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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A	For ti	he 20	112 calendar year, or tax year beginning NOV 1, 2012	and	ending (OCT 31,	2013	
В	Check applica	if ble	C Name of organization			D Employer	identifica	tion number
	Add	ress nge	DETROIT JAZZ FESTIVAL FOUNDATION]		
	Nam Char	nge	Doing Business As				02-07	54855
	lnits	al m	Number and street (or P 0 box if mail is not delivered to street address)		Room/suite	E Telephone	number	
	Tem ated	1	23100 JEFFERSON			ļ	(313)	447-1248
	i retu		City, town, or post office, state, and ZIP code			G Gross receipt	s \$	4,058,436.
	App	ding	ST. CLAIR SHORES, MI 48080-2756			H(a) Is this a	group retu	
	pen	uy	F Name and address of principal officer: THOMAS A. ROBIN	ISON		for affilia		Yes X No
_			SAME AS C ABOVE			H(b) Are all aff		=
				7(a)(1)	or 527	٠ .		t. (see instructions)
			► WWW.DETROITJAZZFEST.COM ADJUGATION X Corporation Trust Association Other ►		1	H(c) Group e		
	art I		anization X Corporation		L Year	or rormation 2	OUS M S	tate of legal domicile MI
	1		ofly describe the organization's mission or most significant activities:	O P	RESERV	E AND P	ROMOTI	E JAZZ, TO
Activities & Governance	'		DUCATE THE PUBLIC OF THE CULTURAL AN					
ıa J	2		eck this box if the organization discontinued its operations of					
Ž	3		_				3	6
ŏ	4	Nui	mber of voting members of the governing body (Part VI, line 1a) mber of independent voting members of the governing body (Part VI line)	ne 16	LUE	VED 1	4	5
Se Se	5	Tot	al number of individuals employed in calendar year 2012 (Part V, line	a) -			5	0
Ž	6		al number of volunteers (estimate if necessary)	٩l	JUL 23	.2014 80	6	375
Ç	7 8	a Tot	al unrelated business revenue from Part VIII, column (C), line 12][002 2 0	186	. 7a	1,300.
	l t	Net	unrelated business taxable income from Form 990-T, line 34	<u> </u>	CDEA		7b	<8,537.>
	1		<u>į</u>	<u> </u>	<u>GDEN</u>			Current Year
Ð	8	Co	ntributions and grants (Part VIII, line 1h)		. _	3,710,		3,757,605.
	9		gram service revenue (Part VIII, line 2g)		<u> </u>	312,		269,398.
) Beyenne	₹10		estment income (Part VIII, column (A), lines 3, 4, and 7d)	-			0.	0.
			er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			4 022	0.	<52,188.>
7	12		al revenue - add lines 8 through 11 (must equal Part VIII, column (A), lin	<u>e 12)</u>		4,023,		3,974,815.
9	13		ints and similar amounts paid (Part IX, column (A), lines 1-3)		 	3,635,	0.00.	3,791,379.
Al	14		nefits paid to or for members (Part IX, column (A), line 4)	E 10	· -		0.	0.
CANEMED SAUG	15		aries, other compensation, employee benefits (Part IX, column (A), lines fessional fundraising fees (Part IX, column (A), line 11e)	5-10)	-	36.	000.	0.
ΠĒ	100		al fundraising expenses (Part IX, column (D), line 25)		Ö.		-	`
S	17		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			93.	994.	23,351.
₹	18		al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	•	· -	3,764,		3,814,730.
~	1		venue less expenses. Subtract line 18 from line 12		. –	258,		160,085.
500					Ве	ginning of Curre		End of Year
Net Assets or (C Fund Balances)	20	Tot	al assets (Part X, line 16)	_		434,	953.	594,021.
ABS	21	Tot	al liabilities (Part X, line 26)			17,	083.	16,066.
瞾	22		assets or fund balances. Subtract line 21 from line 20			417,	870.	577,955.
	art I		ignature Block					
			of perjury, I declare that I have examined this return, including accompanying s				•	nowledge and belief, it is
true	, corre	ect, ar	nd complete Declaration of preparer (other than officer) is based on all informati	on of w	hich preparei	r has any knowled	dge	
			Signature of officer			Date	<u>-17 - /</u>	4
Sig			THOMAS A. ROBINSON, PRESIDENT			Date		
He	re		Type or print name and title			-		
		Dr				Date	Check	PTIN
Pai	d		nt/Type preparer's name CHAEL R. NICHOLAS	200			it	P00966144
	u parer		m's name GEORGE JOHNSON & COMPANY	برسال	SPAL	7-1-14	sett-employed	38-2029668
	Only	_	m's address 1200 BUHL BUILDING, 535 GRIS	WOI	D		, -114	
	,	"	DETROIT, MI 48226-3689		_	Phone	eno (3	13) 965-2655
— Ma	y the	IRS	discuss this return with the preparer shown above? (see instructions)					X Yes No
	001 12			structi	ons.			Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2012) DETROIT JAZZ FESTIVAL FOUNDATION	02-0754855	_ Page 2
	rt 甜 Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
•	TO OPERATE EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL P	URPOSES, AS	
		FOSTER THE	
	HISTORY AND TO NURTURE THE DEVELOPMENT OF JAZZ, AS WELL	AS TO	
	PERPETUATE DETROIT'S SIGNIFICANT JAZZ LEGACY	- 111 - 11 - 1	
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vec	X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	managered by expense	.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	ns, the total expenses,	aiu
4a	2 906 024	180	024.)
40	(Code) (Expenses \$ 3,800,934 including grants of \$ 3,791,379) (Revent OPERATION OF THE DETROIT JAZZ FESTIVAL, A FREE PUBLIC J	AZZ FESTIVAL	
	HELD IN DETROIT EACH YEAR OVER THE LABOR DAY WEEKEND	ADD ILDIIVAL	<u>'</u>
	HEND IN DEIROIT BACH TEAK OVER THE BADOK DAT WEEKEND		
			
