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### Department of the Treasury Internal Revenue Service

SCANNED SEP 29 2010

### **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

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

Open to Public inspection

<u> </u>	For the	2008 calendar year, or tax year beginning NOV 1, 2008 and e	nding C	<u>CT 31, 2009</u>	
В	Check if	Please C Name of organization		D Employer identifi	cation number
_	applicable	USE IRS DETROIT INTERNATIONAL JAZZ FESTIVAL			
	Addres	label or print or FOUNDATION			
	Name change	b type Doing Business As	_	02-0	754855
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Termin				447-1248
Ē	Ameno			G Gross receipts \$	2,831,121.
F	Applic			H(a) Is this a group re	
	ltiön pendir	F Name and address of principal officer: THOMAS A ROBINSON		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
_	Tay av			1 ' '	
		empt status: X 501(c) (3 ) (insert no.) 4947(a)(1) or 527 (insert no.)			list. (see instructions)
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemptio	A State of legal domicile: MI
	art I	Summary	L Year		A State of legal domicile, MI
	<del></del>		DODDI	THE AND PROVO	MB 73.77 3370
çe	1	Briefly describe the organization's mission or most significant activities: TO PR			
Governance		TO EDUCATE THE PUBLIC OF OUR CULTURAL AND			
ē	2	Check this box  if the organization discontinued its operations or dispose	ed of more	1 1	1
ģ	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
	*	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
<u>ie</u>		Total number of employees (Part V, line 2a)		. 5	0
Activities &	6	Total number of volunteers (estimate if necessary) ECEIVED		<u>6</u>	5
Ą	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<del></del>	7b	0.
		\\\@\ SEP 1 \\\ 2010 \\\\\\\\\\\\\\\\\\\\\\\\\\\\		Prior Year	Current Year
ā	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	2,327,155.	2,592,139.
e	9	Program service revenue (Part VIII, line 2g)	. L	191,067.	205,276.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4 and 7d			
1.1	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,080.	33,706.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,531,302.	2,831,121.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,445,500.	2,481,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		82,620.	69,460.
9	ь	Total fundraising expenses (Part IX, column (D), line 25) > 71,83	0.		•
ய	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		20,939.	12,974.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,549,059.	2,563,934.
		Revenue less expenses. Subtract line 18 from line 12		4	> 267,187.
5	3			Beginning of Year	End of Year
Ssets or	20	Total assets (Part X, line 16)		148,009.	412,964.
SSS	21	Total liabilities (Part X, line 26)		39,232.	15,000.
Set 1	=	Net assets or fund balances. Subtract line 21 from line 20		108,777.	397,964.
_	art II	Signature Block		100/11/6	337,304.
<u> </u>		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements,	and to the best of my knowled	ge and belief, it is true, correct,
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has an	y knowledge	·	
Sig		Thomas Q. Lalian		19-14	-11)
He	1	Signature of officer		Date	
пе	re	THOMAS A ROBINSON, PRESIDENT			
		Type or print name and title			
		Doto	Ch	eck if Prepar	er's identifying number
Pai	d	Property by the same	set	f_ (see in	structions)
Pre	parer's		į em		20053811
Use	Only	yours if PLANIE & MORAN, PLUC		EIN ▶	
		self-employed, address, and 2601 CAMBRIDGE COURT, SUITE 500			040\ 055 =
_		ZIP+4 AUBURN HILLS, MI 48326		Phone no. > (	
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)	_		X Yes No
832	001 12-1	8-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the seg	parate ins	tructions.	Form <b>990</b> (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2008)	<u> FOUNDATIO</u>			02-075	<u> 4855                                   </u>	Page 2
Pa	rt:III Statement of	Program Servi	ce Accomplishments (see	instructions)			
1	Briefly describe the orga	anization's mission:	SEE SCHEDULE O	FOR CONTINUA	ATION		
•	-		FOR CHARITABLE			. AS	
	DEFINED IN I				OF PROMOTING,	, 110	
					ICHIGAN AND T		
			NG JAZZ MUSIC IN				
			•		NEFIT WILL EX	TEND_	
2	Did the organization und	dertake any significa	nt program services during the y	ear which were not liste	ed on		
	the pnor Form 990 or 99	90-EZ?		•		Yes	X No
	If "Yes", describe these	new services on Sc	hedule O.				
3	Did the organization cea	se conducting, or r	nake significant changes in how	t conducts, any prograr	m services?	Yes	X No
	If "Yes", describe these	_		. ,, ,	•		
4		•		orga largaet program ea	nuces by expenses		
4			s for each of the organization's th				
		- · · · · -	s and section 4947(a)(1) trusts a		amount or grants and		
	allocations to others, the	e total expenses, ar	d revenue, if any, for each progr	am service reported.			
4a	(Code:		2,482,441. including gra			•	276.)
			<u> INTERNATIONAL</u>		IVAL, A FREE		<u> </u>
	JAZZ FESTIVA	L HELD IN	DETROIT EACH YEA	R OVER THE I	LABOR DAY WEE	KEND.	
						<del> </del>	<del></del>
							<del></del>
4b	(Code:	) (Expenses \$	including gra	ints of \$	) (Revenue \$		·····
70	(0000.	) (Expenses w	molading gre	.π.ς φι φ	) (i ic volide ψ		,
					······································		
			• • • • • • • • • • • • • • • • • • • •				
4c	(Code:	) (Expenses \$	ıncludıng gra	ints of \$	) (Revenue \$		)
						-	
			•				
	<del></del>	<del></del>					
			· · · · · · · · · · · · · · · · · · ·		<del> </del>		
			<u> </u>				
				<del></del>	_ <del></del>		
					<del></del>		
	Othernes	/D	tul- O)				
4d	Other program services	•	•				
	(Expenses \$		ing grants of \$	) (Revenue \$			
<u>4e</u>	Total program service	expenses ►\$	2,482,441. (Mus	equal Part IX, Line 25,	column (B).)		
						Form <b>9</b> f	90 (2008)

