## EXTENSION GRANTED TO FEBRUARY 15, 2008

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the 20	006 calendar year, or tax year beginning JUL 1, 2006	and e	nding JUN 30,	2007	•
В	Check if	Please C Name of organization			Employer ic	lentification number
	applicable:	use IRS				
X	Address change	label or LEADERSHIP MUSIC			62-14	104863
	Name change	type. Number and street (or P.O. box if mail is not delivered to street addi	ress)	Room/suite E	Telephone	number
	Initial return	Specific 34 MUSIC SQUARE EAST	,			770-7090
	Final	Instructions. City or town, state or country, and ZIP + 4			Accounting meth	
	Amende				Other (specify)	•
	Applicat pending	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable</li> </ul>	e trusts	Hand lare not applic		tion 527 organizations.
	, ,	must attach a completed Schedule A (Form 990 or 990-EZ).		H(a) Is this a group ret		
G	Website:	►WWW.LEADERSHIPMUSIC.ORG		H(b) If "Yes," enter num	nber of affiliat	es▶ N/A
J	Organizat	<b>tion type</b> (check only one) $\blacktriangleright$ $X$ 501(c) (3) $\blacktriangleleft$ (insert no.) 4947(a)(1) $0$ 1	r 527			I/A Yes No
K	Check her	re $\blacktriangleright$ if the organization is not a 509(a)(3) supporting organization <b>and</b> its	gross	(If "No," attach a li	St.) return filed hv	/ an or-
ı	eceipts a	re normally <b>not</b> more than \$25,000. A return is not required, but if the organization	on	H(d) Is this a separate ganization covered	d by a group	ruling? Yes X No
(	chooses t	o file a return, be sure to file a complete return.		I Group Exemption		N/A
				M Check ▶ if	the organizat	ion is <b>not</b> required to attach
L	Gross rec	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 $\blacktriangleright$ 545,	295.	Sch. B (Form 990		
Pá	art I	Revenue, Expenses, and Changes in Net Assets or Fu	ınd Bala	ances		
	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	177,71	6.	
	С	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	е	Total (add lines 1a through 1d) (cash \$ 172,716. noncast		5,000.)	1e	177,716.
	2	Program service revenue including government fees and contracts (from Part V	'II, line 93)		2	21,750.
	3	Membership dues and assessments	3	20,500.		
	4	Interest on savings and temporary cash investments	4	23,059.		
	5	Dividends and interest from securities				
	6 a	Gross rents				
	b	Less: rental expenses				
Φ	С	Net rental income or (loss). Subtract line 6b from line 6a	6c			
'nué	7	Other investment income (describe >			) 7	
Revenue	8 a	Gross amount from sales of assets other (A) Securities		( <b>B</b> ) Other		
ш.		than inventory	8a			
	1	Less: cost or other basis and sales expenses	8b			
		Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and $(\bar{B})$			8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, c		<b>&gt;</b>		
		Gross revenue (not including \$ of contributions reported on line 1b)		302,27	0.	
	b	Less: direct expenses other than fundraising expenses	9b	<u> </u>		200 070
		Net income or (loss) from special events. Subtract line 9b from line 9a		STATEMENT 1	9c	302,270.
	1	Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold		<u> </u>		
		Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10				
	11	Other revenue (from Part VII, line 103)			11	E4E 20E
_	12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				545,295.
S	13	Program services (from line 44, column (B))				216,336.
Expenses	14	Management and general (from line 44, column (C))				54,659.
xpe	15	Fundraising (from line 44, column (D))				201,599.
Ш	16	Payments to affiliates (attach schedule)				472,594.
	17	Total expenses. Add lines 16 and 44, column (A)			40	72,701.
Ţ,	19	Excess or (deficit) for the year. Subtract line 17 from line 12				450,432.
Net ssets	20	Other changes in net assets or fund balances (attach explanation)			19	450,432.
Ŕ	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			20	523,133.
	- 1	work association balances at end of year. Combine lines 10, 13, and 20			41	J4J, 1JJ.

62-1404863 All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Part II Statement of

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	r) organ	(A) Total	(B) Program services	(C) Management and general	( <b>D</b> ) Fundraising
22a Grants paid from donor advised funds			30111000	una gonorai	
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •	,				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule	-				
(cash \$ 0 • noncash \$ 0	1 1				
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	83,104.	49,862.	16,621.	16,621.
<b>b</b> Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	53,629.	32,177.	10,726.	10,726.
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines		6 186	2 706	1 025	1 025
25a - 27	28	6,176. 8,353.	3,706.	1,235.	1,235. 1,671.
29 Payroll taxes	29	8,353.	5,011.	1,671.	1,6/1.
30 Professional fundraising fees	30	F 000		F 000	
31 Accounting fees	31	5,000.		5,000.	
32 Legal fees	32	4,299.	1 075	2 140	1 075
33 Supplies	33	2,484.	1,075.	2,149. 2,484.	1,075.
34 Telephone	34 35	3,441.	2,581.	2,404.	860.
35 Postage and shipping	36	J, 441.	2,301.		
<ul><li>36 Occupancy</li><li>37 Equipment rental and maintenance</li></ul>	37	357.		357.	
38 Printing and publications	38	5,714.	4,285.	337.	1,429.
^^ -	39	1,048.	262.	262.	524.
40 Conferences, conventions, and meetings	40	1,0101	2021	2021	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	1,324.		1,324.	
43 Other expenses not covered above (itemize):	<del>     </del>				
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 2	43g	297,665.	117,377.	12,830.	167,458.
<b>44</b> Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),			_		_
carry these totals to lines 13-15)	44	472,594.	216,336.	54,659.	201,599.
Joint Costs. Check ▶ ☐ if you are following				_	_
Are any joint costs from a combined educational campai					Yes X No
If "Yes," enter (i) the aggregate amount of these joint co			i) the amount allocated to		N/A ;
(iii) the amount allocated to Management and general \$ 623011_		N/A ; and (i	v) the amount allocated to	Fundraising \$	N/A
2722.1_					Form <b>990</b> (2006)