			
4b	(Code) (Expenses \$) (Reven	ue\$)
			
			
			
		 	
			
4c	(Code) (Expenses \$ including grants of \$) (Reven	ue\$)
			
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4-	Total program continue expenses 3,806,934		

Form **990** (2012)

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	L
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, or have a section 501(h) election in effect]		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ĺ		l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		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, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		į]
_	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
1	the organization's separate or consolidated invarious statements for the tax year include a roomore that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	
128	Schedule D, Parts XI and XII	10-		х
L		12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106	x	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a		14a	-	^
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
				v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4=		v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16_		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			.,
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		,,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

<u> </u>			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	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			j
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		l	Į
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c	<u> </u>	
đ	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		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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, substantial			Ì
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	•		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	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		1	١.,
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l	[v
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
A F -	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.71	_v	
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
47	If "Yes," complete Schedule R, Part V, line 2	36		X
37		27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	-	
38	Note. All Form 990 filers are required to complete Schedule O	38	X	
	Tracer / III Orth data india data regulare to complete contended C	, 00		

Page 5

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

	Chock in Contraction Contraction to the quantum and the contraction of			إساب
		F	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ŀ		
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
_	(gambling) winnings to prize winners?	10	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.			
	Theorem is the sale of the sal			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a	X	-
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b	Λ	ļ.—.
48	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		х
_	If "Yes," enter the name of the foreign country:	4a		
D	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting $\mathrm{N/A}$	-		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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? N/A	9b		
0	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
1	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a	1		
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
ο-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	12a		n= - n
_	Section 501(c)(29) qualified nonprofit health insurance issuers.			
3	Is the organization licensed to issue qualified health plans in more than one state? N/A	120		
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
.	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
b	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	1 100 1100 ti 1100 d 1 0111 1 20 to 1000t ti 1000 paymento 1 110, provide all'explanation il occidente o	170		