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Form 990 (2008) FOUNDATION
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_	_X_	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			٠,,
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	446		х
45	and program service activities outside the U S.? If "Yes," complete Schedule F, Part I  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	14b		_^_
15	located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13		
10	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
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 questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		X
þ	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			v
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 Form	990 <i>/</i>	2008)

Form 990 (2008) FOUNDATION

Part IV: Checklist of Required Schedules (continued)

			Yes	_No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	11.5		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an		3 5	1.7
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32_		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI	37		X

Form **990** (2008)

Form 990 (2008) FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
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 reportable 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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and		, XX.	
	Financial Accounts.	·		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6а		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		n 14-0	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have		<u> </u>	ļ
_	excess business holdings at any time during the year?	8	ů,	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		Tribal recommendade and	
a	Did the organization make any taxable distributions under section 4966?	9a		
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: N/A	9b		,
10				
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter: N/A		,	-
11	Gross income from members or shareholders			. * :
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			,
U	amounts due or received from them.)		,	ļ,
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		·
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	ب <u>حظ</u>		<b></b>
	ii 103, Onto the amount of tax-exempt interest received of accided during the year 11/22 120		L	L

Form 990 (2008)

FOUNDATION

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Part VI

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

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,		,,,	1,4
	processes, or changes in Schedule O. See instructions.			; ;; ;;
1a	Enter the number of voting members of the governing body	<u>5</u>	***	- , 3
b	Enter the number of voting members that are independent	4		*** , \[ \]
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a		, <u> </u>		
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	1	À,.	= 7
_	by the following:			1
а	The governing body?	8a	X	المددد ماششيد
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	- Ju		
•	and branches to ensure their operations are consistent with those of the organization?	9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	35		
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-0	- 22	
••	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			_ 41
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	110
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give use	124		
	to conflicts?	12b		х
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ū	in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13	-	X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	1-1-	1 3500	7 1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		, ,	
2	The organization's CEO, Executive Director, or top management official?	15a	a # 6m 1540	X
b		15b		X
•	Describe the process in Schedule O. (see instructions)	130	, ^	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		ا مراسم المراسم المراسم المراسم	
	taxable entity during the year?	16a	inamo ii.	X
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100	1	<u> </u>
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	Lew mile.	افتتتسك
<u>Sac</u>	tion C. Disclosure	1 100	ļ	L
17	List the states with which a copy of this Form 990 is required to be filed ►MI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
10	public inspection. Indicate how you make these available. Check all that apply.	S 101		
	Own website Another's website X Upon request			
40	,	and #	ne-c!	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and Tina	ıncıaı	
^^	statements available to the public.	_4		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	<b>-</b>	
	SHIRLEY COOPER AND CORNELL BATIE - 313-447-1248			
	19900 HARPER ROAD, HARPER WOODS, MI 48225			