### Part III | Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's prir	mary exempt purpos	se? ► SEE	E STATEMENT	1 3			Program Service Expenses
clie	I organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) 4 ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  a ORGANIZATION FACILITATES COMMUNICATION BY PROVIDING AN							
а	ORGANIZATION ENVIRONMENT F PARTICIPANTS MUSIC INDUSTR	OR EXCHANG	GE OF IN	FORMATION, ENSE OF RES	EDUCATING SPONSIBILITY			
b	(Grants and allocations	\$	)	If this amount include	les foreign grants, che	ck here		216,336.
c	(Grants and allocations	\$	)	If this amount includ	les foreign grants, che	ck here		
d	(Grants and allocations	\$	)	If this amount include	les foreign grants, che	ck here		
_	(Grants and allocations Other program services (a	\$	)	if this amount include	les foreign grants, che	ck here	Ш	
e	(Grants and allocations	\$	)	If this amount include	les foreign grants, che	ck here		
f	Total of Program Service	e Expenses (should				·	<u> </u>	216,336.

Form **990** (2006)

Pa	rt IV	Balance Sheets (See the instructions.)	)				
Note		erre required, attached schedules and amount auld be for end-of-year amounts only.	's within th	ne description column	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	_۔ ا						
	45	Cash - non-interest-bearing			242,195.	45 46	310,192.
	46	Savings and temporary cash investments			242,193.	40	310,192.
	47 a	Accounts receivable	47a	31,068.			
		Less: allowance for doubtful accounts			35,850.	47c	31,068.
	-						,
	48 a	Pledges receivable	48a				
		Less: allowance for doubtful accounts				48c	
	49	Grants receivable				49	
	50 a	Receivables from current and former officer	rs, directo	rs, trustees, and			
		key employees				50a	
	b	Receivables from other disqualified persons	-				
ets		4958(f)(1)) and persons described in section				50b	
Assets		Other notes and loans receivable					
•	ı	Less: allowance for doubtful accounts				51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
		Investments - publicly-traded securities				54a 54b	
		Investments - other securities		COSI LI FIVIV		54D	
	""	equipment: basis	<sub>55a</sub>	6,953.			
		equipment. basis		0,3331			
	Ь	Less: accumulated depreciation	55b	4,731.	1,683.	55c	2,222.
	56	Investments - other		STATEMENT 4	200,000.	56	211,170.
	57 a	Land, buildings, and equipment: basis			•		•
	ı	Less: accumulated depreciation				57c	
	58	Other assets, including program-related investme					
		(describe >		)		58	
	59	Total assets (must equal line 74). Add lines		479,728.	59	554,652.	
	60	Accounts payable and accrued expenses .		T-	10,796.		20,019.
	61	Grants payable			10 500	61	11 500
Ø	62	Deferred revenue			18,500.	62	11,500.
litie	63	Loans from officers, directors, trustees, and				63	
Liabi		a Tax-exempt bond liabilities				64a	
⊐	65	b Mortgages and other notes payable  Other liabilities (describe ▶		ν.Γ		64b 65	
	03	Other habilities (describe		/		00	
	66	Total liabilities. Add lines 60 through 65			29,296.	66	31,519.
		anizations that follow SFAS 117, check her	re 🕨 X	and complete lines			
		67 through 69 and lines 73 and 74.	,	'			
ces	67	Unrestricted			450,432.	67	523,133.
<u>a</u>	68	Temporarily restricted				68	
Ba	69	Permanently restricted				69	
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, che	eck here	▶			
F T		complete lines 70 through 74.					
ts c	70	Capital stock, trust principal, or current fund		70			
sse	71	Paid-in or capital surplus, or land, building,		<del> -</del>		71	
χĄ	72	Retained earnings, endowment, accumulate		<del> -</del>		72	
ž	73	Total net assets or fund balances. Add lines 67	_	-	<b>4EU 43</b> 2	70	<b>5</b> 00 100
	74	(Column (A) must equal line 19 and column (B) r Total liabilities and net assets/fund balan	450,432. 479.728.	73 74	523,133. 554.652.		
		i o lai napinileo ana nel abbelb/ iana balan					

