Department of the Treasury Internal Revenue Service

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 Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection JUL 1, 2011 and ending JUN 30, 2012

Α	For the	2011 calendar year, or tax year beginning $$ JUL 1 , $$ 2011 $$ and endin	ng Jt	JN 30, 2012				
В	Check if applicable	C Name of organization		D Employer identific	cation number			
Г	Addres change	LEADERSHIP MUSIC						
	Name change	Doing Business As		62-1	404863			
Ļ	Initial return	,	n/suite	— · · · · · · · · · · · · · · · · · ·				
Ļ	Termin- ated Amend	1.0. BOX 150010			770-7090			
F	returnApplication	City or town, state or country, and ZIP + 4		G Gross receipts \$	325,201.			
	⊥ltiòn pendin			H(a) Is this a group re	eturn Yes X No			
		F Name and address of principal officer: JEFF GREGG SAME AS C ABOVE		for affiliates?				
_	Tay aya	mpt status: X 501(c)(3)	527	H(b) Are all affiliates inc				
		WWW.LEADERSHIPMUSIC.ORG		H(c) Group exemptio	list. (see instructions)			
					State of legal domicile: TN			
		Summary	_ rour o	riormation, 2000 p	Cate of logal dofficing, ==1			
		Briefly describe the organization's mission or most significant activities: TO NURT	URE	A KNOWLEDG	EABLE,			
Activities & Governance		ISSUE ORIENTED COMMUNITY OF MUSIC INDUSTRY	PROI	FESSIONALS.	<u> </u>			
rna	-	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of			ssets.			
ove.		lumber of voting members of the governing body (Part VI, line 1a)		1 1	29			
Š		lumber of independent voting members of the governing body (Part VI, line 1b)			28			
es	5	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	3			
ΞĒ	6	otal number of volunteers (estimate if necessary)		6	200			
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.			
_	1 d	let unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
ne		Contributions and grants (Part VIII, line 1h)	.	362,427.	188,335.			
Revenue		Program service revenue (Part VIII, line 2g)		69,499. 2,258.	118,322.			
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-21,941.	1,010. 17,534.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		412,243.	325,201.			
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
'n		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		182,165.	173,832.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	.	0.	0.			
per	b 7	Total fundraising expenses (Part IX, column (D), line 25) 55,661.		-				
й		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		210,429.	111,307.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		392,594.	285,139.			
		Revenue less expenses. Subtract line 18 from line 12		19,649.	40,062.			
os Ses		·		inning of Current Year	End of Year			
Net Assets or Fund Balances	20 7	otal assets (Part X, line 16)		386,906.	427,609.			
t As	21 7	otal liabilities (Part X, line 26)		1,233.	1,874.			
		let assets or fund balances. Subtract line 21 from line 20	.	385,673.	425,735.			
	art II	Signature Block						
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules and s			y knowledge and belief, it is			
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pro	eparer r	nas any knowledge.				
~ :-		Signature of officer		I Date				
Sig		JEFF GREGG, PRESIDENT		Duto				
He	re	Type or print name and title						
_		Print/Type preparer's name Preparer's signature	Da	ate Check	II PTIN			
Pai		ROGER W DUNAWAY III		if				
	-	Firm's name FBMM TAX, PLLC		self-employe	27-1574632			
		Firm's address P. O. BOX 340020						
	-	NASHVILLE, TN 37203-0020		Phone no. 6	15-329-9902			
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF LEADERSHIP MUSIC IS TO NURTURE A KNOWLEDGABLE,
	ISSUE-ORIENTED COMMUNITY OF MUSIC INDUSTRY PROFESSIONALS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 155,843 • including grants of \$) (Revenue \$ 59,644 •)
	THE ORGANIZATION'S CORE PROGRAM IS AN ANNUAL SERIES OF ISSUE-ORIENTED
	EDUCATIONAL SEMINARS, WHERE LEADERS OF THE MUSIC INDUSTRY AND RELATED
	FIELDS ADDRESS TOPICS IMPACTING THE ENTERTAINMENT COMMUNITY, IN THE
	NASHVILLE AREA AND WORLDWIDE.
	NOTE: \$46,500 OF IN -KIND GOODS AND SERVICES WERE RECEIVED IN REGARDS
	TO THIS PROGRAM.
4b	(Code:) (Expenses \$ 21,100 • including grants of \$) (Revenue \$ 76,212 •)
	LEADERSHIP MUSIC DIGITAL SUMMIT IS AN EDUCATIONAL CONFERENCE THAT
	PROVIDES EDUCATION AND NETWORKING OPPORTUNITIES BETWEEN THE MUSIC
	INDUSTRY AND THE TECHNOLOGY INDUSTRY. THE PROGRAM ATTRACTS EXECUTIVES
	FROM MAJOR TECHNOLOGY FIRMS AND MUSIC COMPANIES WHO SHARE THEIR IDEAS
	AND EXPERIENCE.
	NOTE THAT \$5,850 OF IN-KIND GOODS AND SERVICES WERE RECEIVED
	SPECIFICALLY FOR THIS PROGRAM.
4c	(Code:) (Expenses \$
<u></u>	Other measures and item (Describe in Calendula O.)
4d	Other program services (Describe in Schedule O.)
10	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 176,943.
46	I Otal program activide expenses F = / V / J = J +

