and ZIP code
PHOENIX, AZ 85050C If exemption application is pending, check here D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation E If private foundation status was terminated under section 507(b)(1)(A), check here F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here H Check type of organization Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundationI Fair market value of all assets at end of year (from Part II, col. (c), line 16) **\$ 124,368,701** J Accounting method Cash Accrual
 Other (specify) *(Part I, column (d) must be on cash basis.)*

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

1	Contributions, gifts, grants, etc., received (attach schedule)	64,559,746		
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B			
3	Interest on savings and temporary cash investments			
4	Dividends and interest from securities.	96,309	96,309	96,309
5a	Gross rents			
b	Net rental income or (loss)			
6a	Net gain or (loss) from sale of assets not on line 10	-32,903		
b	Gross sales price for all assets on line 6a 62,031,024			
7	Capital gain net income (from Part IV, line 2) . . .		0	
8	Net short-term capital gain			0
9	Income modifications			
10a	Gross sales less returns and allowances	445,357		
b	Less Cost of goods sold	209,689		
c	Gross profit or (loss) (attach schedule)	235,668		235,668
11	Other income (attach schedule)	1,621,755	0	1,621,755
12	Total. Add lines 1 through 11	66,480,575	96,309	1,953,732

13	Compensation of officers, directors, trustees, etc	381,392	0	0	381,392
14	Other employee salaries and wages	4,459,618	0	0	4,356,458
15	Pension plans, employee benefits	552,705	0	0	555,699
16a	Legal fees (attach schedule)	36,085	0	0	36,085
b	Accounting fees (attach schedule)	41,628	0	0	41,628
c	Other professional fees (attach schedule)	3,921,137	0	0	3,921,137
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions)	321,950	0	0	320,807
19	Depreciation (attach schedule) and depletion . . .	4,421,346	0	0	
20	Occupancy	1,250,458	0	0	1,231,124
21	Travel, conferences, and meetings	639,537	0	0	639,537
22	Printing and publications				
23	Other expenses (attach schedule)	4,490,261	0	0	4,225,856
24	Total operating and administrative expenses.				
	Add lines 13 through 23	20,516,117	0	0	15,709,723
25	Contributions, gifts, grants paid	240			240
26	Total expenses and disbursements. Add lines 24 and 25	20,516,357	0	0	15,709,963
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	45,964,218			
b	Net investment income (if negative, enter -0-)		96,309		
c	Adjusted net income (if negative, enter -0-)			1,953,732	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets				
1	Cash—non-interest-bearing	994,673	1,430,911	1,430,911
2	Savings and temporary cash investments			
3	Accounts receivable ►			
	Less allowance for doubtful accounts ►			
4	Pledges receivable ► 1,207,202			
	Less allowance for doubtful accounts ►	600,984	1,207,202	1,207,202
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
7	Other notes and loans receivable (attach schedule) ►			
	Less allowance for doubtful accounts ►			
8	Inventories for sale or use	1,087	251,151	251,151
9	Prepaid expenses and deferred charges	1,426,562	234,866	234,866
10a	Investments—U S and state government obligations (attach schedule)			
b	Investments—corporate stock (attach schedule)	10,299	20,500	20,500
c	Investments—corporate bonds (attach schedule)	2,929,904	2,879,130	2,879,130
11	Investments—land, buildings, and equipment basis ►			
	Less accumulated depreciation (attach schedule) ►			
12	Investments—mortgage loans			
13	Investments—other (attach schedule)	117,846	886,334	886,334
14	Land, buildings, and equipment basis ► 121,626,318			
	Less accumulated depreciation (attach schedule) ► 4,704,787	107,721,887	116,921,531	116,921,531
15	Other assets (describe ►)	295,504	537,076	537,076
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	114,098,746	124,368,701	124,368,701
Liabilities				
17	Accounts payable and accrued expenses	6,684,241	1,138,756	
18	Grants payable			
19	Deferred revenue	18,009	92,851	
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)	30,300,000		
22	Other liabilities (describe ►)	0	76,380	
23	Total liabilities (add lines 17 through 22)	37,002,250	1,307,987	
Net Assets or Fund Balances				
	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted	75,908,516	121,790,179	
25	Temporarily restricted	152,000	241,961	
26	Permanently restricted	1,035,980	1,028,574	
	Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see page 17 of the instructions)	77,096,496	123,060,714	
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	114,098,746	124,368,701	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	77,096,496
2	Enter amount from Part I, line 27a	2	45,964,218
3	Other increases not included in line 2 (itemize) ►	3	0
4	Add lines 1, 2, and 3	4	123,060,714
5	Decreases not included in line 2 (itemize) ►	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	123,060,714