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Part IV-A	Reconciliation o	f Revenue per	Audited Financia	l Statements With	Revenue per Return (See the
	instructions )				

	instructions.)		-		
a	Total revenue, gains, and other support per audited financial statements			а	584,295.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2	39,000.		
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines <b>b1</b> through <b>b4</b>			b	39,000.
C	Subtract line <b>b</b> from line <b>a</b>			С	545,295.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b Other (specify):	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
е	Total revenue (Part I, line 12). Add lines c and d			е	545,295.
Pa	rt IV-B   Reconciliation of Expenses per Audited Financial Statements	With	Expenses per l	Ret	
a	Total expenses and losses per audited financial statements			а	511,594.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1	39,000.		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines <b>b1</b> through <b>b4</b>			b	39,000.
C	Subtract line <b>b</b> from line <b>a</b>			С	472,594.
	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
	Other (specify):	d2			
	Add lines d1 and d2			d	0.
	Total expenses (Part I, line 17). Add lines c and d		<b>&gt;</b>	е	472,594.
Pa	rt V-A Current Officers, Directors, Trustees, and Key Employees (List e	•		ficer	, director, trustee,
	or key embloyee at any time dufind the year eyen it mey were not compensated 1/8	ee me	IIISHACHOUS I		

(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 & deferred compensation plans	<b>(E)</b> Expense account and other allowances
SEE STATEMENT 5		90,000.	3,104.	0.
		,	·	

	1 MA Course of Officers Directors Trustees and Ke	y Francisco ( )	Λ.	02-1404			age <b>o</b>
	t V-A Current Officers, Directors, Trustees, and Ke	· · · ·				Yes	NO
75 a	Enter the total number of officers, directors, and trustees permitted t meetings	-	siness at board ▶	49			
b	Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional and	d other independent contr	actors listed in Sc	hedule A,			
	Part II-A or II-B, related to each other through family or business relat the individuals and explains the relationship(s)	•	a statement that in		75b	Х	
С	Do any officers, directors, trustees, or key employees listed in Form 9						
	listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the						
	organization? See the instructions for the definition of "related organ If "Yes," attach a statement that includes the information described in		EE STATEM	ENT 7	75c	Х	
d	Does the organization have a written conflict of interest policy?				75d		X
Pai	t V-B Former Officers, Directors, Trustees, and Ke	y Employees That R	eceived Com	pensation o	r Ot	her	
	Benefits (If any former officer, director, trustee, or key em	nployee received compens	ation or other ben	efits (describe	d belo	w) dur	
	the year, list that person below and enter the amount of cor	mpensation or other benef				struction	ons.)
	(A) Name and address <b>NONE</b>	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plan	àc	<b>E)</b> Expeccount er allow	and
					igspace		
					+		
					+		
					+		
					†		
Par	t VI Other Information (See the instructions.)				<del>-                                    </del>	Yes	No
76	Did the organization make a change in its activities or methods of co	nducting activities? If "Yes	s." attach a detaile	ed			110
	statement of each change	-			76		Х
77	Were any changes made in the organizing or governing documents by				77		X
	If "Yes," attach a conformed copy of the changes.						
78 a	Did the organization have unrelated business gross income of \$1,000	O or more during the year o	covered by this ret		78a		X
				N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contra			1	79		X
ви а	Is the organization related (other than by association with a statewish membership, governing bodies, trustees, officers, etc., to any other experiences of the state of the s				80a		Х
b	If "Yes," enter the name of the organization ► N/A	shampt of Horioxompt orga			JUE		
	<u>-</u>	and check whether it is	exempt or	nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions	s.)	81a	0.			
b	Did the organization file Form 1120-POL for this year?				81b		X
					Form	990 (	2006)

Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a	Х	
t	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b 39,000.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
t	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
t	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members? N/A	85a		
t	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
C	Section 162(e) lobbying and political expenditures 85d N/A			
6	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
ç	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
ŀ	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12 86a N/A	4		
	Gross receipts, included on line 12, for public use of club facilities 86b N/A	-		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	-		
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)  87b N/A	-		
88 8	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	88a		Х
	If "Yes," complete Part IX  At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	004	$\vdash$	
	section 512(b)(13)? If "Yes," complete Part XI	88b		Х
80 9	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	000		
00 0	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
ŀ	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		Х
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	302		
	sections 4912, 4955, and 4958 <b>0</b> •			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		Х
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Х
ç	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		Х
90 a	List the states with which a copy of this return is filed ▶TN			
	Number of employees employed in the pay period that includes March 12, 2006 90b			2
91 a	The books are in care of ▶ FLOOD, BUMSTEAD, MCCREADY, & MCCART Telephone no. ▶ 615-32			i I
	Located at ► 1700 HAYES STREET, NASHVILLE, TN ZIP+4 ► 3	720		
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		Х
	If "Yes," enter the name of the foreign country ▶ N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			