FOUNDATION

02-0754855

Form 990 (2008) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours	(c	Position (check all that				ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
THOMAS A. ROBINSON PRESIDENT/MANAGING DIREC	6.00	x		x				0.	0.	0
GRETCHEN C. VALADE TREASURER/DIRECTOR	4.00	x		x				0.	0.	0
DAVID P. SUTHERLAND SECRETARY/DIRECTOR	0.30			x				0.	0.	0
ROBERT MCCABE DIRECTOR	0.50							0.	0.	0
CHRISTOPHER COLLINS DIRECTOR	0.50							0.	0.	0
							_			
			-	_						
			_		-					

(C)

(B)

(D)

(E)

(F)

(A)

	Name and title	Average hours	(c		Pos kall		n t app	oly)	Reportable compensation	Reportable compensatio		Estimated amount of	
		per 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-MIS	s	other compensati from the organization and related organization	on d
			_	ļ		-	+						
				_		_							
	-												
				<del> </del>	_	-		_					
1b 2	Total .  Total number of individuals (including those	e in 1a) who re	ceiv	ed r	nore	tha	ın \$1	100.	0 .		0.	<u> </u>	0.
	compensation from the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						,			▶		C
													No
3	Did the organization list any former officer,			e, ke	y er	nplo	yee.	or I	highest compensated ei	mployee on			
4	line 1a? If "Yes," complete Schedule J for s				one	atıa	n on	4 0+	har companeation from	the organization		3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									trie organization			X
5	Did any person listed on line 1a receive or a									uces rendered to		1.78	
	the organization? If "Yes," complete Sched						,		··· · · · · · · · · · · · · · · · · ·			5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest cothe organization.  NONE	mpensated in	dep	ende	ent d	cont	ract	ors 1	that received more than	\$100,000 of com	pens	sation from	
	(A)								(B)			(C)	
	Name and business	address							Description of s	services		Compensation	
										-			

from the organization

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

			DATION			<del>-</del>	02-0754	1855 Page	<u> 9</u>
Pa	rt VII	I Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fror tax under sections 512 513, or 514	2.
Contributions, gifts, grants and other similar amounts	1 a b c d e f	Membership dues	its, and ve 1f 2	2592139. 11,500.					a, Se, s
<u>0</u> <u>e</u>	h	Total, Add lines 1a-1f			2,592,139	).		<u> </u>	
Program Service Revenue	2 a b	EXHIBITION BOOT	THS	Business Code 900099 900099	77,041 72,010	72,010		77,043	<u>.</u>
Sal	C			900099	39,190				
e a	d	PROGRAM BOOKLET	INCOME	900099	17,035	17,035	•		
<u>64</u>	е								_
ا ته	f	All other program service reve	enue				1		
	g	Total. Add lines 2a-2f			205,276	5.			可
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties							
	-	•	(i) Real	(ii) Personal		&c v/		* .	
	6 a b		(y rious	(ii) i ordorias	, <u> </u>		^ ^		
1	С	Rental income or (loss)			]. §\$, ,			· ·	*
ŀ	d		·	<u> </u>					
	_	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		*	* *.	* ^ *	( ÷
		Less: cost or other basis and sales expenses			,		*** ** ** *** *** *** *** *** *** ***	. <u>.</u> .	. ^
		Gain or (loss)		<u> </u>			***************************************	ada an weets to the man of	
e le		Net gain or (loss) Gross income from fundraisin	•	<u> </u>		è		f ,	
Other Revenue		contributions reported on line Part IV, line 18	1c). See a		<b>*</b>	v.**.	•	<u> </u>	
ŏ		Less: direct expenses	b checus accorde		9,291			0 20	J
		Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	-		9,291	* * *		9,29	<u>L .</u>
		Less: direct expenses	b						
		Net income or (loss) from gam	_				<del> </del>		
		Gross sales of inventory, less and allowances	а				* *	ŗ	
j		Less: cost of goods sold		'L	24 41	24 415		- <del> </del>	J
}	С	Net income or (loss) from sale		<u></u>	24,415	5. <u>24,415</u>	•	+	
ŀ	11 a	Miscellaneous Revenu		Business Code	Manager P attention on marketer of				J
	b						<del> </del>		
	C						<del> </del>		
		All other revenue					ļ	ļ	
	е	Total. Add lines 11a-11d		<b>&gt;</b>			ļ		l
	12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 1	0c, and 11e	2,831,121	l. 152,650	. 0	86,33	2.
83200 02-02	-08 8							Form <b>990</b> (20	