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Form 990 (2011) LEADERSHIP M Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		21
''	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		-25
.0	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2011)

Form 990 (2011) LEADERSHIP MUSIC Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	١		v
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
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?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	34		Х
250	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	SSA		21
Ь	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		_ v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2011)

Form 990 (2011) LEADERSHIP MUSIC Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V								
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming							
	(gambling) winnings to prize winners?		1c	X					
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 3							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X				
b	b If "Yes," enter the name of the foreign country: ►								
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		0-		Х				
h	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contribut		6a		21				
b	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	•••••	OD						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?	•	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di								
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.								
	Did the organization make any taxable distributions under section 4966?		9a						
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b						
	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1							
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c	4.6		v				
			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	÷ U	14b	000 (0011				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI

Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		29□			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	$\overline{}$	<u> </u>	-			
_	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			··· ⊢	_		
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?				з	Х	
4	Did the organization make any significant changes to its governing documents since the prior Forms				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			··· ⊢	5		X
6	Did the organization have members or stockholders?			⊢	6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or a			··· ⊢	-		
<i>1</i> a				١.	7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			··· ⊢'	а		
D	navenne attenuation the grave wines to adv.			١.	,,		х
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			📙	7b		
8		-	=	١,	.	X	
a	The governing body?			├.	3a	X	
_	Each committee with authority to act on behalf of the governing body?			<u>├</u> ³	3b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the		_		х
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Code.)		-		
					$\overline{}$	Yes	No
	Did the organization have local chapters, branches, or affiliates?			∤1	0a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such c						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				0b	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	ore filing the form	? 1	1a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						37
					2a		_X_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			1	2b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe				
	in Schedule O how this was done			⊢	2c		- 77
13	Did the organization have a written whistleblower policy?				13		X
14	Did the organization have a written document retention and destruction policy?			<u>L</u>	14		X
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,					
	The organization's CEO, Executive Director, or top management official				5a		X
b	Other officers or key employees of the organization			1	5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
	taxable entity during the year?			1	6a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's				
	exempt status with respect to such arrangements?			1	6b		
<u>Sec</u>	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ TN						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Sec	tion 501(c)(3)s on	ly) ava	ailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy	and f	inan	cial	
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books a		cords of the organ	nizatio	n: 🕨		
	FLOOD, BUMSTEAD, MCCREADY, & MCCART - 615-329-9902						
	2300 CHARLOTTE AVENUE, SUITE 103, NASHVILLE, TN 3	3720	3				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