Part VI Other Information (continued)						Yes No
c At any time during the calendar year, did the organ	nization mair	ntain an office o	utside of	the Ur	nited States?	91c X
If "Yes," enter the name of the foreign country		N/A				
92 Section 4947(a)(1) nonexempt charitable trusts filing	g Form 990	in lieu of Form	<b>1041-</b> Ch	neck h	ere	<b></b>
and enter the amount of tax-exempt interest receive	ed or accru	ed during the ta	ax year		<b>&gt;</b> 92	N/A
Part VII Analysis of Income-Producing A						
Note: Enter gross amounts unless otherwise		ted business inco	me		led by section 512, 513, or 514	(E)
indicated.	( <b>A</b> ) Business	( <b>B</b> ) Amoun		(C) Exclu-	(D)	Related or exempt
93 Program service revenue:	code	Amoun	L	sion code	Amount	function income
a PROGRAM TUITION FEES						21,750.
b						
c						
d						
e						
f Medicare/Medicaid payments						
${f g}$ Fees and contracts from government agencies						
94 Membership dues and assessments						20,500.
95 Interest on savings and temporary cash investments				14	23,059.	
96 Dividends and interest from securities						
97 Net rental income or (loss) from real estate:						
a debt-financed property						
b not debt-financed property						
98 Net rental income or (loss) from personal property						
99 Other investment income						
100 Gain or (loss) from sales of assets						
other than inventory						
101 Net income or (loss) from special events				01	83,630.	218,640.
102 Gross profit or (loss) from sales of inventory						
103 Other revenue:						
a						
b						
c						
d						
e					106 600	060 000
104 Subtotal (add columns (B), (D), and (E))			0.		106,689.	260,890.
105 Total (add line 104, columns (B), (D), and (E))					▶,	367,579.
Note: Line 105 plus line 1e, Part I, should equal the amou			<b>-</b>	1 D		
Part VIII Relationship of Activities to the					· · · · · · · · · · · · · · · · · · ·	<u> </u>
Line No. Explain how each activity for which income is repo exempt purposes (other than by providing funds for			ontributed	Import	antly to the accomplishment (	of the organization's
, , , , , , , , , , , , , , , , , , , ,			TNI III	י ידדדו	TEXPEDCITE MI	CTC DDOCDAM
94 DUES ARE COLLECTED FROM 101 DIGITAL SUMMIT AND DALE						
DIALOGUE AMONG INDUSTRY			NEK S	EKV.	E IO EDUCATE	AND FOSIER
Part IX Information Regarding Taxable			ronarde	ad Fr	ntities (Soo the instruction	no l
(A) (B)		(C)	egarae		(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity  Percentage of ownership interest		Nature of activi	ties		Total income	End-of-year assets
	%					
·	%					
	%					
	% Associa	علانين المما	KO C = -1	Dara	ofit Contracts 60	
Part X Information Regarding Transfers					· · · · · · · · · · · · · · · · · · ·	<del></del>
(a) Did the organization, during the year, receive any funds, o	-					Yes X No
(b) Did the organization, during the year, pay premiums, dire	-		benefit co	intract?		Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (se	e instructior	18).				F 000
						Form <b>990</b> (2006)

8

	n 990 (2006) LEADERSHIP MUSIC		62-140		Page 9
Pa	rt:XI Information Regarding Transfers To and From C		Complete only if the organization	ation is a	
	controlling organization as defined in section 512(b)(13).	N/A		<del></del>	
				Yes	No.
106	Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity	as defined in section 51	2(b)(13) of the Code? If "Yes,"	'	
	complete the schedule below for each controlled entity.  (A)	(B)	(C)		
ĺ	(A) Name, address, of each	(B) Employer Identification	Description of	(D) Amount	of
	controlled entity	Identification Number	transfer	transfe	
-		Namber			
a		) i			
$\neg$					
ь					
С					
	Totals	an arvegeranvi ( ) um e a i ji sasejiyaj a	<u> </u>	Yes	No No
107	Did the reporting organization receive any transfers from a controlled e	ntity as defined in sectio	on 512(b)(13) of the Code? If "		<del>) 100</del>
	complete the schedule below for each controlled entity.	Titley do dominod in ocotic	511 0 12(b)(10) of the code. If	100,	
	(A)	(B)	(C)	(D)	
	Name, address, of each	Employer Identification	Description of	Amount	
$\perp$	controlled entity	Number	transfer	transfe	er
a		1			
$\dashv$	<del></del>	<del>                                     </del>			
ь					
$\dashv$		<u> </u>		<del></del>	
ျ					
	Totals				<del>-,</del>
				Yes	s No
108	Did the organization have a binding written contract in effect on August	17, 2006, covering the	interest, rents, royalties, and		
	annuities described in question 107 above?  Under penalties of perjury, I declare that I have examined this return, including accompan	ving schedules and statements	and to the best of my knowledge and b	elief it is true c	orrect
	and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer has any knowledge		/	/
Plea	ise Distriction		み/16	5/n8	
Sign	Signature of officer		Date	<u> </u>	
Here	Kira Florita Executive I	Sico ctoc			
	Type or print name and title				
Paid	Preparer's		neck if Preparer's SSN	or PTIN (See Ge	n, Inst. X)
	signature	er	nployed 🕨 🔛		
Use	Note Print's fame (of FLOOD BUMSTEAD MCCREADY A	AND MCCARTHY	INC EIN >		
	self-employed), P. O. BOX 331549		5. 5.15	200 00	^ ^
	ZIP+4 NASHVILLE, TN 37203		Phone no. ► 615-		
				Form <b>990</b>	7 (2006)

### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2006

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	LEADERSHIP MUSIC			62 14048	363
Part I	Compensation of the Five Highest Paid Emp (See page 2 of the instructions. List each one. If there are none, et	nter "None.")	Officers, Dire		
	a) Name and address of each employee paid more than \$50,000	(b) litle and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE					
<b>#</b> =0.000	other employees paid	0			
Part II-A	Compensation of the Five Highest Paid Inde (See page 2 of the instructions. List each one (whether individuals	-		ional Servic	es
	(a) Name and address of each independent contractor paid more th	an \$50,000	<b>(b)</b> Type of s	service	(c) Compensation
NONE					
	others receiving over essional services	0			
Part II-B	Compensation of the Five Highest Paid Inde (List each contractor who performed services other than profession firms. If there are none, enter "None." See page 2 of the instruction	onal services, whether individu		ervices	
	(a) Name and address of each independent contractor paid more th	an \$50,000	<b>(b)</b> Type of s	service	(c) Compensation
NONE					
	other contractors receiving over	0			
\$50,000 for prof Part II-B  NONE  Total number of	Compensation of the Five Highest Paid Inde (List each contractor who performed services other than profession firms. If there are none, enter "None." See page 2 of the instruction  (a) Name and address of each independent contractor paid more the services of the instruction of the contractor paid more the services of the instruction of the contractor paid more than the services of the instruction of the contractor paid more than the services of the instruction of the contractor paid more than the services of the instruction of the contractor paid more than the services of the instruction of the services of the instruction of the contractor paid more than the services of the instruction of the services of	ependent Contracto onal services, whether individu is.) an \$50,000	uals or		(c) Compensation

F	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities 🕨 \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		Х
	<b>b</b> Lending of money or other extension of credit?	2b		Х
	c Furnishing of goods, services, or facilities?	2c		Х
	<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
	e Transfer of any part of its income or assets?	2e		Х
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		X
	<b>b</b> Dd the organization have a section 403(b) annuity plan for its employees?	3b		Х
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		Х
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		Х
	b Did the organization make any taxable distributions under section 4966? N/A	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year		N/	A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	A
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2006

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 th	rough 7 of the instructio	ns.)				
certif	y that th	ne organization is not a private foundation because it is: (I	Please check only <b>ONE</b> a	pplicable box.)					
5		A church, convention of churches, or association of ch	urches. Section 170(b)(1	)(A)(i).					
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)							
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).							
8		A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).							
9		A medical research organization operated in conjunction	n with a hospital. Section	170(b)(1)(A)(iii). Enter t	he hospital's	name, city,			
		and state							
10		An organization operated for the benefit of a college or	university owned or oper	ated by a governmental u	ınit. Section	170(b)(1)(A)(	(iv).		
		(Also complete the Support Schedule in Part IV-A.)							
11a		An organization that normally receives a substantial pa	art of its support from a g	overnmental unit or from	the general p	oublic.			
		Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)						
11b		A community trust. Section 170(b)(1)(A)(vi). (Also cor	nplete the Support Sche	dule in Part IV-A.)					
12	X	An organization that normally receives: (1) more than							
		receipts from activities related to its charitable, etc., fur							
		its support from gross investment income and unrelate by the organization after June 30, 1975. See section 5				ses acquired			
			.,,,,		•				
13		An organization that is not controlled by any disqualifie	•	undation managers) and o	otherwise me	ets the requi	rements of section		
		509(a)(3). Check the box that describes the type of sup							
		Type I Type II	Type III-Fu	nctionally Integrated		Type III	I-Other		
		Drovide the following information of	out the supported organ	sizationa (Con nogo 7 of	the inetruetic	no \			
	Provide the following information about the supported organizations. (See page 7 of the instructions.)								
		(a) (b) (c) (d) (e)							
		(a) Name(s) of supported organization(s)	(b) Employer identification	(c) Type of organization (described in lines	ls the su	) upported on listed in	Amount of		
			Employer	Type of organization (described in lines 5 through 12 above	Is the su organization the sup	ipported on listed in porting			
			Employer identification	Type of organization (described in lines	Is the su organization the sup organiz	upported on listed in porting zation's	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz	ipported on listed in porting	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz	upported on listed in porting zation's	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in porting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in porting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in porting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in porting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in porting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in porting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in porting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in porting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in porting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in porting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in porting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in porting zation's documents?	Amount of		
Total			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in porting zation's documents?	Amount of		
Total			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	upported on listed in porting zation's documents?	Amount of		