Part IX Statement of Functional Expenses

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

	All other organizations must comp	and 501(c)(4) organiza lete column (A) but are			nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			, ,	ş,,
	organizations in the U.S. See Part IV, line 21	2,481,500.	2,481,500.		
2	Grants and other assistance to individuals in			*4	, <; * .
	the U.S. See Part IV, line 22			* X** ;	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			4 2 2	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)	-			
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	4,935.		4,935.	
C	Accounting	3,700.		3,700.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	69,460.	1.45	/ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	69,460.
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,082.			2,082.
13	Office expenses	1,330.	941.	389.	
14	Information technology				
15	Royalties				
16	Occupancy				
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				
22	Depreciation, depletion, and amortization				
23	Insurance	Many N. A. A.			
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	<u> </u>	- Xxx - /\frac{\chi}{2}		
а	MISCELLANEOUS EXPENSE	927.		639.	288.
b					
C					
d			<u> </u>		
е					
f	All other expenses			<u> </u>	
25	Total functional expenses. Add lines 1 through 24f	2,563,934.	2,482,441.	9,663.	71,830.
26	Joint Costs. Check here   if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			l	<u> </u>

Form 990 (2008)

Part X | Balance Sheet

(A) Beginning of year End of year Cash - non-interest-bearing 1 20,594 210,608. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 127,415 202,356. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 6 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost basis 10a b Less: accumulated depreciation. Complete Part VI of Schedule D 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 148,009. 412,964. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,232. 15,000. 17 17 Accounts payable and accrued expenses Grants payable ... 18 18 35,000. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule I 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable 24 Other liabilities. Complete Part X of Schedule D 25 25 39,232 15,000 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 27 108,777. 375,964. Unrestricted net assets 27 2,000 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 108,777. <u>39</u>7,964. 33 Total net assets or fund balances 33 148,009 412,964. Total liabilities and net assets/fund balances Financial Statements and Reporting No Accounting method used to prepare the Form 990: Cash X Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? Form 990 (2008) 832011 12-18-08

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization DETROIT INTERNATIONAL JAZZ FESTIVAL Employer identification number

FOUNDATION 02-0754855

Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t ) (see ins	tructions)				
The organ	nization is not a	a private foundation	because it is: (Please ch	neck only o	ne organiz	zation.)						
1 🗂	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)	) <u>.</u>				
2	organization is not a private foundation because it is: (Please check only one organization.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
3 🔲						170(b)(1)	(A)(iii), (At	tach Sche	dule H.)			
4									-	he hospital	i's nam	ie.
• —					p.,			(=)( -)(-,(	.,	по поорис.	011411	٠,
5		-	benefit of a college or u	niversity ov	wned or or	perated by	a governi	nental unr	t describe	ed in		
•	•	(b)(1)(A)(iv). (Compl	-				- g- · · · · ·					
<u> </u>			ent or governmental uni	t describe	d in coetic	n 170/hV:	IVAV.A					
7 🕱		•	eives a substantial part					r from the	gonoral s	nublia dasa	mbod .	_
1 4	_	•		or its supp	on nom a	governine	intai unit C		general p	Jubiic desc	ribed ii	
. $\Box$		(b)(1)(A)(vi), (Comple		(Complete	Dort II \							
8			section 170(b)(1)(A)(vi).				h					£
9 📖			eives: (1) more than 33									
		· ·	nctions - subject to certa	-	•	-				_		
			axable income (less sect	tion 511 ta	x) irom bu	sinesses a	ecquirea b	y tne orga	nization a	iπer June 3	10, 197	5.
40 🗀		509(a)(2). (Complete		الماديم ممكري		<b>.</b>	- F00/-W	n (:	<b>4</b>			
10	_	-	perated exclusively to te	•	•			•	•			
11	_		perated exclusively for the		•					•		or
			ations described in secti				2). See <b>se</b> 0	tion 509(a	a)(3). Che	ck the box	tnat	
			organization and compl							1	<b></b>	
	a ∐ Type i			с Тур					ا تا تا	Type III - (		
e 📖			at the organization is not									n
_			han one or more publicly						9(a)(1) or s	section 509	)(a)(2).	
f			tten determination from	the IHS tha	atrisa iy	ре і, туре	ii, or Type	9 111				
		rganization, check ti						••			•	
g			organization accepted ar									
	• • •	•	lirectly controls, either al	ione or tog	etner with	persons c	iescribea i	in (ii) and (i	iii) below,		Yes	<u>No</u>
	_		upported organization?						•	11g(i)	$\vdash$	<del></del>
		•	n described in (i) above?				•			11g(ii)		
•		·	person described in (i)							11g(iii)	Ь	
h	Provide the f	ollowing information	about the organizations	s the organ	ization su	oports.						
		Ι	(iii) Type of	C. Marka		( ) D.d				<del></del>		
. ,	e of supported	(ii) EIN	organization		organization sted in your			(vi) Is organizatio	tne on in col.	nA (iiv)		f
org	anization		(described on lines 1-9		document?			(i) organız U.S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(ace maddedona))	100		100		100				
	<del> </del>											
				1				1				
			1						<del>  -</del>			
			1									
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	·			+	<del> </del>		<del>                                     </del>					—
Total			1									
		i										