<u></u>	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
	Hoff 74 Governing Doug Circumstagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 5			
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 customarily 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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	7a_		\mathbf{X}_{-}
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		\mathbf{X}_{-}
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No_
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C			v	
	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	^	······
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b	-	$\frac{\mathbf{x}}{\mathbf{x}}$
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.30		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	-		
0	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
•	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	<u></u>	اا	
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 (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨	•	
	CORNELL BATIE - (313) 640-8414			
	19900 HARPER, HARPER WOODS, MI 48225-1759			_

orm 990 (2012)	DETROIT	JAZZ	FESTIVAL
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02-0754855

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

FOUNDATION

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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) Name and Title	(B) Average			Pos	C) Ition	1		(D) Reportable	(E) Reportable	(F) Estimated
Namo ala INIO	hours per week	kod	not c , unie cer ar	ss pe	rson	is bot	th an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GRETCHEN VALADE	4.00	1					1			
TREASURER/DIRECTOR		X	<u> </u>	X			<u> </u>	0.	0.	0.
(2) DAVID SUTHERLAND	2.00	1			Ì		Ì			
SECRETARY/DIRECTOR	2.00	X	L.	X	L_			0.	0.	0.
(3) ROBERT MCCABE	0.50				}	Ì			_	
DIRECTOR	2.00	X	<u>L</u>	<u> </u>		<u>L</u>	L	0.	0.	0.
(4) THOMAS ROBINSON	6.00			Ì			1		_	
PRESIDENT/DIRECTOR	10.00	X	<u> </u>	X		_		0.	0.	0.
(5) SHARON BANKS	0.50	١.,								
DIRECTOR	0.50	X	<u> </u>			_	<u> </u>	0.	0.	0.
(6) CHRISTOPHER COLLINS	3.00			1				0.	50,000.	0.
DIRECTOR									33,7333	
							_			
			_							
		_								
		-		-			_			
		<u> </u>								

Page 8

Lai	T V部 Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>ees</u>	, an	<u>d Hi</u>	ghe	<u>st C</u>	compensated Employe	es (continued)				
	(A)	(B)	1			C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck		1 than	one	Reportable	Reportable	Э	E	stimate	ed
		hours per	box	, unle	ess pe	rson	is bot	th an	compensation	compensation		ar	nount	-
		week (list any		T		1	1	100,	from	from relate			other	
		hours for	Individual trustee or director	1		1	- P	1	the organization	organization (W-2/1099-MI)	pensa rom th	
		related	Š	8			Safe	ŀ	(W-2/1099-MISC)	(***-2/1099* V)	30)		janizat	
		organizations	ag a	al tru	1	1	D D		(11 2 1000 111100)	ł			d relat	
		below	gg	Institutional trustee		Кеу еттрюуее	oyee	5				l	anızatı	
		line)	턀	Inst	Officer	Ş.	Highest compensated employee	Former						
						ĺ								
		<u> </u>	_											
			1		İ									
				<u> </u>	<u></u>	<u> </u>			<u> </u>					
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		L		<u></u>	J]	Ļ	L	0.	50.0	00			_
	Sub-total				•				0.	50,0	00.			0.
	Total from continuation sheets to Part V	ii, Section A				•			0.	50,0				0.
	Total (add lines 1b and 1c) Total number of individuals (including but r	et limited to th		linte	- ·		ا د د د			·				
2	compensation from the organization	or invinced to th	1036	IISIT	su a	DOV	e) wi	ЮТ	eceived more man \$100	,000 or reportati	ne .			0
	compensation from the organization											-	Yes	No
3	Did the organization list any former officer,	director, or tri	ıste	e. ke	ev er	mole	wee	orl	highest compensated e	mplovee on				
•	line 1a? If "Yes," complete Schedule J for s			٠, ,	., o.		,, 00	, 0, ,	mgnost compensates e	inployee on		3		Х
4	For any individual listed on line 1a, is the si			amc	ensa	ation	n and	doth	her compensation from	the organization	٠٠ ا			
•	and related organizations greater than \$15								•	ino organización		4		Х
5	Did any person listed on line 1a receive or									idual for services	3			
	rendered to the organization? If "Yes, " com					-						5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of cor	npens	ation (rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	the organization's tax	year.				
	(A)								(B)			((C)	
	Name and business	address	N	ONI	E				Description of s	services		ompe	nsatio	n
								- }			1			
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								\dashv			<u> </u>			
	Total number of independent party stars (noludina buda			.al 4 -	46.0	- I		d abaya) what are asset to				,,,,	, , , , , , , , , , , , , , , , , , ,
2	Total number of independent contractors (\$100,000 of compensation from the organi	_	10(1	me	:u 10	נחס . <i>ا</i>	ઝ⊌ ॥: ()	sieo	above) who received h	iore than				
	wroo,ooo or compensation from the organ	LOUIDII P					<u> </u>				<u> </u>			

Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) (D) Revenue excluded from tax under Related or Total revenue Unrelated exempt function business sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 1b Fundraising events 1c d Related organizations **1d** Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f | 3,757,605.similar amounts not included above Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 3,757,<u>60</u>5. **Business Code** Program Service Revenue 2 a BEVERAGE OPERATION 900099 88,074. 88,074. **b** MEMBERSHIP DUES 900099 87,210. 87,210. 81,154. EXHIBITION BOOTH 900099 81,154. d PROGRAM BOOKLET INCOME 900099 12,960.11,660. 1,300. f All other program service revenue 269,398. Total. Add lines 2a-2f 3 investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Þ 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 <u>31,</u>433. 83,621. b Less: direct expenses c Net income or (loss) from fundraising events <52**,**188. <52,188.> 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold ь c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a All other revenue Total. Add lines 11a-11d Total revenue. See instructions 3,974,815. 180,024. 1,300. 35,886.

Form 990 (2012) DETROIT JAZZ FESTIVAL FOUNDATION Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
D-	Check if Schedule O contains a respon	(Å)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	2 701 270	2 701 270		
	organizations in the United States See Part IV, line 21	3,791,379.	3,791,379.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				······
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		į		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		Ì		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees):				
а	Management				
Þ	Legal				
C	Accounting .				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees .				
8	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	0.007			
12	Advertising and promotion	9,837.	9,837.		
13	Office expenses				
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				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a					
þ				 	
C					
d	All sales and a sa	13,514.	5,718.	7 706	
	All other expenses Add lines 1 through 24s	3,814,730.		7,796.	
25	Total functional expenses. Add lines 1 through 24e	3,014,/30.	3,000,934.	1,190.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation Check here				
	SUSSECTION IN THE PROPERTY OF	1		1	