Schedule A (Form 990 or 990-EZ) 2006

	Note: You may use the	e worksheet in the insti				
begin	ndar year (or fiscal year uning in)	(a) 2005	<b>(b)</b> 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	155,468.	186,496.	182,634.	185,448.	710,046.
16	Membership fees received	13,000.	14,550.	17,500.	10,100.	55,150.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's	254 222				054 020
	charitable, etc., purpose	251,832.				251,832.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	11,478.	2,287.	2,294.	2,695.	18,754.
19	Net income from unrelated business					
20	activities not included in line 18  Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	431,778.	203,333.	202,428.	198,243.	
24	Line 23 minus line 17	179,946.	203,333.	202,428.	198,243.	783,950.
25	Enter 1% of line 23	4,318.	2,033.	2,024.	1,982.	
26	Organizations described on lines 1	<b>0 or 11: a</b> Enter 2% of a	amount in column (e), line	e 24	► 26a	N/A
b	Prepare a list for your records to sho	ow the name of and amou	nt contributed by each pe	rson (other than a goverr	nmental	
	unit or publicly supported organization	,	· ·	ded the amount shown in		/-
	Do not file this list with your return.					N/A
	Total support for section 509(a)(1) to				≥ 26c	N/A
d	Add: Amounts from column (e) for li					37/3
		22	26b		26d	N/A
е	Public support (line 26c minus line 2					N/A
-1	Public support percentage (line 26					N/A %
27	Organizations described on line 12 records to show the name of, and to such amounts for each year:	tal amounts received in ea	ach year from, each "disqu	ualified person." <b>Do not f</b> i	le this list with your retu	rn. Enter the sum of
		(2004)				
b	For any amount included in line 17 th and amount received for each year, the described in lines 5 through 11b, as	that was more than the <b>la</b>	rger of (1) the amount or	n line 25 for the year or (2	<b>2)</b> \$5,000. (Include in the	list organizations
	the larger amount described in (1) o	•	ese differences (the excess	s amounts) for each year	:	0.
r	Add: Amounts from column (e) for li	noc: 15	710 046	16 55		
U		51,832. 20_	710,040.	16 <u>55,</u>	<u> </u>	1,017,028.
h	Add: Line 27a total 1	89,450. an	d line 27b total		0 • ≥ 27d	189,450.
e	Public support (line 27c total minus				N 1 4-	827,578.
f	Total support for section 509(a)(2) to					1=: (0:31
a	Public support percentage (lin	e 27e (numerator) div	ided by line 27f (deno	ominator))	<b>▶</b> 27g	79.8989%
h	Investment income percentage					1.8106%
	Jnusual Grants: For an organization					

<sup>28</sup> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Schedule A (Form 990 or 990-EZ) 2006

Private School Questionnaire (See page 9 of the instructions.) Part V

N/A

# (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_		
		_		
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?			
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
a	Athletic programs?			
h	Other extracurricular activities?	··· — -		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	The another than the angles, present of plants (it for note that of parts) and on a sopal are statements.			
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	-   34a		
b	Has the organization's right to such aid ever been revoked or suspended?			
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	0.0		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A

	(To be complete	ed <b>ONLY</b> by an eligible orgar	nization that filed Form 576	8)					
Ch	eck 🕨 a 🔲 if the organiza	ation belongs to an affiliated	group. Check	<b>▶</b> b if	you che	cked <b>"a"</b> and "	'limited c	ontrol"	provisions apply.
		mits on Lobbying I	-			Affiliate	<b>a)</b> d group tals		(b) To be completed for all electing organizations
						N/Z	A		
36	Total lobbying expenditures t	o influence public opinion (g	rassroots lobbying)		36				
37	Total lobbying expenditures t	o influence a legislative body	/ (direct lobbying)		37				
38	Total lobbying expenditures (	add lines 36 and 37)			38				
39					39				
40	Total exempt purpose expend	ditures (add lines 38 and 39)			40				
41	Lobbying nontaxable amount	. Enter the amount from the	following table -						
	If the amount on line 40 is -	•	ng nontaxable amount is -						
	Not over \$500,000								
	Over \$500,000 but not over \$1,000								
	Over \$1,000,000 but not over \$1,5				41				
	Over \$1,500,000 but not over \$17,								
40	Over \$17,000,000				40				
	Grassroots nontaxable amou Subtract line 42 from line 36.				42				
	Subtract line 42 from line 38.				43				
44	Subtract line 41 from line 30.	EIILEI -U- II IIILE 4 I IS IIIULE L	iidii iiiie 30		44				
	Caution: If there is an amo	ount on either line 43 or li	ne 44. vou must file For	m 4720					
_		below. See the ma	structions for lines 45 throu				<u>,                                      </u>		
	landar va sa tan	(-)		penditures Duri		ar Averaging i			N/A
fis	lendar year (or cal year beginning in)	( <b>a</b> ) 2006	( <b>b</b> ) 2005	(c) 200			( <b>d</b> ) 2003		(e) Total
45	Lobbying nontaxable amount								0.
46	Lobbying ceiling amount								
	(150% of line 45(e))								0.
47	Total lobbying								
	expenditures								0.
48	Grassroots nontaxable								_
_	amount								0.
49	Grassroots ceiling amount								
	(150% of line 48(e))								0.
50	Grassroots lobbying								0.
Б	expendituresart VI-B   Lobbying /	 	ting Public Charit	ios					
		only by organizations that dic			he instr	uctions.)			N/A
	ring the year, did the organizati	·	· ·	on, including any	attemp	t to	Yes	No	Amount
	uence public opinion on a legis		=						
a	Volunteers	aluda aamnanaatian in awaa	noon rangeted on lines at the	rough <b>h</b>					
D	Paid staff or management (In								
ب ن	Media advertisements Mailings to members, legislat	tors or the nublic							
u A	Publications, or published or								
f	Grants to other organizations								
-	g	2 01 1°							

Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

0.

g Direct contact with legislators, their staffs, government officials, or a legislative body
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

Total lobbying expenditures (Add lines c through h.)
 If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Sched	ule A (F	rm 990 or 990-EZ) 2006	MUSIC	62-14048
Pai	rt VII	<b>Information Regarding Transfers T</b>	To and Transactions and Relationships W	ith Noncharitable
		Exempt Organizations (See page 13 of	the instructions.)	
51	Did the	reporting organization directly or indirectly engage ir	n any of the following with any other organization described in	section
	501(c)	of the Code (other than section 501(c)(3) organization	one) or in section 527, relating to political organizations?	