Schedule A (Form 990 or 990 EZ) 2008 FOUNDATION

02-0754855 Page 2

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (d) 2007 (e) 2008 (c) 2006 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1954749. 2538469. 2316655. 2592139. include any "unusual grants.") 75,000. 9477012. 2 Tax revenues levied for the organization'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 75,000 1954749 2538469 2316655 2592139 9477012. Total. Add lines 1 - 3 5 The portion of total contributions by each person (other than a governmental unit or publicly : 🕸 supported organization) included on line 1 that exceeds 2% of the \* amount shown on line 11. column (f) 7744805. 1732207. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total (e) 2008 75,000 1954749 2538469 2316655 2592139 9477012. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 732 1,023 1,755. and income from similar sources Net income from unrelated husiness 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.) 9478767. 11 Total support. Add lines 7 through 10 762,349. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 % 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III   Support Schedule for Section A. Public Support	organizations	Described in	Section 509(a	기(건) (Complete only	ıf you checked the bo	x on line 9 of Part I
· · · · · · · · · · · · · · · · · · ·	(=\ 2004	(F) 2005	(e) 200e	(4) 2007	(a) 2009	(6 Total
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<ol> <li>Gifts, grants, contributions, and membership fees received. (Do not</li> </ol>						
include any "unusual grants.")			i			
, , ,		<del> </del>				
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose		<del> </del>		+		
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
		<del></del>				<del></del>
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 · 5				-		
7a Amounts included on lines 1, 2, and	1	i				
3 received from disqualified persons  b Amounts included on lines 2 and 3 received	·	-		-		
from other than disqualified persons that						
exceed the greater of 1% of the total of lines 9,						
10c, 11, and 12 for the year or \$5,000		+		+		<u> </u>
c Add lines 7a and 7b		1	, ^* ×*			
8 Public support (Subtract line 7c from line 6) Section B. Total Support	25	1 . //	**			
	(-) 0004	(h) 000E	/-> 000C	(-D 0007	4-> 0000	(0 T-1-1
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 10a Gross income from interest,			<u> </u>			
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources				<u> </u>		
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses	,					
acquired after June 30, 1975	'					
,		· · · · · ·	<u> </u>	<del> </del>		
c Add lines 10a and 10b  11 Net income from unrelated business				+	<del></del>	
activities not included in line 10b,	'					
whether or not the business is						
regularly carned on  12 Other income. Do not include gain		<del>                                     </del>				<del></del>
or loss from the sale of capital			ļ.			
assets (Explain in Part IV.)		3 /	, *	* ^**		
13 Total support (Add lines 9, 10c, 11, and 12)	•	<u> </u>		35	<u> ا</u> لـ	<del></del>
14 First five years. If the Form 990 is f	or the organization	i's first, second, thu	d, fourth, or fifth	tax year as a section	n 501(c)(3) organiz	ation,
check this box and stop here	die Summent D			··		
Section C. Computation of Pub					I I	
15 Public support percentage for 2008	•	-	column (f))	•	15	9
16 Public support percentage from 200					16	9
Section D. Computation of Inv					T. <u></u> T	
17 Investment income percentage for	•	,,,			17	
18 Investment income percentage from			* **	45	18	
19a 33 1/3% support tests - 2008. If th	-					7 is not
more than 33 1/3%, check this box	•		• •	•		▶∟
b 33 1/3% support tests - 2007. If the	=					ınd
line 18 is not more than 33 1/3%, cl		•			<del>-</del>	▶ <u>∟</u>
20 Private foundation. If the organizat	ion did not check a	a box on line 14, 19	a, or 19b, check	this box and see in	structions	
				Sct	edule A (Form 990	or 990-EZ) 200