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a PUBLICLY TRADED SECURITIES				
b				
c				
d				
e				
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 62,031,024			62,063,927	-32,903
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				-32,903
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	-32,903
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)			3	0
If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8				

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2009	79,295,398	7,751,579	10 229580
2008	31,265,526	22,838,337	1 368993
2007	18,717,557	26,238,729	0 713356
2006	470,997	7,965,256	0 059131
2005			
2 Total of line 1, column (d).			2 12 371060
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 3 092765
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5.			4 4,565,277
5 Multiply line 4 by line 3.			5 14,119,329
6 Enter 1% of net investment income (1% of Part I, line 27b).			6 963
7 Add lines 5 and 6.			7 14,120,292
8 Enter qualifying distributions from Part XII, line 4.			8 15,709,963

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
b	Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
1		963	
c	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		
2	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0
3	Add lines 1 and 2.	2	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	3	963
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	4	0
5		5	963
6	Credits/Payments		
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a	5,000
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d.	7	5,000
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ►	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ►	10	4,037
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ►	1,000	Refunded ►
11		3,037	

Part VII-A Statements Regarding Activities

	Yes	No
1a		No
1b		No
1c		No
2		No
3		No
4a		No
4b		
5		No
6	Yes	
7	Yes	
8a		
8b	Yes	
9		
10		No

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?

*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*

c Did the foundation file **Form 1120-POL** for this year?

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year
(1) On the foundation ► \$ 0 **(2)** On foundation managers ► \$ 0

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ 0

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
If "Yes," attach a detailed description of the activities.

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
If "Yes," attach the statement required by General Instruction T.

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

- By language in the governing instrument, or
- By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

7 Did the foundation have at least \$5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► MN, AZ, NY

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation.*

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? *If "Yes," complete Part XIV*

10 Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).	<input type="checkbox"/> 11	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	<input type="checkbox"/> 12	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Website address ► <u>WWW THEMIM.ORG</u>			
14	The books are in care of ► <u>THE FOUNDATION</u> Telephone no ► <u>(480) 478-6000</u> Located at ► <u>4725 EAST MAYO BOULEVARD PHOENIX AZ</u> ZIP +4 ► <u>85050</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ► <input type="checkbox"/> 15 and enter the amount of tax-exempt interest received or accrued during the year ►			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	<input type="checkbox"/> 16	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	<input type="checkbox"/> 1b	<input type="checkbox"/> No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	<input type="checkbox"/> 1c	<input type="checkbox"/> No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions)	<input type="checkbox"/> 2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010).	<input type="checkbox"/> 3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<input type="checkbox"/> 4a	<input type="checkbox"/> Yes
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	<input type="checkbox"/> 4b	<input checked="" type="checkbox"/> No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/> Yes		5b
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6b	No
	<i>If "Yes" to 6b, file Form 8870.</i>			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
CHRISTOPHER J BELL 4725 EAST MAYO BLVD PHOENIX, AZ 85050	CHIEF DEVELOPMENT OF 40 00	187,500	23,322	0
MATTHEW S DAWSON 4725 EAST MAYO BLVD PHOENIX, AZ 85050	SENIOR PROJECT MANAG 40 00	119,615	16,271	0
PATRICK T MANEY 4725 EAST MAYO BLVD PHOENIX, AZ 85050	CONTROLLER 40 00	105,000	23,632	0
MARK MCCUALEY 4725 EAST MAYO BLVD PHOENIX, AZ 85050	DIRECTOR OF TECHNOLO 40 00	102,500	11,959	0
AMANDA BIRNSTENGEL 84 S TENTH ST 450 MINNEAPOLIS, MN 55403	OPERATIONS MANAGER 40 00	105,831	8,171	0
Total number of other employees paid over \$50,000.				22