	Exempt organia	Lationo (occ page 15 of the moth	uctions.)				
51		lirectly or indirectly engage in any of t	•	· ·			
	501(c) of the Code (other than s	section 501(c)(3) organizations) or in	section 527, relating to po	litical organizations?			
а	Transfers from the reporting or	ganization to a noncharitable exempt	organization of:			Yes	No
	(i) Cash				51a(i)		Х
	(ii) Other assets				a(ii)		Х
b	Other transactions:						
	(i) Sales or exchanges of asse	ets with a noncharitable exempt orgar	nization		b(i)		X
	(ii) Purchases of assets from a	noncharitable exempt organization			b(ii)		X
	(iii) Rental of facilities, equipme	ent, or other assets			b(iii)		X
							Х
	(v) Loans or loan guarantees				F ()		X
	(vi) Performance of services or	membership or fundraising solicitati	ions		b(vi)		X
C		mailing lists, other assets, or paid er					Х
d	If the answer to any of the abov	e is "Yes," complete the following sch	edule. Column (b) should a	lways show the fair market value of the			
	goods, other assets, or services	given by the reporting organization.	If the organization received	less than fair market value in any			
	transaction or sharing arrangen	nent, show in column (d) the value of	the goods, other assets, or	services received:		N/A	
(a)	(b)	(c)		(d)			
Line n		Name of noncharitable exe	empt organization	Description of transfers, transactions, and s	haring ar	rangem	ents
52 a	Is the organization directly or in	directly affiliated with, or related to, o	ne or more tax-exempt orga	anizations described in section 501(c) of the			
		-		<b>&gt;</b> [	Yes	X	No
b	If "Yes," complete the following	schedule: N/A					
	(a		(b)	(c)			
	Name of or		Type of organization	Description of relationsh	ip		
			<b> </b>				

TOTAL TO FM 990, LN 43

FORM 990	SPECIAL EVE	NTS AND ACTI	VITIES		STATEMENT 1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSE	
DALE FRANKLIN DINNER DIGITAL SUMMIT YARD SALE GOLF TOURNAMENT OTHER	107,367. 110,173. 38,119. 45,511. 1,100.		107,367. 110,173. 38,119. 45,511. 1,100.		107,367. 110,173. 38,119. 45,511. 1,100.
TO FM 990, PART I, LINE 9	302,270.		302,270.		302,270.
FORM 990	ОТН	ER EXPENSES		<u> </u>	STATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGE S AND GE		(D) FUNDRAISING
SPECIAL EVENT - DALE FRANKLIN DINNER SPECIAL EVENT - DIGITAL SUMMIT	77,417. 50,039.	37,52	29.	-	77,417. 12,510.
PROGRAM COSTS (PRIMARILY LODGING & MEALS) PROGRAM FACILITATOR TRANSPORTATION	59,207. 10,000. 7,678.	59,20 10,00 7,67	00.		
MEALS & ENTERTAINMENT INSURANCE BANK CHARGES SPECIAL EVENT -	3,993. 3,039. 4,525.	1,82		608. 1,738.	3,993. 608. 2,787.
OTHER DUES & SUBSCRIPTIONS TAXES & LICENSES MISCELLANEOUS WEBSITE SPECIAL EVENT - YARD	1,140. 1,528. 421. 20,127. 3,958.	1,14		421. 0,063.	1,528. 10,064. 3,958.
SALE SPECIAL EVENT - GOLF TOURNAMENT	26,186. 28,407.				26,186. 28,407.

117,377.

297,665.

167,458.

12,830.

3

STATEMENT

	PART III					
EXPLANATION						
TO NURTURE A KNOWLEDGEABLE, ISSUE PROFESSIONALS.	ORIENTED COMMU	NITY OF	MU	SIC INDUS	TRY	
FORM 990 OTH	ER INVESTMENTS			STAT	EMENT	4
DESCRIPTION		VALUAT: METH			AMOUNT	
CERTIFICATES OF DEPOSIT		MARKET	VALU	E	211,1	70.
TOTAL TO FORM 990, PART IV, LINE	56, COLUMN B				211,1	70.
FORM 990 PART V-A - LIST OF CONTRUSTEES A	URRENT OFFICERS		FORS,	STAT	EMENT	<u> </u>
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EMPLOYEE BEN PLAN CONTRIB	EXPEN	
PAT EMBRY 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	PRESIDENT 2.00		0.	0.		0.
KEN ROBOLD 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	PRESIDENT-ELE 1.50	CT	0.	0.		0.
ROBIN MITCHELL JOYCE 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	SECRETARY 1.00		0.	0.		0.
JAMIE CHEEK 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	TREASURER 2.00		0.	0.		0.
KIRA FLORITA 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	EXECUTIVE DIR 44.00		,000.	3,104.		0.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

LEADERSHIP MUSIC			62-14	104863
LORI BADGETT 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 1.00	0.	0.	0.
TOM BALDRICA 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
DAVID BENNETT 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
RICK BLACKBURN 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.00	0.	0.	0.
ED BENSON 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 2.00	0.	0.	0.
JOHN BETTIS 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
SHEILA SHIPLEY BIDDY 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
SCOTT BORCHETTA 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.00	0.	0.	0.
TONY BROWN 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
DOROTHY CAMPBELL 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
DON CASON 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
PAT COLLINS 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
TOM COLLINS 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.00	0.	0.	0.