### **SCHEDULE G**

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

Open To Public : Inspection

Department of the Treasury Internal Revenue Service

DETROIT INTERNATIONAL JAZZ FESTIVAL

**Employer identification number** 

Name of the organization 02-0754855 FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Email solicitations f X Solicitation of government grants g X Special fundraising events Phone solicitations X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or \_\_ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No THE GOODWIN COMPANY FUNDRAISING X 479,714 69,140 410,574. 479,714. 69,140. 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. MI

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

Schedule G (Form 990 or 990-EZ) 2008

DETROIT INTERNATIONAL JAZZ FESTIVAL Schedule G (Form 990 or 990-EZ) 2008 02-0754855 Page 2 FOUNDATION Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, Ine 6a List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events (Add col (a) through col (c)) (event type) (event type) (total number) Gross receipts Less: Charitable contributions Gross revenue (line 1 minus line 2) Cash prizes Non-cash prizes Direct Expenses Rent/facility costs Other direct expenses Direct expense summary. Add lines 4 through 7 in column (d) Net income summary Combine lines 3 and 8 in column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, ine 6a (b) Pull tabs/Instant (d) Total gaming (Add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Non-cash prizes Rent/facility costs Other direct expenses % Yes % Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities. a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," Explain

Schedule G (Form 990 or 990-EZ) 2008

10a

11

12

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

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

Does the organization operate gaming activities with nonmembers?

administer charitable gaming?

b if "Yes," Explain

Schedule G (Form 990 or 990-EZ) 2008 FOUNDATION	02-	<u> 075485</u>	5 P	age 3
			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%	Ì	
<b>b</b> An outside facility	13b	%	ł	
14 Provide the name and address of the person who prepares the organization's g	aming/special events books and records:		İ	
		•		
Name			-	
Address >				
Address	·	—		
15a Does the organization have a contract with a third party from whom the organization	ation receives gaming revenue?	15a		<del> </del> -
10a boos the organization have a contract with a time party from whom the organiz	ation receives gaining revender	. 130	<b>†</b>	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$	and the amount			
of gaming revenue retained by the third party >\$		İ		\
c If "Yes," enter name and address:			l	
				245,
Name				ا , ا
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Address		_		
		*,*		
16 Gaming manager information:				.
Name		—	3	1 2
Coming manager companyation N. C		ĺ	1 1	1. 3,4
Gaming manager compensation > \$		1		
Description of services provided			].	
		—   ·j:	-	"
		— i	135	
Director/officer Employee Independen	t contractor	*	١.,	
		/ §.	1,3	
17 Mandatory distributions:				3.3
a Is the organization required under state law to make charitable distributions from	n the gaming proceeds to			
retain the state gaming license?		17a		
<b>b</b> Enter the amount of distributions required under state law distributed to other e	xempt organizations or spent in the		-	. ]
organization's own exempt activities during the tax year > \$		*	1	1 1