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
RYAN COMPANIES US INC 50 S 10TH ST 300 MINNEAPOLIS, MN 55403	CONSTRUCTION	14,483,098
TARGET COMMERCIAL INTERIORS PO BOX 86 MINNEAPOLIS, MN 554861696	FURNITURE AND FIXTURES	1,024,696
APS PO BOX 2906 PHOENIX, AZ 850622906	UTILITIES	754,235
DELTA DIVERSIFIED ENTERPRISES 425 W GEMINI DR TEMPE, AZ 85283	CONSTRUCTION	590,211
NEC UNIFIED SOLUTIONS INC PO BOX 100840 PASADENA, CA 911890840	TECHNOLOGY	509,344
Total number of others receiving over \$50,000 for professional services.		49

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

Activities	Expenses
1 BUILDING AND OPERATING A MUSEUM TO CELEBRATE THE HISTORY AND DIVERSITY OF MUSICAL INSTRUMENTS FROM CULTURES REPRESENTING EVERY COUNTRY OF THE WORLD. THE MUSEUM OPENED IN APRIL, 2010	17,311,430
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Investments	Amount
1	
2	
All other program-related investments. See page 24 of the instructions	
3	
Total. Add lines 1 through 3.	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a Average monthly fair market value of securities.	1a	3,422,007
b Average of monthly cash balances.	1b	1,212,792
c Fair market value of all other assets (see page 24 of the instructions).	1c	0
d Total (add lines 1a, b, and c).	1d	4,634,799
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2 Acquisition indebtedness applicable to line 1 assets.	2	0
3 Subtract line 2 from line 1d.	3	4,634,799
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	69,522
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,565,277
6 Minimum investment return. Enter 5% of line 5.	6	228,264

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1 Minimum investment return from Part X, line 6.	1	
2a Tax on investment income for 2010 from Part VI, line 5.	2a	
b Income tax for 2010 (This does not include the tax from Part VI).	2b	
c Add lines 2a and 2b.	2c	
3 Distributable amount before adjustments Subtract line 2c from line 1.	3	
4 Recoveries of amounts treated as qualifying distributions.	4	
5 Add lines 3 and 4.	5	
6 Deduction from distributable amount (see page 25 of the instructions).	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see page 25 of the instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	15,709,963
b Program-related investments—total from Part IX-B.	1b	0
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required).	3a	
b Cash distribution test (attach the required schedule).	3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	15,709,963
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions).	5	963
6 Adjusted qualifying distributions. Subtract line 5 from line 4.	6	15,709,000

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2010				
a From 2005.				
b From 2006.				
c From 2007.				
d From 2008.				
e From 2009.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2010 from Part XII, line 4 ► \$ _____				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions).				
d Applied to 2010 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions				
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011.				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2006.				
b Excess from 2007.				
c Excess from 2008.				
d Excess from 2009.				
e Excess from 2010.				

Part XIV **Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

Part XV **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

ROBERT J ULRICH

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

6. Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
VALLEY CENTER OF THE DEAF 5025 E WASHINGTON STREET SUITE 114 PHOENIX, AZ 85034	NONE	PUBLIC CHARITY	ADA SUPPORT	240
Total			► 3a	240
b Approved for future payment				
Total			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income	Excluded by section 512, 513, or 514	(e) Related or exempt function income (See page 28 of the instructions)	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount
1	Program service revenue				
a					
b					
c					
d					
e					
f					
g	Fees and contracts from government agencies				
2	Membership dues and assessments.				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities.				
5	Net rental income or (loss) from real estate			14	96,309
a	Debt-financed property.				
b	Not debt-financed property.				
6	Net rental income or (loss) from personal property				
7	Other investment income.				
8	Gain or (loss) from sales of assets other than inventory			18	-32,903
9	Net income or (loss) from special events				
10	Gross profit or (loss) from sales of inventory.				235,668
11	Other revenue	a <u>MUSEUM ADMISSION</u>			1,153,528
b	MUSIC THEATER				443,822
c	FOOD SERVICE			03	4,035
d	OTHER PROGRAM REVENUE				20,370
e					
12	Subtotal Add columns (b), (d), and (e).		0		67,441
13	Total Add line 12, columns (b), (d), and (e).			13	1,920,829

(See worksheet in line 13 instructions on page 28 to verify calculations.)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization or

(1) Cash.

(2) Other assets.

Other transactions

(1) Sales of assets to a noncharitable exempt organization. . .

