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990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

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

A For the 2012 calenda		2012 calenda	ar year, or tax year beginning	January 1	, 2012, and ending			ember 3	31 , 20_	12	
B Check if applicable		oplicable	C Name of organization	D			D Empl	Employer identification		er	
	Address c	hange	The Jazz Project					91-1777187			
	Name cha	ınge	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep						nber		
	Initial retu	m							360.650.1066		
닏	Terminate		413 Morey Avenue City or town, state or country, and ZIP + 4						Group Exemption		
H	Amended		N						Number ►		
Ä		n pending	Rellingham WA 98225-6344 Cash Accrual Other (speci	6.4		- Lu	<u> </u>		the organization	us not	
		ting Method:	,,			"			ch Schedule B	1 13 1101	
	Websit	*****			EZ, or 990-PF).						
_			eck only one) — 📝 501(c)(3) 🔲 501(c) (527	•				
	Check •		e organization is not a section 509(a)(3) sur								
			00 A Form 990-EZ or Form 990 return is no		990-N (e	-postcard) ma	ay be req	uirea (se	e instructions).	. But IT	
			oses to file a return, be sure to file a comp				- (D-+ !!				
			b, to line 9 to determine gross receipts. If gro		or more,	or it total asset	s (Part II,				
	ine 25, c		ow) are \$500,000 or more, file Form 990 inste		•			▶ \$			
P	art I		e, Expenses, and Changes in N								
		Check if	the organization used Schedule O	to respond to any qu	uestion i	n this Part I		<u></u>	_ 	. 🗸	
	1		ons, gifts, grants, and similar amounts					1		54,001	
	2	Program s	ervice revenue including government	fees and contracts				2		51,372	
	3		nip dues and assessments					3		0	
	4	Investmen						4		156	
	5a	Gross amo	ount from sale of assets other than in	ventory	5a						
	b		or other basis and sales expenses .	=	5b						
	c	Gain or (lo		5c							
Ŋ	6		-								
2	a	Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than									
CHINE Revenue	4		· · · · · · · · · · · · · · · · · · ·	no a n groator tria	 6a						
ZŽ		•	ome from fundraising events (not inclu	idina ¢	L.:	contribution	200				
ਸੁੱੱ	þ		raising events reported on line 1) (att			COMMIDUMO	13				
			ch gross income and contributions ex		1	i					
η			=		6b						
D	°.		ct expenses from gaming and fundrais		6c	l Ch and au	btroot				
.9	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract									
33		line 6c)						6d			
2013	7a		es of inventory, less returns and allow		7a			l i			
芸	b				_7b						
	cl	Gross pro	fit or (lose)-from sales of inventory (Su					7c			
	8		() (8		2,967	
	9	Total reve	enue. Add lines 1 2 3, 4, 5c, 6d, 7c,	and 8		<u> </u>	. ▶	9		08,529	
	10	Grants and	d signitar aျားပွဲunts ခြင်္ခါd (list in Schedu	le O)				10		0	
	11	Benefits p	d symitar afrigunts paid (list in Schedu aid to or for members					11		0	
S	12							12		29,268	
S.	13	Professon	palifees and other payments to indepe	endent contractors .				13		49,029	
Expenses	. 14	Occupancy, rent, utilities, and maintenance						14		6,990	
ŭ	15							15		4,510	
	16							16		10,320	
	17	•	enses. Add lines 10 through 16					17	1	100,117	
	10							18	· · · · · · · · · · · · · · · · · · ·	8,412	
ets	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with									
SS			ar figure reported on prior year's retui					19		81,963	
Net Assets	20	-	nges in net assets or fund balances (e					20		8,500	
Ž	21		s or fund balances at end of year. Cor					21		98,875	
			tion Act Notice, see the separate instru			No 10642I		<u>, • 1.</u>	Form 990-E2		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	-		_
b	Did the organization file Form 1120-POL for this year?	37b	ļ	- ✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	ļ		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	-	- ,
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ► Washington			
42a	***************************************		0.106	
_	Located at ► 413 Morey Avenue, Bellingham, WA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		-6344 Yes	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	√
	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 Financial Accounts.			
¢	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			,
45	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		-
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

		•	age ¬						
		Yes	No						
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		√						
Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the ta 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI	ables fo	or line	es						
		Yes	No						
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓						
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		1						
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓_						
 b If "Yes," was the related organization a section 527 organization? 			d key						
(a) Name and title of each employee (b) Average (c) Reportable compression contributions to employee (e)	Estimate other com	d amou							
None									
f Total number of other employees paid over \$100,000 ▶ 51 Complete this table for the organization's five highest compensated independent contractors who each re \$100,000 of compensation from the organization. If there is none, enter "None."	ceived	more	than						
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Cor	mpensatio	on _							
None									
	· · · · -								
d Total number of other independent contractors each receiving over \$100,000 ▶									
52 Did the organization complete Schedule A? Note : All section 501(c)(3) organizations and 4947(a)(1)	☑ Yes		No						
Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	edge and	l belief,	ıt ıs						
1-22-1	3								
Sign Signature of officer Date Here July Sherwood, Director									
Type or print name and title	DTIN								
Paid Preparer's name Preparer's signature Preparer's signature Date Check I if self-employed	PTIN								
Use Only Firm's name ► Firm's EIN ►									
Firm's address ► Phone no the IBS discuss this return with the preparer shown above? See instructions ► □ Yes □									