Part /	<u> </u>	Check if Schedule O contains a response to any question i	n this Part X .			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			1	
2	2	Savings and temporary cash investments		143,106.	2	183,422
3	3	Pledges and grants receivable, net	[3	
4	4	Accounts receivable, net	[291,847.	4	410,599
5	5	Loans and other receivables from current and former office	rs, directors,			
		trustees, key employees, and highest compensated employees	ees. Complete			
1		Part II of Schedule L			5	
6	6	Loans and other receivables from other disqualified person	s (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete	· · · · · · · · · · · · · · · · · · ·		6	
ets 7	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
~ i .	9	Prepaid expenses and deferred charges			9	
10	0a	Land, buildings, and equipment: cost or other	· · · · · ·			······································
		basis. Complete Part VI of Schedule D 10a				
Ì	ь	Less: accumulated depreciation 10b			10c	
11		Investments · publicly traded securities		· · · · · · · · · · · · · · · · · · ·	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		
15		Other assets. See Part IV, line 11	· · ·		15	
16		Total assets. Add lines 1 through 15 (must equal line 34)	·-	434,953.	16	594,021
17		Accounts payable and accrued expenses	17,083.	17	9,837	
18		Grants payable	• • •		18	
19		Deferred revenue	· · ·		19	6,229
20		Tax-exempt bond liabilities	ļ		20	
١		Escrow or custodial account liability. Complete Part IV of Si	chedule D		21	
22 22 22 22 22 22 22 22 22 22 22 22 22		Loans and other payables to current and former officers, di	F	······································		······································
<u>ā</u>	_	key employees, highest compensated employees, and disc	·			
ا ڌ		Complete Part II of Schedule L	, and a particular		22	
23	3	Secured mortgages and notes payable to unrelated third pa	arties		23	
24		Unsecured notes and loans payable to unrelated third parti			24	
25		Other liabilities (including federal income tax, payables to re	_			
	-	parties, and other liabilities not included on lines 17-24). Co				
1		Schedule D			25	
26	6	Total liabilities. Add lines 17 through 25	· F	17,083.	26	16,066.
<u> </u>		Organizations that follow SFAS 117 (ASC 958), check he	ere X and			
တ္က		complete lines 27 through 29, and lines 33 and 34.				
g 27		Unrestricted net assets	İ	262,370.	27	515,955
g 28		Temporarily restricted net assets		155,500.	28	62,000
Ď 29		Permanently restricted net assets	· · ·		29	
5 -~		Organizations that do not follow SFAS 117 (ASC 958), cl	neck here	······································		
		and complete lines 30 through 34.				
S 30		Capital stock or trust principal, or current funds	l		30	
31		Paid in or capital surplus, or land, building, or equipment fu	nd ·		31	
27 28 29 30 31 32 32 33 32 33 33 33 33 33 33 33 33 33		Retained earnings, endowment, accumulated income, or of			32	
33		Total net assets or fund balances	`	417,870.	33	577,955
- 1		Total liabilities and net assets/fund balances	• • •	434,953.	34	594,021.

Form	1990 (2012) DETROIT JAZZ FESTIVAL FOUNDATION	02-0/5	4855	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI.	_ •			
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	3,97	4,8	15.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,81	4,7	30.
3	Revenue less expenses. Subtract line 2 from line 1	3			85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41	7,8	70.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8_			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	57	7,9	55.
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		i		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				ļ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_		<u></u>

Form **990** (2012)