(2) Purchases of assets from a noncharitable exempt

(3) Rental of facilities, equipment,

(4) Reimbursement arrangement

(8) Performance of services or membership or fundraising solicitations.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship		
<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.</p>				
<p>*****</p>	<p>2011-11-09</p>	<p>*****</p>		
<p>Signature of officer or trustee</p>	<p>Date</p>	<p>Title</p>		
<p>Sign Here Part Preparer's Use Only</p>	<p>Preparer's Signature</p>	<p>Date</p>	<p>Check if self-employed <input type="checkbox"/></p>	<p>PTIN</p>
	<p>Firm's name</p>	<p>LARSON ALLEN LLP</p>		
	<p>220 SOUTH SIXTH STREET SUITE 300</p>	<p>Firm's EIN <input type="checkbox"/></p>		
	<p>MINNEAPOLIS, MN 55402</p>	<p>Phone no (612) 376-4500</p>		

2010

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, or 990-PF.

Name of organization
MUSICAL INSTRUMENT MUSEUM**Employer identification number**

16-1743588

Organization type (check one)**Filers of:****Section:**

Form 990 or 990-EZ

501(c)() (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule—**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33¹/₃ support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____

Caution. An Organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
MUSICAL INSTRUMENT MUSEUM

Employer identification number

16-1743588

Part II Noncash Property (see Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	See Additional Data Table	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____

Name of organization
MUSICAL INSTRUMENT MUSEUM

Employer identification number

16-1743588

Part III <i>Exclusivel/y religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry) For organizations completing Part III, enter the total of exclusivel/y religious, charitable, etc , contributions of \$1,000 or less for the year (Enter this information once See instructions) ► \$</i>			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	—	—	—
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
—	—	—	—
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	—	—	—
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
—	—	—	—
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	—	—	—
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
—	—	—	—
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	—	—	—
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
—	—	—	—