Classified Compensation Compen	(A) Name and Title	(B) Average hours per week	box	not c unle	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
PRESIDENT 1.50 X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	organizations	organization and related
Cally Williams		1 50	v		v					0	0
Description		1.30	<u> </u>		Δ				0.	0.	<u></u>
SECRETARY 1.00 X X 0.		0.50	x		x				0.	0.	0.
SECRETARY 1.00 X X X 0.00 0.00		0.30								•	
TREADURE	,	1.00	x		x				0.	0.	0.
Director O.50 x			┢▔								
Director O.50 x		1.00	$ _{\mathbf{X}}$		х				0.	0.	0.
Color	(5) DREW ALEXANDER								-		
Column C	DIRECTOR	0.50	X						0.	0.	0.
Color Director Color C	(6) JOHN ALLEN										
Director 0.50 x 0.00 0	DIRECTOR	0.50	Х						0.	0.	0.
Carey Nelson Burch Carey N	(7) LORI BADGETT										
Director 0.50 x 0.00 0	DIRECTOR	0.50	Х						0.	0.	0.
O	(8) TOM BALDICA										
DIRECTOR 0.50 X 0. 0. 0. 0 0 0 0 0 0 0	DIRECTOR	0.50	Х						0.	0.	0.
DIRECTOR									_	_	_
DIRECTOR 0.50 X 0. 0. 0. 0. 0. 0. 0. 0.		0.50	Х						0.	0.	0.
DIRECTOR DIRECTOR										_	_
DIRECTOR 0.50 X 0.00 (12) JAY FRANK 0.00 0.00 DIRECTOR 0.50 X 0.00 (13) TERESA GEORGE 0.00 0.00 DIRECTOR 0.50 X 0.00 (14) JIMMY HARNEN 0.00 0.00 (15) MICHAEL HUPPE 0.50 X 0.00 DIRECTOR 0.50 X 0.00 0.16) BILL LEE 0.50 X 0.00 DIRECTOR 0.50 X 0.00		0.50	X						0.	0.	0.
DIRECTOR O.50 X O. O. O. O. O.											•
DIRECTOR 0.50 X 0.00 (13) TERESA GEORGE 0.50 X 0.00 DIRECTOR 0.50 X 0.00 (14) JIMMY HARNEN 0.00 0.00 DIRECTOR 2.00 X 0.00 0.50 X 0.00 0.00 (16) BILL LEE 0.50 X 0.00 DIRECTOR 0.50 X 0.00		0.50	X						0.	0.	0.
DIRECTOR O.50 X O. O. O. O. O.	,,	0 50	٠,,								0
DIRECTOR 0.50 X 0.00 (14) JIMMY HARNEN 0.00 DIRECTOR 2.00 X 0.00 (15) MICHAEL HUPPE 0.50 X 0.00 DIRECTOR 0.50 X 0.00 0.16) BILL LEE 0.50 X 0.00 DIRECTOR 0.50 X 0.00		0.50	X						0.	0.	0.
Column		0 50	\ ,							0	0
DIRECTOR 2.00 X 0.00 (15) MICHAEL HUPPE 0.50 X 0.00 DIRECTOR 0.50 X 0.00 (16) BILL LEE 0.50 X 0.00		0.50	_						0.	0.	0.
(15) MICHAEL HUPPE DIRECTOR 0.50 X 0.00 (16) BILL LEE DIRECTOR 0.50 X 0.00		2 00	\ _V							0	0.
DIRECTOR 0.50 X 0.00 (16) BILL LEE 0.50 X 0.00 DIRECTOR 0.50 X 0.00		2.00	^						0.	0.	<u> </u>
(16) BILL LEE DIRECTOR 0.50 X 0. 0. 0	,	0.50	x						n	n .	0.
DIRECTOR 0.50 X 0. 0.		0.30								0.	
		0.50	$ _{\mathbf{x}}$						0.	0.	0.
\1, \00111 \11011100111	(17) JOHN INGRASSIA		ᢡ								
		1.00	х						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	istees, Key Ei	mplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)		