LEADERSHIP MUSIC			62-1	L404863
KAREN CONRAD 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
CAROLINE DAVIS 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 3.00	0.	0.	0.
BILL DENNY 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.00	0.	0.	0.
FLETCHER FOSTER 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 1.00	0.	0.	0.
JOE GALANTE 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
PINKY GONZALES 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
WAYNE HALPER 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 1.00	0.	0.	0.
KERRY HANSEN 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
BART HERBISON 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
BRUCE HINTON 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.00	0.	0.	0.
BILL IVEY 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 3.00	10,000.	0.	0.
LIZ KILEY 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
FRED KNOBLOCH 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 2.00	0.	0.	0.

LEADERSHIP MUSIC			62-14	104863
BILL LLOYD 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
PAM MATTHEWS 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
TIM MCFADDEN 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
MALCOLM MIMMS, JR. 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
JOE MOSCHEO, II 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.00	0.	0.	0.
JIM ED NORMAN 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.00	0.	0.	0.
ROBERT OERMANN 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
DAN RAINES 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
TANDY RICE 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.00	0.	0.	0.
ED SALAMON 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 1.00	0.	0.	0.
MIKE SCHOENFELD 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
RALPH SCHULZ 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
ROGER SOVINE 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.00	0.	0.	0.

LEADERSHIP MUSIC			62-	1404863
SHAWN TATE 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.00	0.	0.	0.
VAN TUCKER 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
MARK VOLMAN 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
KYLE YOUNG 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	DIRECTOR 0.25	0.	0.	0.
TOTALS INCLUDED ON FORM 99	0, PART V-A	90,000.	3,104.	0.

FORM 990	EXPLANATION OF RELATIONSHIP PART V-A, LINE 75B	STATEMENT	6
INDIVIDUAL'S NAME  JAMIE CHEEK	TITLE OR ROLE  TREASURER		
INDIVIDUAL'S NAME	TITLE OR ROLE		
MARY ANN MCCREADY	DIRECTOR		
EXPLANATION OF REL	ATIONSHIP		

BOTH SHAREHOLDERS/EMPLOYEES OF FLOOD, BUMSTEAD, MCCREADY, & MCCARTHY, INC.

FORM 990 PART V-A OFFICER COMPENSATION FROM STATEMENT 7
RELATED ORGANIZATIONS

OFFICER'S NAME

KEN ROBOLD

NAME OF RELATED ORGANIZATION

EMPLOYER ID NUMBER

13-2613071

UMG RECORDINGS, INC.

RELATIONSHIP BETWEEN ORGANIZATIONS

SHARED FACILITIES ON A RENT-FREE BASIS

# Form **8868** (Rev. April 2007)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box					
• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).						
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously file	ed Fo	m 8868.			
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).					
Section	501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this	s box				
and cor	nplete Part I only		<b>&gt;</b>			
	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an come tax returns.	exten	sion of time			
noted b the add 990-T. I	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensic elow (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form itional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a constead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on w.irs.gov/efile and click on e-file for Charities & Nonprofits.	8868 e mposi	electronically if (1) you want te or consolidated Form			
Type or	Name of Exempt Organization	Emp	oyer identification number			
print	LEADERSHIP MUSIC	6	2-1404863			
File by the due date for filing your SQUARE EAST  Number, street, and room or suite no. If a P.O. box, see instructions.						
return. See instruction						
Check	type of return to be filed (file a separate application for each return):					
Fo	orm 990         Form 990-T (corporation)         Form 47           orm 990-BL         Form 990-T (sec. 401(a) or 408(a) trust)         Form 52           orm 990-EZ         Form 990-T (trust other than above)         Form 60           orm 990-PF         Form 1041-A         Form 88	27 169				
Telep	books are in the care of ► FLOOD, BUMSTEAD, MCCREADY, & MCCARTHY, behone No. ► 615-329-9765  The organization does not have an office or place of business in the United States, check this box sis for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for part of the group, check this box ► and attach a list with the names and EINs of all	s is fo	r the whole group, check this			
is	request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extens <b>FEBRUARY 15</b> , 2008, to file the exempt organization return for the organization named a for the organization's return for:    calendar year					
<b>2</b> If	this tax year is for less than 12 months, check reason:		Change in accounting period			
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any correfundable credits. See instructions.	3a	\$			
	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		•			
	x payments made. Include any prior year overpayment allowed as a credit.	3b	\$			
	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,					
	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). ee instructions.	3c	\$ N/A			
Caution	<ol> <li>If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form</li> </ol>	8879-	EO for payment instructions.			
LHA	For Privacy Act and Paperwork Reduction Act Notice, see instructions.		Form <b>8868</b> (Rev. 4-2007)			