Additional Data

Software ID:
Software Version:
EIN: 16-1743588
Name: MUSICAL INSTRUMENT MUSEUM

Form 990 Schedule B, Part 1 - Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	3M CORPORATION 3M CORPORATE HEADQUARTERS 3M CENTER ST PAUL, MN 55144	\$ 59,001	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
2	ARCH H RAMBEAU 42171 NORTH SAGUARO FOREST DRIVE SCOTTSDALE, AZ 85262	\$ 6,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
3	ARIZONA COMMISSION ON THE ARTS 417 WEST ROOSEVELT STREET PHOENIX, AZ 85003	\$ 5,500	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
4	ARIZONA COMMUNITY FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 202 PHOENIX, AZ 85016	\$ 35,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
5	BANK OF AMERICA 201 EAST WASHINGTON STREET PHOENIX, AZ 85004	\$ 50,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
6	BARBARA J LAMBESIS 2333 EAST MISSOURI AVENUE PHOENIX, AZ 85016	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
7	BART BUTZER PO BOX 557 WAYZATA, MN 55391	\$ 20,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
8	BILL COOK 4223 EAST HIGHLANDS DRIVE PARADISE VALLEY, AZ 85253	\$ 5,100	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	<p>BRENDA BAAR 1665 SOUTH LEXINGTON AVENUE MENDOTA HEIGHTS, MN 55118</p>	\$ 5,500	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
10	<p>CF MARTIN CO INC 510 SYCAMORE STREET NAZARETH, PA 18064</p>	\$ 7,000	Person Payroll Noncash <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
11	<p>CARETAKERS BUILDING MAINTENANCE LLC 5730 SOUTH 32ND STREET PHOENIX, AZ 85040</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
12	<p>CHARLES DASCHBACH ST JOSEPHS HOSPITAL AND MEDICAL CEN PHOENIX, AZ 85013</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
13	<p>CHUNG CHUN LU ETHNIC ART CULTURE LTD TSUEN WAN, HONG KONG CH</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
14	<p>CITYNORTH 5415 EAST HIGH STREET SUITE 410 PHOENIX, AZ 85054</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
15	<p>CLIFF W SCHWEITZER 7949 EAST SOLANO DRIVE SCOTTSDALE, AZ 85250</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
16	<p>COLE REAL ESTATE INVESTMENTS 2555 EAST CAMELBACK ROAD SUITE 400 PHOENIX, AZ 85016</p>	\$ 13,300	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17	<u>COLLETTI-FISSL LLC</u> 8423 EAST CHARTER OAK DRIVE SCOTTSDALE, AZ 85260	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
18	<u>DARIN NARAYANA</u> 15303 DALLAS PARKWAY ADDISON, TX 75001	\$ 10,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
19	<u>DAVID YACCINO</u> 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606	\$ 16,480	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
20	<u>DELTA DIVERSIFIED ENTERPRISES INC</u> 425 WEST GEMINI DRIVE TEMPE, AZ 85283	\$ 5,500	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
21	<u>DONALD WATLAND</u> 23051 NORTH 87TH DRIVE PEORIA, AZ 85383	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
22	<u>FARNIENTE</u> PO BOX 327 OAKVILLE, CA 94562	\$ 6,462	Person Payroll Noncash <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
23	<u>FENDER MUSICAL INSTRUMENTS CORPORATION</u> 8860 EAST CHAPARRAL ROAD SUITE 100 SCOTTSDALE, AZ 85250	\$ 33,240	Person Payroll Noncash <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
24	<u>GAIL DORN</u> 84 SOUTH 10TH STREET SUITE 450 MINNEAPOLIS, MN 55403	\$ 250,460	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	<p>GARY L BRUCE 8340 NORTH THORNYDALE ROAD APT 110- TUCSON, AZ 85741</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
26	<p>GARY PETERSON 10040 EAST HAPPY VALLEY ROAD APT 37 SCOTTSDALE, AZ 85255</p>	\$ 5,000	Person Payroll Noncash <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
27	<p>GAY F WRAY PO BOX 1525 PENNINGTON, NJ 085340686</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
28	<p>GENETEC 2280 ALFRED-NOBEL BOULEVARD SAINT-LAURENT, QUEBEC H4S 2A4 CA</p>	\$ 59,840	Person Payroll Noncash <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
29	<p>GIBSON FOUNDATION INC 309 PLUS PARK BOULEVARD NASHVILLE, TN 37217</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
30	<p>GOLDMAN SACHS PHILANTHROPY FUND PO BOX 15203 ALBANY, NY 122125203</p>	\$ 1,700,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
31	<p>GOLDMAN SACHS CO 85 BROAD STREET NEW YORK, NY 10004</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
32	<p>GREGORY DUPPLER 12515 48TH AVENUE NORTH PLYMOUTH, MN 55442</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33	<u>HOWARD R JOY M BERLIN FOUNDATION</u> PO BOX 3731 <u>CAREFREE, AZ 85337</u>	\$ 5,345	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
34	<u>J DOUGLAS CUSICK</u> 4601 COLLEGE BLVD SUITE 222 <u>LEAWOOD, KS 66211</u>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
35	<u>J HYATT BROWN</u> 213 RIVERSIDE DRIVE <u>ORMOND BEACH, FL 32176</u>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
36	<u>JAMES A PUPILLO</u> 6710 NORTH SCOTTSDALE ROAD APT 250 <u>SCOTTSDALE, AZ 85253</u>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
37	<u>JAMES F LOWMAN</u> 8720 EAST SAN VICTOR DRIVE <u>SCOTTSDALE, AZ 852581905</u>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
38	<u>JAMES J MEENAGHAN</u> 6200 NORTH 61ST PLACE <u>PARADISE VALLEY, AZ 85253</u>	\$ 10,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
39	<u>JAWA</u> 15111 NORTH PIMA ROAD SUITE 200 <u>SCOTTSDALE, AZ 85260</u>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
40	<u>JEANNE HERBERGER</u> 10881 NORTH SCOTTSDALE ROAD SUITE 2 <u>SCOTTSDALE, AZ 85254</u>	\$ 25,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
41	<u>JEFFREY T GERLINGER</u> 8050 EAST THERESA DRIVE SCOTTSDALE, AZ 85255	\$ 10,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
42	<u>JEWISH COMMUNITY FOUNDATION MILWAUKEE</u> 1360 NORTH PROSPECT AVENUE MILWAUKEE, WI 532023094	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
43	<u>JOHN JOAN D'ADDARIO FOUNDATION</u> 595 SMITH STREET PO BOX 290 FARMINGDALE, NY 11735	\$ 11,600	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