(A)	(B)	(B)			C)			(D)	(E)		(F)
Name and title	Average	(do		Posi			one	Reportable	Reportable		Estimated
	hours per	box	, unle	ss pei	rson	is bot	h an	compensation	compensation		amount of
	week	\vdash	CCI ai	lu a u	ii ecic	Ji / ii us	100)	from	from related		other
	(describe hours for	ordirector						the	organizations	co	mpensation
	related	ordi	ee			sated		organization	(W-2/1099-MISC)		from the
	organizations	trustee	trust		ee	npens		(W-2/1099-MISC)			rganization and related
	in Schedule	dual t	tiona		nploy	st cor	<u></u>				ganizations
	O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				J
(18) ELLEN LEHMAN											
DIRECTOR	0.50	Х						0.	0	•	0.
(19) TOM LORD											_
DIRECTOR	0.50	Х						0.	0	•	0.
(20) BILL MAYNE									_		_
DIRECTOR	0.50	Х						0.	0	•	0.
(21) WENDELL MOORE									_		
DIRECTOR	0.50	Х						0.	0	•	0.
(22) LYNN MORROW		l									•
DIRECTOR	0.50	Х						0.	0	•	0.
(23) KEN PAULSON	0 50	37						0.	0		0
DIRECTOR (24) DIANE PEARSON	0.50	Х						0.	0	•	0.
DIRECTOR	0.50	x						0.	0		0.
(25) CHIP PETREE	0.30										<u> </u>
DIRECTOR	0.50	x						0.	0		0.
(26) LARRY STESSEL											
DIRECTOR	0.50	Х						0.	0	•	0.
1b Sub-total						▶		0.	0	•	0.
c Total from continuation sheets to Part VI								18,173.	0	_	0.
d Total (add lines 1b and 1c)								18,173.	0	•	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	no r	eceived more than \$100	0,000 of reportable		0
compensation from the organization											Yes No
2 Did the averagination list and former afficacy								h:			Tes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											X
•								har componentian from		. 3	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•								the organization	4	X
5 Did any person listed on line 1a receive or a									idual for services	-	1 1
rendered to the organization? If "Yes," com	-				-			-		. 5	х
Section B. Independent Contractors	prote Corrodar		0. 0.		0.0.0	,				. 0	
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe	nsatio	n from
the organization. Report compensation for	the calendar y	ear (endi	ng w	vith	or w	ithir	n the organization's tax	year.		
(A)								(B)			(C)
Name and business	address	NC	INC	3			_	Description of s	services	Comp	pensation
							\dashv				
							\dashv				
2. Total number of independent contractions	noludina but	O+ 12	mit -	4+-	th-	00 15	.+-	A abaya) who we said a	nore than		
2 Total number of independent contractors (i	nciuaing but n	iot III	riite	u to	เทอ	se II	stec	above) who received n	iore trian		