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

Name of the organization

Department of the Treasury Internal Revenue Service

DETROIT JAZZ FESTIVAL FOUNDATION

Employer identification number

				UAZZ IESTIV								7/34	022	
Pa	et I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions.					
The	organ	ızation ıs not a	a private foundation	because it is: (For lines	1 through ⁻	11, check	only one b	ox.)						
1		A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i)	١.					
2		A school des	scribed in section 17	' 0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3		A hospital or	a cooperative hospi	tal service organization (described	n section	170(b)(1)	(A) (iii).						
4		A medical res	search organization	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the h	ospital	s name	∍,
		city, and stat	te:						_					
5		An organizat	on operated for the	benefit of a college or ur	niversity ov	vned or op	perated by	a governi	mental uni	t describ	oed in	.		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6		A federal, sta	ate, or local governm	ent or governmental unr	t described	i in sectio	n 170(b)(1)(A)(v).						
7	X	An organizat	on that normally rec	erves a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	publ	c desci	nbed in	1
		section 170	(b)(1)(A)(vi). (Comple	te Part II.)						-				
8				ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9		An organizat	on that normally rec	erves: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	and gr	ross rec	eipts fi	rom
		activities rela	ated to its exempt fui	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	suppor	t from	gross	ınvestn	nent
		income and i	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınizatıon	after	June 3	0, 1975	5.
		See section	509(a)(2). (Complete	Part III.)										
10		An organizat	ion organized and or	perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	\$).					
11		An organizati	ion organized and op	perated exclusively for the	ne benefit d	of, to perfo	orm the fu	nctions of,	or to carr	y out the	e purp	oses o	f one o	r
		more publicly	y supported organiza	ations described in secti	on 509(a)(°	l) or sectio	on 509(a)(2	2). See se c	ction 509(a)(3). Ch	eck t	he box	that	
	describes the type of supporting organization and complete lines 11e through 11h.													
	a Type I b Type II c Type III · Functionally integrated d Type III · Non-functionally integrated													
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than													
		foundation m	nanagers and other t	han one or more publich	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	secti	on 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	atit ıs a Ty	pe I, Type	II, or Type	e III					
		supporting of	rganization, check th	nis box										
9		Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?				
		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	ın (ii) and (iii) below	/,		Yes	No
		the gov	erning body of the si	upported organization?	-						.	11g(i)		
		(ii) A family	member of a persor	n described in (i) above?								11g(ii)		
		(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	? .					يا	11g(iii)		
h		Provide the f	ollowing information	about the supported or	ganızatıon	(s).								
				,										
(i)	Name	of supported	(ii) EIN	(iii) Type of organization			(v) Did you	ı notıfy the	(vi) is organizatio	the	(vii)	Amount	of mone	etary
•	orga	nization		(described on lines 1-9	in col. (i) lis	•			(i) organiz	ed in the		sup		•
			ļ	above or IRC section (see instructions))	governing	Jocument,	(i) or your	support?	US	"				
				(000	Yes	No	Yes	No	Yes	No	<u> </u>			
					ļ	<u> </u>								
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and				·		
	membership fees received. (Do not						
	include any "unusual grants.")	2,592,139.	2,657,445.	2,363,317.	3,710,639.	3,757,605.	15,081,145.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to	Ì		ì	,	1	
	or expended on its behalf			_			
3	The value of services or facilities	1					
	furnished by a governmental unit to					j	
	the organization without charge						<u></u> _
4	Total. Add lines 1 through 3	2,592,139.	2,657,445.	2,363,317.	3,710,639.	3,757,605.	15,081,145.
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)						10,797,837.
6	Public support. Subtract line 5 from line 4						4,283,308.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,592,139.	2,657,445.	2,363,317.	3,710,639.	3,757,605.	15,081,145.
8	Gross income from interest,		1	1			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business	Ì				İ	
	activities, whether or not the						
	business is regularly carried on			3,100.	2,000.	1,300.	6,400.
10	Other income. Do not include gain				ll.	1	
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						15,087,545.
	Gross receipts from related activities,					12	956,149.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	k year as a section	n 501(c)(3)	
_	organization, check this box and stop						
	tion C. Computation of Publi						20 20
	Public support percentage for 2012 (I			olumn (f))		14	28.39 %
	Public support percentage from 2011					15	25.43 %
16a	33 1/3% support test - 2012. If the c	-		line 13, and line 1	4 is 33 1/3% or m	iore, check this box	k and
	stop here. The organization qualifies		•				. P
b	33 1/3% support test - 2011. If the c	•		•	ine 15 is 33 1/3%	or more, check th	IS DOX
4	and stop here. The organization qualitation				10 10 10-		-
1/a	10% -facts-and-circumstances test	•					•
	and if the organization meets the "fac				•	t iv now the organi	zation ► X
	meets the "facts-and-circumstances"	-	•		•	17a and her 45 - 4	
þ	10% -facts-and-circumstances test	_				•	U% OF
	more, and if the organization meets the				•		_
40	organization meets the "facts-and-circ			·			· · 【片
<u>18</u>	Private foundation. If the organization	n dia not check a l	oox on line 13, 168	1, 100, 1/a, or 1/b	, check this box a	no see instructions	