44	<u>JOHN GUILD</u> 33052 NORTH 71ST STREET SCOTTSDALE, AZ 85266	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
45	<u>JOSEPH R MASLICK</u> 9361 EAST SKYLINE DRIVE SCOTTSDALE, AZ 85262	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
46	<u>JUDITH G WOLF</u> 5741 NORTH ECHO CANYON CIRCLE PHOENIX, AZ 85018	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
47	<u>JW MARRIOTT DESERT RIDGE RESORT SPA</u> 5350 EAST MARRIOTT DRIVE PHOENIX, AZ 85054	\$ 50,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
48	<u>KAY ERCIUS</u> 11695 EAST BLOOMFIELD DRIVE SCOTTSDALE, AZ 85259	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	<u>KENNETH KASSES</u> 10763 EAST PROSPECT POINT DRIVE SCOTTSDALE, AZ 85262	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
50	<u>KRISTINA RENSHAW</u> 2356 EAST CHERYL DRIVE PHOENIX, AZ 85028	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
51	<u>LAWRENCE J SHAPIRO</u> 1600 EAST NORTHERN PHOENIX, AZ 85020	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
52	<u>MARY SAUSER</u> 39794 NORTH 106TH PLACE SCOTTSDALE, AZ 85262	\$ 25,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
53	<u>MATTHEW P FEENEY</u> 400 EAST VAN BUREN STREET SUITE 190 PHOENIX, AZ 850042509	\$ 25,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
54	<u>MICHAEL W TOMME</u> 4725 EAST MAYO BLVD PHOENIX, AZ 85050	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
55	<u>MINNIE AND BERNARD LANE FOUNDATION</u> PO BOX 359 ALTAVISTA, VA 24517	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
56	<u>MOE S NOZARI</u> ONE OVERHILL DRIVE SAINT PAUL, MN 551272619	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
57	<p>NATIONAL BANK OF ARIZONA 6001 NORTH 24TH STREET PHOENIX, AZ 85016</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
58	<p>PAUL W KELLEY 14 WATERS EDGE EAST FALMOUTH, MA 02536</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
59	<p>PAULA CORMAN 9694 EAST IRONWOOD DRIVE SCOTTSDALE, AZ 85258</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
60	<p>PHOENIX COYOTES 6751 NORTH SUNSET BOULEVARD SUITE 2 GLENDALE, AZ 85035</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
61	<p>RANDALL SCHNEEWIND 118 PEAVEY CIRCLE CHASKA, MN 55318</p>	\$ 15,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
62	<p>RANE CORPORATION 10802 47TH AVENUE WEST MUKILTEO, WA 98275</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
63	<p>REMO INC 28101 INDUSTRY DRIVE VALENCIA, CA 91355</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
64	<p>RICHARD VARDA 15268 FISH POINT ROAD PRIOR LAKE, MN 55372</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
65	<u>ROBERT B BULLA</u> 8325 EAST WHISPERING WIND DRIVE SCOTTSDALE, AZ 85255	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
66	<u>ROBERT GREENBERG</u> 1005 MOUNT CURVE AVENUE MINNEAPOLIS, MN 55403	\$ 10,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
67	<u>ROBERT J ULRICH</u> 84 SOUTH 10TH STREET SUITE 450 MINNEAPOLIS, MN 55403	\$ 60,315,230	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
68	<u>ROBERT SEATON</u> 10858 EAST SALERO DRIVE SCOTTSDALE, AZ 85262	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
69	<u>RON LINDA JONES FAMILY FOUNDATION</u> 20701 NORTH SCOTTSDALE ROAD SUITE 1 SCOTTSDALE, AZ 85255	\$ 25,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
70	<u>RUSSELL S GOLDSTEIN</u> 201 EAST WASHINGTON ST 23RD FLOOR PHOENIX, AZ 85004	\$ 5,230	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
71	<u>SANDERSON FORD</u> 6400 NORTH 51ST AVENUE GLENDALE, AZ 85301	\$ 10,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
72	<u>SCHWAB CHARITABLE FUND</u> 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73	<p>SCOTTSDALE LEAGUE FOR THE ARTS 7309 EAST EVANS SCOTTSDALE, AZ 85260</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
74	<p>SENNHEISER ELECTRONIC CORPORATION ONE ENTERPRISE DRIVE OLD LYME, CT 06371</p>	\$ 152,759	Person Payroll Noncash <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
75	<p>SEYMOUR DUNCAN 5427 HOLLISTER AVENUE SANTA BARBARA, CA 93111</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
76	<p>SKULLCANDY 1441 WEST UTE BOULEVARD SUITE 250 PARK CITY, UT 84098</p>	\$ 29,850	Person Payroll Noncash <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
77	<p>STUART D BUCK 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606</p>	\$ 12,486	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
78	<p>SUSAN A WILLETT 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
79	<p>SUSAN PETERSON 84 SOUTH 10TH STREET SUITE 450 MINNEAPOLIS, MN 55403</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
80	<p>TARGET CORPORATION 50 SOUTH 10TH STREET TP3-750 MINNEAPOLIS, MN 55403</p>	\$ 886,249	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
81	<u>TAYLOR GUITARS</u> 1980 GILLESPIE WAY EL CAJON, CA 920201096	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
82	<u>THE ROBERTA STAN MARKS CHARITABLE F</u> 3800 EMBASSY PARKWAY SUITE 300 AKRON, OH 443338332	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
83	<u>THE THOMAS R AND DEBORAH A DAVIDSON</u> 75-1027 HENRY STREET APRT 11 A KAILUA KONA, HI 96740	\$ 10,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
84	<u>TIMOTHY BYERS</u> 84 SOUTH 10TH STREET SUITE 450 MINNEAPOLIS, MN 55403	\$ 10,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
85	<u>UTA M BEHRENS</u> 4019 EAST CAMPBELL AVENUE PHOENIX, AZ 85018	\$ 10,050	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
86	<u>WATKINS INCORPORATED</u> 150 LIBERTY STREET BOX 5570 WINONA, MN 559870570	\$ 100,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
87	<u>WILLIAM SCHERR</u> 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606	\$ 10,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
88	<u>YAMAHA CORPORATION OF AMERICA</u> 6600 ORANGETHORPE AVENUE BUENA PARK, CA 90620	\$ 14,617	Person Payroll Noncash <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part II - Noncash Property (see instructions):