Form 990 (2011) LEADERSH.	IP MUSIC	<u>. </u>							62-140	4863
Part VII Section A. Officers, Directors, Tru	ustees, Key E	mplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A) Name and title	(B) Average hours per			Pos	C) ition	ı			(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) BETHEL "BO" THOMAS DIRECTOR	0.50	х						0.	0.	0
(28) STACY WIDELITZ DIRECTOR	0.50	х						0.	0.	0
(29) DEBBIE SCHWARTZ LINN EXECUTIVE DIRECTOR	44.00			х				18,173.	0.	0
BABCOTIVE DIRECTOR	1 44.00			Δ.				10,173.	0.	
Total to Dort VIII Section A line 1	•		•	•	•	•	•	18,173.		
Total to Part VII, Section A, line 1c								10,1/3.		

Pa	LLAII	ii Statement of Rever	iue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			I I					
호팀								
ΨŖ		Fundraising events						
<u>ख</u>		Related organizations						
ns,		Government grants (contribut	· · -					
흥기	f	All other contributions, gifts, gran	ts, and					
ള		similar amounts not included above	ve 1f	188,335.				
洁임	g	Noncash contributions included in lines	1a-1f: \$					
유민	h	Total. Add lines 1a-1f			188,335.			
				Business Code				
o	2 a	DIGITAL SUMMIT		611430	76,212.	76,212.		
<u>Ş</u>	z a b	DDOODAN MITTERTON	FEES	611600	22,500.	22,500.		
Program Service Revenue	-	MEMBED DIEC		611430	16,590.	16,590.		
	С							
Re S	d	ALUMNI EVENTS		611430	3,020.	3,020.		
<u>8</u> _	е							
۵	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		>	118,322.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		•	1,010.			1,010.
	4	Income from investment of tax			-			-
	5	Royalties		- 1				
	J	noyanes						
	•	Oue as went	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	_	Gain or (loss)						
		Net gain or (loss)						
ne	8 a	Gross income from fundraising	•					
e l		including \$						
Ş.		contributions reported on line	-					
e		Part IV, line 18	a					
Other Revenue	b	Less: direct expenses	b					
٠ ا	С	Net income or (loss) from fund	draising events	<u></u>				
		Gross income from gaming ac						
		Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances		I I				
	b	Less: cost of goods sold	b					
]	С	Net income or (loss) from sale	s of inventory					
Ī		Miscellaneous Revenu		Business Code				
1	11 a	REIMBURSED EXPE		611600	17,534.	17,534.		
	b							
	c							
		All other revenue						
					17,534.			
		Total. Add lines 11a-11d		······ [325, 201.	135,856.	0.	1.010.
	12	TOTAL LEVELUE, DEC HISHDIGHOUS				1 TUU, UUU 1	U a	1 T'OTO*

Part IX | Statement of Functional Expenses

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

comp	Objecte columns (B), (C), and (D).	no to any guartier in thi	o Dort IV		<u> </u>
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	40 450	10 000	2 625	2 625
	trustees, and key employees	18,173.	10,903.	3,635.	3,635
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	105 556	FF 466	05 155	05 155
7	Other salaries and wages	125,776.	75,466.	25,155.	25,155
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	10 410	10 446	2 400	2 400
9	Other employee benefits	17,410.	10,446.	3,482.	3,482
10	Payroll taxes	12,473.	7,483.	2,495.	2,495
11	Fees for services (non-employees):				
а	Management				
b	Legal	5 565		F 765	
С	Accounting	5,765.		5,765.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	4 0 4 0	1 007	2 012	140
13	Office expenses	4,048.	1,087.	2,812.	149
14	Information technology				
15	Royalties	2 026	572.	2 602	571
16	Occupancy	3,836.	374.	2,693.	3/1
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1,672.		1,672.	
22	Depreciation, depletion, and amortization	4,273.	2,563.	855.	855
23	Other expenses. Itemize expenses not covered	4,413.	4,303.	000.	033
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM COSTS	36,354.	36,354.		
b	DIGITAL SUMMIT EXPENSES	24,094.	21,100.		2,994
c	WEBSITE	9,494.	1,898.		7,596
d	TRANSPORTATION	9,458.	8,808.	325.	325
e	All other expenses	12,313.	263.	3,646.	8,404
25	Total functional expenses. Add lines 1 through 24e	285,139.	176,943.	52,535.	55,661
26	Joint costs. Complete this line only if the organization	,	,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.01-23-12				Form 990 (2011

Part X | Balance Sheet (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 235,198. 264,801. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 31,500. 20,990. 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 600. 9 9 10a Land, buildings, and equipment: cost or other 14.172. basis. Complete Part VI of Schedule D ______ 10a 2,576. 11,596. 3,059. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 127,659. Investments - other securities. See Part IV, line 11 128,132. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 427,609. 386,906. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,233. 1,874. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 1,233. 1,874. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 425,735. 385,673. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 425,735. Total net assets or fund balances 385,673. 33 33 386,906. 427,609.

Form **990** (2011)

34

Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			01.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	28	285,139					
3	Revenue less expenses. Subtract line 2 from line 1								
4									
5									
6									
Pa	rt XII Financial Statements and Reporting	•							
	Check if Schedule O contains a response to any question in this Part XII				X				
	· · ·			Yes	No				
1	1 Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
b	b Were the organization's financial statements audited by an independent accountant?								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch								
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a							
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit							
	Act and OMB Circular A-133?		За		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b						
			Form	990 (2011)				

....