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The J	azz Pr										77187	
Par				rity Status (All orga						nstructio	ons.	
The c				tion because it is: (Fo								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	hospital's name, city, and state.											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6 7												
8						nolete Pa	rt II.)					
9												
10	□Ar	n organizatio	n organized and	operated exclusively	to test fo	or public s	afety. Se	e sectio	n 509(a)(4).		
11	☐ Ar	n organization	on organized an	nd operated exclusive blicly supported organ describes the type of	ely for th	e benefit described	of, to p	perform to ion 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). See se	
	а	☐ Type I	b 🗌 Type	II c ☐ Type III	l-Functio	nally integ	grated	d 🗆 :	Type III-N	lon-func	tionally integrat	ed
е	☐ By	y checking th	his box, I certify indation manage	that the organization ers and other than one	is not co	ntrolled d	rectly or	indirectl	y by one	or more	disqualified per	rsons
f	lf	the organiza		a written determination		the IRS t	hat it is	a Type	I, Type I	II, or Typ	oe III supportin	g
g		nce August		he organization accep	oted any	gift or co	ontributio	n from a	ny of the	•		
	(i)	A person v	who directly or in the governing bo	ndirectly controls, eithody of the supported of	her alone organizat	or togetl	her with	persons	descnbe	d in (ii) a	nd Yes	No
	(ii		-	on described in (i) abo							11g(ii)	
			•	a person described in							11g(iii)	
h				ion about the support							(1.86)	
	Name o	of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?			nization in of your	(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetar support	
					Yes	No	Yes	No	Yes	No		
(A)	·											
(B)												
(C)												
(D)	-											
(E)												

Total

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to quality	under the tes	its listed beig	w, piease co	mpiete Part i	l.)	
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities	57.446	59,777	67.350	46.154	54.001	284.728
3	furnished in any activity that is related to the organization's tax-exempt purpose. Gross receipts from activities that are not an	34.941	36.204	30.997	38,998	54.372	195.512
	unrelated trade or business under section 513		n	ام	0	o	n
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	Δ.	0	0	0	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	o	0	o	0	0
6	Total. Add lines 1 through 5	92.387	95,981	98.347	85,152	108.373	480.240
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	30,347	03,132	0	O
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	17.300	15.850	29,371	17,225	10.999	90.745
c	Add lines 7a and 7b	17.300	15.850	29.371	17.225	10.999	90.745
8	Public support (Subtract line 7c from	17.300	13,030	29.3/1	11.223	10.555	50.745
•	line 6.)	er z N. I. – vo z szamoni	Tiebies sentings of the		STOREST LANGE STREET	mat describer materials are col	202 405
Section	on B. Total Support	STATE OF THE PARTY				22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	389.495
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
_	· · · · · · · · · · · · · · · · · · ·	92.387	95.981	98.347	85.152	108.373	480.240
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	348	318	165	136	156	1.123
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b						
11	Net income from unrelated business	348	318	165	136	156	1.123
''	activities not included in line 10b, whether or not the business is regularly carried on	o	o	0	0	0	a
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		o		0		0
13	Total support. (Add lines 9, 10c, 11, and 12.)	92.387	96.299	94.512	85.288	108.529	481.363
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Secti	on C. Computation of Public Suppor				 · · · · · · · · · · · · · · · · · ·	·	
15	Public support percentage for 2012 (line 8			3. column (fl)		15	80.1 %
16	Public support percentage from 2011 Sch	• • • • • • • • • • • • • • • • • • • •	-	• • • •		16	78.1 %
	on D. Computation of Investment Inc				· · · · · · · · · · · · · · · · · · ·	1 •• [/8.1 /0
17	Investment income percentage for 2012 (-	/ line 13 colum	nn (fi)	17	.002 %
18	Investment income percentage for 2012 (investment income percentage from 2011		• • • • • • • • • • • • • • • • • • • •		*	18	.002 %
19a	331/3% support tests—2012. If the organi 17 is not more than 331/3%, check this box	ization did not	check the box	on line 14, an	d line 15 is m	ore than 331/3%	, and line
b	33^{1} /3% support tests -2011 . If the organiz line 18 is not more than 33^{1} /3%, check this t	ation did not cloox and stop h	neck a box on lere. The organi	line 14 or line 1 zation qualifies	9a, and line 16 as a publicly si	is more than 33 apported organi	3¹/3%, and zation ► [/]
20	Private foundation. If the organization dis	d not check a l	oox on line 14.	19a, or 19b, c	heck this box	and see instruc	tions ▶ □

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

91-1777187 The Jazz Project Part 1, Revenue: Line 8: Other Revenue \$2967 from concessions and CD sales Part 1, Expenses: Line 16: Other Expenses: \$10,320 Youth Band, Concert Catering, Artist Hospitality, Hotel, Travel Part 1, Net Assets: Line 20 other changes in net assets: Instrument donations and purchases: \$8500 Part 2, Other Assets: Line 24, Value of donated and purchased instruments after depreciation: \$76,420 Part 2, Total Liabilities 2012 began with a business loan line of credit of \$2900; this was paid off in January 2012. The year ended with a business loan line of credit of \$1509. This has since been paid off in January 2013. Part 3, Statement of Program Service Accomplishments: Line 31, other program services: \$52,258 Additional program services include the Jazz Project Medical Fund, the Scholarship/Lesson Fund, The Recording Fund, and The Piano Liberation Organization. All receive grants and fees for program services. The Medical Fund assists uninsured and underinsured jazz musicians with emergency medical expenses; the scholarship/lesson fund assists students and families with the cost of tuition and private lessons; and the Piano Liberation Organization accepts used pianos and refurbishes them for students and families in need, placing them in long term, no fee leases throughout Western Washington.