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I (Form 990)			Grants and	Grants and Other Assistance to Organizations,	to Organization	6		OMB No 1545-0047
			Govern	Governments, and Individuals in the U.S.	luals in the U.S.			5008
Department of the Treasury Internal Revenue Service		► Comp	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.	in answered "Yes," on F  ► Attach to Form 990.	," on Form 990, P m 990.	art IV, lines 21 or 22.		Open to Public Inspection
Name of the organization	DETROIT	INTERNATIONAL	JAZZ	FESTIVAL				Employer identification number
Part I General Inf	General Information on Grants and Assistance	ind Assistance						0 10 10 10 10 10 10 10 10 10 10 10 10 10
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the selec	
	criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	toring the use of grant	funds in the United	States.			
_	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	• United States. C	omplete if the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orginal to the orgina	anization answered "Y	es" on Form 990, Part Form 990) if addition	t IV, line 21, for any
The Heldings	ומר וביכועבת ווותוב ווומווי	שליטטיים איים איים איים איים איים איים איי	DOV II IIO OI IE IECIDIEI	ון ופכפואפת וווסופ וו	1 40,000 USG L	at iv aid ochedule i-i	וווחסש וו מספו וווסט)	lai space is lieeded
1 (a) Name and add	<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						•		TO SUPPORT THE DETROIT
MACK AVENUE FESTIVAL	VAL PRODUCTIONS							INTERNATIONAL JAZZ
19900 HARPER AVENUE	UE							FESTIVAL, A FREE PUBLIC
HARPER WOODS MI 48225	48225	42-1694327	501(C)(3)	2,481,500.	0.			JAZZ FESTIVAL HELD IN
	Enter total number of section 501(c)(3) and government organizations	ind government or	ganizations					<b>A</b>
۳I	Enter total number of other organizations	S						<b>A</b>
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  SEE PART IV FOR COLUMN (H) DESCRIPTI	Paperwork Reduction Act Notice, see the SEE PART IV FOR COLUMN	see the Instructions	(H) DESCRIPTIONS	Ø			Schedule I (Form 990) 2008
832101 12-18-08				25				

FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

Page 2

02-0754855

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Rart IV. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: EXPENS	ES RELAT	ED TO GRAN	EXPENSES RELATED TO GRANTS ARE PREAPPROVED.	APPROVED. AS	
EXPENSES ARE INCURRED THEY ARE CODED/MARKED IN THE ACCOUNTING SYSTEM BY	ED/MARKE	D IN THE A	CCOUNTING	SYSTEM BY	
GRANT TO ENSURE FUNDS ARE EXPENDED ACCORDINGLY.	ACCORDI		IODIC REPO	PERIODIC REPORTS ARE RUN	
TO MONITOR THE GRANT ACTIVITY. TI	TIMELY GRA	NT REPORTS	GRANT REPORTS ARE FILED BY	ВУ	
ACCOUNTING AND REVIEWED BY EXECUTIVE DIRECTOR.	VE DIREC	TOR.			

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: MACK AVENUE FESTIVAL PRODUCTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DETROIT INTERNATIONAL

832102 12-18-08

### DETROIT INTERNATIONAL JAZZ FESTIVAL 02-0754855 Page 2 FOUNDATION Schedule I (Form 990) 2008 Part IV Supplemental Information JAZZ FESTIVAL, A FREE PUBLIC JAZZ FESTIVAL HELD IN DETROIT EACH YEAR.

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

2008
Open to Publicating Publicating Publication

Name of the organization

DETROIT INTERNATIONAL JAZZ FESTIVAL FOUNDATION

Employer identification number 02-0754855

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
JAZZ THROUGH MUSIC EDUCATION; AND TO NURTURE THE CREATIVE ASPIRATION OF
JAZZ MUSIC AFICIONADOS WHILE INVOLVING THE COMMUNITY AS A WHOLE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BEYOND THE BOUNDARIES OF THE CITY OF DETROIT BY DRAWING AUDIENCES FROM
THROUGHOUT THE MIDWEST.
FORM 990, PART VI, SECTION A, LINE 2: TOM ROBINSON AND GRETCHEN VALADE
HAVE A BUSINESS RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS PROVIDED TO ALL BOARD
MEMBERS FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS AVAILABLE TO THE
PUBLIC.
FORM 990, PART IV, LINE 12:
AUDITED FINANCIAL STATEMENTS:
DETROIT INTERNATIONAL JAZZ FESTIVAL FOUNDATION RECEIVED AN ANNUAL
CONSOLIDATED AUDIT THAT INCLUDES RELATED PARTIES.
FORM 990, PART VI, LINE 12:
CONFLICT OF INTEREST POLICY:
DETROIT INTERNATIONAL JAZZ FESTIVAL FOUNDATION HAS A CONFLICT OF