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LEADERSHIP MUSIC

Employer identification number

62-1404863

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 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). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X 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 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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. **b** Type II c Type III - Functionally integrated Type III - Other 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 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization in col. organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 aovernina document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2011

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	 					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to	 					
	the organization without charge	 					
4	Total. Add lines 1 through 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)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	 					
	and income from similar sources	 					
9	Net income from unrelated business						,
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	 					
	assets (Explain in Part IV.)	 					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					>
	ction C. Computation of Publ						
	Public support percentage for 2011 (I					14	<u>%</u>
	Public support percentage from 2010						<u>%</u>
16a	33 1/3% support test - 2011. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	<u>s</u>

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	elow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(-) 0007	(h) 0000	(-) 0000	(-1) 0010	(-) 0011	(f) Total
		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	337,275.	290,110.	238,682.	362,427.	260,885.	1489379.
_	include any "unusual grants.")	331,213.	290,110.	230,002.	302,427.	200,005.	14033/3.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the	005 040	100 004	444 000	05 200	110 200	E42 002
	organization's tax-exempt purpose	205,340.	193,034.	111,987.	85,300.	118,322.	713,983.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	542,615.	483,144.	350,669.	447,727.	379,207.	2203362.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	73,650.	32,875.	5,500.	2,300.	5,100.	119,425.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	Add lines 7a and 7b	73,650.	32,875.	5,500.	2,300.	5,100.	119,425.
	Public support (Subtract line 7c from line 6.)						2083937.
	ction B. Total Support						
-	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	(a) 2007 542,615.	(b) 2008 483,144.	(c) 2009 350, 669.	(d) 2010 447,727.	(e) 2011 379, 207.	(f) Total 2203362.
	Gross income from interest,	-			-	-	
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	20,673.	9,397.	5,765.	2,258.	1,010.	39,103.
h	Unrelated business taxable income	,	,	,	,	,	, , , , , , , , , , , , , , , , , , , ,
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	20,673.	9,397.	5,765.	2,258.	1,010.	39,103.
	Net income from unrelated business		7,007.0			_, _,	
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part IV.)	563,288.	492 541	356,434.	449,985.	380,217.	2242465.
	Total support (Add lines 9, 10c, 11, and 12.)					-	
14	First five years. If the Form 990 is for	· ·		*	•	. , . ,	
Sec	check this box and stop hereetion C. Computation of Publ						·····
	Public support percentage for 2011 (l			column (f))		15	92.93 %
	Public support percentage from 2010					16	89.92 %
	etion D. Computation of Investigation					110	70
	Investment income percentage for 20			ne 13 column (fl)		17	1.74 %
	Investment income percentage from 2					18	2.53 %
	33 1/3% support tests - 2011. If the						
138							
J.	more than 33 1/3%, check this box a						
i.	33 1/3% support tests - 2010. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 190, check th	iis box and see ins	structions	P

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

LEADERSHIP MUSIC

Employer identification number 62-1404863

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	i.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
Pai			
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			-
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcing conservation easements of	luring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
Da	conservation easements.	Net Historical Transcers	Athen Cimiles Accets
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
та	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	· ·	ince of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe		t and balance about water of act blacks in a
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, educated to the second control of the second co	cation, or research in furtherance of pu	iblic 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		
2	If the organization received or held works of art, historical treas		ai gain, provide
_	the following amounts required to be reported under SFAS 116	-	• •
a	Revenues included in Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		• • <u> </u>