Schedule A (Form 990 or 990-EZ) 2012 Part # | 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	tc
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						ļ
	include any "unusual grants.")						
2	Gross receipts from admissions,					Ţ	
	merchandise sold or services per-		!				
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						<u> </u>
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	i i					
	iness under section 513						
4	Tax revenues levied for the organ-				 	 	
•	ization's benefit and either paid to						
	or expended on its behalf	İ					
5	The value of services or facilities					 	
3	furnished by a governmental unit to					1	
	the organization without charge	1				ĺ	
	•					 	
	Total. Add lines 1 through 5				 		
/ 6	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			 	 	 	
	Amounts included on lines 2 and 3 received from other than disqualified persons that	§ -					
	exceed the greater of \$5,000 or 1% of the			į			
	amount on line 13 for the year				ļ	ļ	
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	<u> </u>		<u> </u>	<u> </u>	<u> </u>	
	ction B. Total Support			,	, .		
	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6					 	
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	L				<u> </u>	
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses					1	
	acquired after June 30, 1975]	
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carned on	}		}		1	
12	Other income. Do not include gain						
	or loss from the sale of capital				i		
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for		s first, second, the	d. fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ration
• •	check this box and stop here					on our (o)(o) organiz	▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			<u> </u>	
15	Public support percentage for 2012 (column (fl)		15	
	Public support percentage from 2011				•	16	%
	ction D. Computation of Inve			-		- 1 1	
17						17	%
18	Investment income percentage from	•		,		18	<u>%</u>
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than		
	more than 33 1/3%, check this box a						▶ □
	33 1/3% support tests - 2011. If the			· · · · · · · · · · · · · · · · · · ·			and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization					-	▶ □

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST: THE DETROIT JAZZ FESTIVAL FOUNDATION (THE "FOUNDATION") IS RECOGNIZED AS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3). FOUNDATION WAS CREATED TO PRESERVE AND PROMOTE JAZZ, TO EDUCATE THE PUBLIC OF THE CULTURAL AND HISTORICAL TRADITIONS IN JAZZ THROUGH MUSIC EDUCATION, AND TO NURTURE THE CREATIVE ASPIRATIONS OF JAZZ MUSIC AFICIONADOS WHILE INVOLVING THE COMMUNITY AS A WHOLE. THE FOUNDATION ACTIVELY SOLICITS CONTRIBUTIONS FROM THE GENERAL PUBLIC. HOWEVER, THE FOUNDATION'S SUPPORT FROM THE GENERAL PUBLIC DOES NOT MEET THE 33 1/3 PERCENT SUPPORT TEST FOR THE CURRENT TAX YEAR. THE FOUNDATION RECEIVED 28.39 PERCENT OF ITS TOTAL SUPPORT FROM THE GENERAL PUBLIC; THEREFORE, IT MEETS THE 10 PERCENT SUPPORT REQUIREMENT UNDER PARAGRAPH (F)(3)(I) OF REGULATION SECTION THE FOUNDATION ALSO MEETS THE REQUIREMENTS OF PARAGRAPH 1.170A-9T. (F)(3)(II) OF REGULATION SECTION 1.170A-9T BY CARRYING ON AN ACTIVE PUBLIC THE REQUIREMENTS OF PARAGRAPH (F)(3)(III), ITEMS A SOLICITATION PROGRAM. THROUGH D, OF REGULATION SECTION 1.170A-9T ARE ALSO MET BECAUSE, ALTHOUGH THE FOUNDATION HAS BEEN IN EXISTENCE FOR A SHORT TIME AND ITS PROGRAMS APPEAL TO A LIMITED NUMBER OF PERSONS, THE FOUNDATION RECEIVES FUNDING FROM A RELATIVELY LARGE NUMBER OF DONORS OVERALL. ALSO, THE FOUNDATION HAS A SUBSTANTIAL NUMBER OF VOLUNTEERS AND AN EXPANDING REPRESENTATIVE GOVERNING BODY. THE FOUNDATION HAS, FOR THE ENTIRE PERIOD OF ITS EXISTENCE, MADE ITS FACILITIES AND SERVICES OPEN TO THE PUBLIC AT NO ANNUALLY, THE FOUNDATION OPERATES THE DETROIT JAZZ FESTIVAL, A CHARGE. FREE PUBLIC JAZZ FESTIVAL HELD IN DETROIT OVER THE LABOR DAY WEEKEND. A RESULT OF SATISFYING THESE REQUIREMENTS, THE FOUNDATION IS CONSIDERED TO MEET THE FACTS AND CIRCUMSTANCES TEST AND, THEREFORE, QUALIFIES AS A PUBLICLY SUPPORTED ORGANIZATION UNDER PARAGRAPH (F)(1) OF REGULATION SECTION 1.170A-9T FOR THE CURRENT TAX YEAR.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