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	3M PRODUCTS	\$ 59,001	2010-05-20
3	FOUR AED UNITS	\$ 5,500	2010-03-22
10	10 WHITE LXM LITTLE MARTIN GUITARS	\$ 7,000	2010-05-19
22	WINE FOR JOSHUA BELL EVENT	\$ 6,462	2010-11-26
23	ELECTRIC GUITARS, BASS GUITARS, AMPS	\$ 33,240	2010-03-19
26	1,667 SHARES OF MEDPRO STOCK	\$ 5,000	2010-06-07
28	CCTV SECURITY SOFTWARE	\$ 59,840	2010-05-28
74	MICROPHONE PACKAGE, ASSISTANCE WITH EXHIBIT	\$ 152,759	2010-03-25
76	3,000 SETS OF "GRID" MODEL HEADPHONES	\$ 29,850	2010-03-19
88	DRUM KIT	\$ 14,617	2010-04-15

Additional Data

Software ID:
Software Version:
EIN: 16-1743588
Name: MUSICAL INSTRUMENT MUSEUM

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROBERT J ULRICH 84 SOUTH TENTH ST 450 MINNEAPOLIS, MN 55403	CHAIRMAN 30 00	0	0	0
MICHAEL R FRANCIS 84 SOUTH TENTH ST 450 MINNEAPOLIS, MN 55403	VICE PRESIDENT & SECRETARY 2 00	0	0	0
GAIL DORN 84 SOUTH TENTH ST 450 MINNEAPOLIS, MN 55403	TREASURER 4 00	0	0	0
ROBERT G MCMAHON 84 SOUTH TENTH ST 450 MINNEAPOLIS, MN 55403	BOARD MEMBER 1 00	0	0	0
MARC LEO FELIX 84 SOUTH TENTH ST 450 MINNEAPOLIS, MN 55403	BOARD MEMBER 1 00	0	0	0
GARY TOBEY 84 SOUTH TENTH ST 450 MINNEAPOLIS, MN 55403	BOARD MEMBER 1 00	0	0	0
BILLIE R DEWALT 84 SOUTH TENTH ST 450 MINNEAPOLIS, MN 55403	PRESIDENT & DIRECTOR 40 00	350,000	31,392	0