		collections of A	rt Historia	al Treasure	s or Oth		o ⊿ − ± 4 ar Δese			ige ∠
3	, , , , , , , , , , , , , , , , , , , ,									
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
_	(check all that apply): Public exhibition d Loan or exchange programs									
a					ograms					
b	Scholarly research	е	e L Othe							
с 4	Preservation for future generations	lloctions and ovalai	n how thou fu	uthor the organi	zation'a av	omnt nurn	ooo in Dor	+ VI\/		
5	Provide a description of the organization's conclusion buring the year, did the organization solicit of						JSE III Fai	L AIV.		
3	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arran									140
	reported an amount on Form 990, Par		cto ii tiio oige	inzation answer	ca res t	0 1 01111 000	,, , ait iv,	iii iC 3, 0i		
1a	Is the organization an agent, trustee, custodi		diary for conti	ibutions or othe	r assets no	ot included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV									
-	ree, explain the arrangement in a arrangement		me ming talone					Amount		
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo						L	Yes		No
	If "Yes," explain the arrangement in Part XIV.									
Pai	t V Endowment Funds. Complete in	f the organization ar	swered "Yes	" to Form 990, P	art IV, line	10.				
		(a) Current year	(b) Prior y	ear (c) Two	years back	(d) Three y	ears back	(e) Four	years	oack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•		lumn (a)) held as	:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
0-	The percentages in lines 2a, 2b, and 2c should be the second of the second second of the second seco		-4' 4b4	le el el ese el eselvecto		Alexander San				
за	Are there endowment funds not in the posse	ssion of the organiz	ation that are	neid and admin	istered for	tne organiz	zation	Г	V	Na.
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
h	If "Yes" to 3a(ii), are the related organizations	c listed as required o						3a(ii)		
4	Describe in Part XIV the intended uses of the							30 _		
	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o) Cost or other	(c) /	Accumulate	-d	(d) Book	c value	
	bescription of property	basis (investr		basis (other)	1 ' '	epreciation		(a) Bool	· value	•
1a	Land	<u> </u>	' 	. ,		·				
	Buildings									
	Leasehold improvements									
	Equipment			14,172	2.	11,5	96.		2,5	76.
	Other			· · · · · ·		•				
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 10(c).)					2,5	76.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. See	Form 990, Part X, line 12.	•	
(a) Description of security or category (including name of security)	(b) Book value		of valuation: year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) CDS MATURING IN MORE THAN	100 100		
(B) ONE YEAR	128,132.	END-OF-YEAR MA	RKET VALUE
(C)			
(D)			
(E)			
(F) (G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	128,132.		
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13	3.	
(a) Description of investment type	(b) Book value	(c) Method	of valuation: year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15.		
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line	15\		
Part X Other Liabilities. See Form 990, Part X, I			
(1) 5		b) Book value	
(a) Description of liability (1) Federal income taxes	<u> </u>	2,230,74,40	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Fix 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIX 48 (ASC 740).	25.)	ents that reports the organization's liability	for uncertain tax positions under
2. FIN 48 (ASC 740).	5. gamzadon 5 intanolai stateme	ss and reports the organization s hability	.s. assi ami an positions under

2. FIN 4 132053 01-23-12

Pa	rt XI	Reconciliation of Change in Net Assets from Form 990	to Audited	d Financ	ial Sta	tements	
1	Totalı	evenue (Form 990, Part VIII, column (A), line 12)			1		325,201.
2		expenses (Form 990, Part IX, column (A), line 25)			2		285,139.
3		s or (deficit) for the year. Subtract line 2 from line 1			3		40,062.
4		nrealized gains (losses) on investments			4		
5		ed services and use of facilities			5		
6		ment expenses			6		
7		period adjustments			7		
8		(Describe in Part XIV.)			8		
9	Total a	adjustments (net). Add lines 4 through 8			9		
10		s or (deficit) for the year per audited financial statements. Combine lines 3			10		40,062.
Pa		Reconciliation of Revenue per Audited Financial Stater			ue per	Return	
1	Totalı	evenue, gains, and other support per audited financial statements				1	397,751.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net ur	nrealized gains on investments	2a				
b		ed services and use of facilities		72	2,550	•	
С		eries of prior year grants					
d		(Describe in Part XIV.)					
е		nes 2a through 2d				2e	72,550.
3		act line 2e from line 1					325,201.
4		nts included on Form 990, Part VIII, line 12, but not on line 1 :				•	
а		ment expenses not included on Form 990, Part VIII, line 7b	4a				
b		(Describe in Part XIV.)					
		nes 4a and 4b				4c	0.
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					325,201.
		Reconciliation of Expenses per Audited Financial State					
1		expenses and losses per audited financial statements					357,689.
2		nts included on line 1 but not on Form 990, Part IX, line 25:				•	
а		ed services and use of facilities	2a	72	2,550		
b		rear adjustments					
С		losses					
d		(Describe in Part XIV.)					
е		nes 2a through 2d				2e	72,550.
3		act line 2e from line 1					285,139.
4		nts included on Form 990, Part IX, line 25, but not on line 1 :				•	
а		ment expenses not included on Form 990, Part VIII, line 7b	4a				
		(Describe in Part XIV.)					
		nes 4a and 4b				4c	0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					285,139.
_		Supplemental Information					•
	•	is part to provide the descriptions required for Part II, lines 3, 5, and 9; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co	,	,	,		