28

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

OMB No. 1545-0047
2008
Open to Publication

Name of the organization

DETROIT INTERNATIONAL JAZZ FESTIVAL FOUNDATION

Employer identification number 02-0754855

INTEREST POLICY AND IS CURRENTLY PUTTING IN PROCESS A PROCEDURE FOR
REQUIRING OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES TO
ANNUALLY DISCLOSE CONFLICTS OF INTEREST.
FORM 990, PART VI, LINE 13 AND LINE 14:
WRITTEN WHISTELBLOWER AND DOCUMENT RETENTION POLICIES:
DETROIT INTERNATIONAL JAZZ FESTIVAL FOUNDATION HAS IMPLEMENTED WRITTEN
POLICIES FOR 2010.

SCHEDULE R

Department of the Treasury Internal Revenue Service (Form 990)

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

▶ See separate instructions.

Open to Public 800

OMB No 1545-0047

Schedule R (Form 990) 2008 **Employer identification number** Direct controlling Direct controlling 02-0754855 entity entity End-of-year assets status (if section 501(c)(3)) Public charity Œ Œ Total income **Exempt Code** section 9 9 501C3 Legal domicile (state or Legal domicile (state or foreign country) foreign country) MICHIGAN DETROIT INTERNATIONAL JAZZ FESTIVAL LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. TO PRESERVE AND PROMOTE JAZZ AND TO EDUCATE THE UBLIC OF OUR CULTURE Primary activity Primary activity <u>@</u> Rart 📗 Identification of Related Tax-Exempt Organizations 42-1694327 19900 HARPER ROAD, HARPER WOODS FOUNDATION MACK AVENUE FESTIVAL PRODUCTIONS, INC. Rant 128 Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization 48225 빍

30

DETROIT INTERNATIONAL JAZZ FESTIVAL FOUNDATION

Schedule R (Form 990) 2008

Page 2

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General or managing partner?

3

Percentage ownership Schedule R (Form 990) 2008 Share of end-of-year assets ε ate allocations? Yes Disproportion- $\widehat{\Xi}$ Share of total income Œ Share of end-of-year assets Type of entity (C corp, S corp, or trust) Œ Share of total income Ē (D)

(D)

(Direct controlling entity Predominant income (related, investment, unrelated) Œ Legal domicile (state or foreign country) <u>©</u> 31 Direct controlling entity Primary activity <u>@</u> <u>@</u> Part IV Identification of Related Organizations Taxable as a Corporation or Trust Legal domicile (state or foreign country) [Part III] Identification of Related Organizations Taxable as a Partnership © Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization € 832162 12-23-08

FOUNDATION

02-0754855

Page 3 2,481,500. Schedule R (Form 990) 2008 Amount involved Yes 9 7 . SH H PP ᄐ ā ₽ <u>e</u> ള 두 우 19 ¥ ÷ Ħ ¥ 두 9 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (B) Transaction type (a-r) U Durng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 32 Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Name of other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from other organization(s) Lease of facilities, equipment, or other assets to other organization(s) (1) MACK AVENUE FESTIVAL PRODUCTIONS, Sharing of facilities, equipment, mailing lists, or other assets . . Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution from other organization(s) Qther transfer of cash or property to other organization(s) Gift, grant, or capital contribution to other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV. p Reimbursement paid by other organization for expenses Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) Rart Wa Transactions With Related Organizations Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees Schedule R (Form 990) 2008 Exchange of assets 832163 12-23-08 Ε 8 3 ପ୍ର € 9 9

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DETROIT INTERNATIONAL JAZZ FESTIVAL

FOUNDATION Schedule R (Form 990) 2008 Part VI Unrelated Organizations Taxable as a Partnership

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

(A)	(8)	(0)	<u>ê</u>	(E)	(£)	(5)	E
Name, address, and EIN of entity	Primary activity	nicile oreign	Are all partners section 501(c)(3) organizations?	Share yea	or-	Code V-UBI amount in box 20	General or managing
		-	Yes No		1 1	(Form 1065)	Yes No
					-		
					-		
					-		
							_
		·					
					-		-
						Schedule R (Form 990) 2008	990) 2008

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