TY 2010 Accounting Fees Schedule

Name: MUSICAL INSTRUMENT MUSEUM**EIN:** 16-1743588

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	41,628	0	0	41,628

**TY 2010 Investments Corporate
Bonds Schedule****Name:** MUSICAL INSTRUMENT MUSEUM**EIN:** 16-1743588

Name of Bond	End of Year Book Value	End of Year Fair Market Value
DEBT SECURITIES	2,879,130	2,879,130

**TY 2010 Investments Corporate
Stock Schedule****Name:** MUSICAL INSTRUMENT MUSEUM**EIN:** 16-1743588

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITY SECURITIES	20,500	20,500

TY 2010 Investments - Other Schedule

Name: MUSICAL INSTRUMENT MUSEUM**EIN:** 16-1743588

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
CASH AND CASH EQUIVALENTS	FMV	881,334	881,334
ACCRUED INTEREST	FMV	5,000	5,000

TY 2010 Land, Etc. Schedule

Name: MUSICAL INSTRUMENT MUSEUM**EIN:** 16-1743588

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	14,586,850	0	14,586,850	14,586,850
FURNITURE & EQUIPMENT	6,353,958	867,601	5,486,357	5,486,357
LEASEHOLD IMPROVEMENT	149,458	127,589	21,869	21,869
SOFTWARE	391,338	92,310	299,028	299,028
VEHICLES	33,334	14,440	18,894	18,894
CONSTRUCTION IN PROGRESS	515,025	0	515,025	515,025
BUILDING	99,596,355	3,602,847	95,993,508	95,993,508

TY 2010 Legal Fees Schedule

Name: MUSICAL INSTRUMENT MUSEUM**EIN:** 16-1743588

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	36,085	0	0	36,085

TY 2010 Other Assets Schedule

Name: MUSICAL INSTRUMENT MUSEUM**EIN:** 16-1743588

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ESCROW ACCOUNTS	119,568	0	0
EXCISE TAX ASSET	15,259	3,717	3,717
SECURITY DEPOSIT RECEIVABLE	160,677	143,281	143,281
OTHER ASSETS	0	390,078	390,078

TY 2010 Other Expenses Schedule

Name: MUSICAL INSTRUMENT MUSEUM**EIN:** 16-1743588

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE	94,828	0	0	94,828
POSTAGE/SHIPPING	519,275	0	0	519,275
PRINTING	293,905	0	0	293,905
ADVERTISING/MARKETING	523,889	0	0	510,387
SPECIAL EVENTS	55,521	0	0	55,521
SUPPLIES	1,532,430	0	0	1,225,480
REPAIRS AND MAINTENANCE	62,365	0	0	62,365
EQUIPMENT RENTAL	43,087	0	0	43,087
INSURANCE	108,450	0	0	254,768
MISCELLANEOUS	152,817	0	0	117,403
MUSICAL INSTRUMENT PURCHASES	1,043,867	0	0	989,010
DUES AND SUBSCRIPTIONS	40,425	0	0	40,425
EDUCATION AND TRAINING	15,854	0	0	15,854
INSTRUMENT LOAN EXPENSE	3,548	0	0	3,548

TY 2010 Other Income Schedule

Name: MUSICAL INSTRUMENT MUSEUM**EIN:** 16-1743588

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MUSEUM ADMISSION	1,153,528		1,153,528
MUSIC THEATER	443,822		443,822
FOOD SERVICE	4,035		4,035
OTHER PROGRAM REVENUE	20,370		20,370

TY 2010 Other Liabilities Schedule**Name:** MUSICAL INSTRUMENT MUSEUM**EIN:** 16-1743588

Description	Beginning of Year - Book Value	End of Year - Book Value
CUSTOMER AND EVENT DEPOSITS	0	36,860
OTHER LIABILITIES	0	39,520

TY 2010 Other Professional Fees Schedule

Name: MUSICAL INSTRUMENT MUSEUM**EIN:** 16-1743588

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL SERVICE	3,921,137	0	0	3,921,137

TY 2010 Taxes Schedule

Name: MUSICAL INSTRUMENT MUSEUM**EIN:** 16-1743588

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	1,143	0	0	0
PAYROLL TAX	320,807	0	0	320,807