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization **Employer identification number** LEADERSHIP MUSIC 62-1404863 FORM 990, PART VI, SECTION A, LINE 3: HR AND PAYROLL FUNCTIONS ARE DELEGATED TO CENTURY II HR OUTSOURCING IN NASHVILLE, FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS SENT AS AN ELECTRONIC DOCUMENT TO ALL MEMBERS OF THE FINANCE COMMITTEE, WHO ARE INVITED TO ASK QUESTIONS AND MAKE COMMENTS PRIOR TO THE FORM BEING RECOMMENDED TO THE REST OF THE BOARD OF DIRECTORS FOR APPROVAL. APPROVAL OF THE FORM 990 IS INDICATED BY BOARD MEMBERS VIA ELECTRONIC MAIL. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THERE HAVE BEEN NO CHANGES TO THE AUDIT OVERSIGHT PROCEDURES; THE TREASURER AND FINANCE COMMITTEE CONTINUE TO SELECT THE AUDITORS AND OVERSEE THE PERFORMANCE OF THE AUDIT AS IN PRIOR YEARS.

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization

for an	Exempt	Organization	

For calendar year 2011, or fiscal year beginning $\underline{JUL} \ 1$, 2011, and ending $\underline{JUN} \ 30$,20 $\underline{12}$

► Do not send to the IRS. Keep for your records.

See instructions.

2011

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

Form **8879-EO**

Employer identification number

LEADERSHIP MUSIC	62-1404863	
Name and title of officer	•	
JEFF GREGG		
PRESIDENT		
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the application line 1a , 2a , 3a , 4a , or 5a , below, and the amount on that line for the return being filed with whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then entered than 1 line in Part I.	this form was blank, then leave line 1b, 2b, 3b, 4b, o	or 5b,
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column	n (A), line 12) 1b 325	201
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
	D-PF, Part VI, line 5) 4b	
5a Form 8868 check here ▶	, line 8c) 5b	
Part II Declaration and Signature Authorization of Officer		
further declare that the amount in Part I above is the amount shown on the copy of the organ intermediate service provider, transmitter, or electronic return originator (ERO) to send the or (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financi debit) entry to the financial institution account indicated in the tax preparation software for preturn, and the financial institution to debit the entry to this account. To revoke a payment, I 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also a processing of the electronic payment of taxes to receive confidential information necessary to payment. I have selected a personal identification number (PIN) as my signature for the organ organization's consent to electronic funds withdrawal. Officer's PIN: check one box only	ganization's return to the IRS and to receive from the for any delay in processing the return or refund, and al Agent to initiate an electronic funds withdrawal (dirayment of the organization's federal taxes owed on the must contact the U.S. Treasury Financial Agent at authorize the financial institutions involved in the to answer inquiries and resolve issues related to the	(c) rect
X authorize FBMM TAX, PLLC	to enter my PIN 37203	
ERO firm name	Enter five numb do not enter all	
as my signature on the organization's tax year 2011 electronically filed return. If I h is being filed with a state agency(ies) regulating charities as part of the IRS Fed/Statenter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organiz indicated within this return that a copy of the return is being filed with a state agen program, I will enter my PIN on the return's disclosure consent screen. Officer's signature ***** THTS TS NOT A FTLEABLE COPY *	cy(ies) regulating charities as part of the IRS Fed/Sta	
Officer's signature ► ***** THIS IS NOT A FILEABLE COPY *	Date Date	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	50000504500	
number (EFIN) followed by your five-digit self-selected PIN.	62823524680 do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronic confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , N e-file Providers for Business Returns.		
ERO's signature	Date >	
FRO Must Retain This Form - See In	estructions	

Form **8879-EO** (2011)

Do Not Submit This Form To the IRS Unless Requested To Do So