DETROIT JAZZ FESTIVAL FOUNDATION

Employer identification number 02-0754855

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		ed only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pa	TENT Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e	` — — ` **	ically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		- 111-11-11-11-11-11-11-11-11-11-11-11-1
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.		
	day of the lat you.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d		· ·	
u	listed in the National Register	and of 17700, and not on a mistoric structure	2d
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the or	
·	year	oases, extinguished, or terminated by the or	garization during the tax
A	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per		
J	violations, and enforcement of the conservation easements if	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		· . — · · · — · · ·
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
Ü	and section 170(h)(4)(B)(ii)?	c satisfy the requirements of section (70(ii))	Yes No
9	In Part XIII, describe how the organization reports conservati	On essements in the revenue and expense of	•
•	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	tion s imancial statements that describes the	organization's accounting to
Pa	↑ 翻 Organizations Maintaining Collections of	Art. Historical Treasures, or Othe	er Similar Assets
	Complete if the organization answered 'Yes' to Form		or Official Associs.
12	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		or public sorvice, provide, in rail Am,
ь	11.1		ad balance shoot works of ort. historical
	treasures, or other similar assets held for public exhibition, ed		
		ducation, or research in furtherance or public	service, provide the following amounts
	relating to these items:		> *
	(i) Revenues included in Form 990, Part VIII, line 1		*
^			. • • •
2	If the organization received or held works of art, historical tre	-	an, provide
	the following amounts required to be reported under SFAS 1	10 (ASC 958) relating to these items:	. .
a	Revenues included in Form 990, Part VIII, line 1		\$
þ	Assets included in Form 990, Part X		. ▶ \$

Sche	dule D (Form 990) 2012 DETROIT	JAZZ FES	<u> </u>	FOUNI	DATION			<u>02-07</u>	<u>54855</u>	Page 2
Par	t 掛 Organizations Maintaining C	ollections of A	Art, His	torical Ti	reasures,	or Othe	r Simil	ar Asse	ts (continu	ied)
3	Using the organization's acquisition, accessi	on, and other reco	rds, chec	k any of the	following th	at are a siç	gnificant	use of its	collection	rtems
	(check all that apply):									
а	Public exhibition		d 🔲	Loan or exc	change prog	rams				
ь	Scholarly research		e 🔲	Other			_			
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ain how ti	hey further t	the organizat	tion's exen	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	asures, or otl	her sımilar	assets			
_	to be sold to raise funds rather than to be ma	aintained as part of	the orga	inization's c	ollection?				Yes	☐ No
Par	TIV Escrow and Custodial Arran		lete if the	e organization	on answered	"Yes" to F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	rt X, line 21.		<u>.</u>						
1a	Is the organization an agent, trustee, custodi	an or other interme	ediary for	contributio	ns or other a	ssets not i	ncluded		_	
	on Form 990, Part X?		••					. L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table:						
							<u> </u>		Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fe				•	•		L.	Yes	∐ No
	If 'Yes,' explain the arrangement in Part XIII.									<u></u> _
Par	t V Endowment Funds. Complete in				7					
		(a) Current year	(b) F	nor year	(c) Two yea	ars back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance		┨		 					
b	Contributions		┼		 -					
C	Net investment earnings, gains, and losses		 		 					
ď	Grants or scholarships				 					
е	Other expenditures for facilities									
	and programs		+		 					
f	Administrative expenses		 		 					
9	End of year balance				<u> </u>				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end balar	ice (line 1	g, column (a)) held as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should be sho	%								
2-	Are there endowment funds not in the posse		zation th	-+ balal -		anad far bb				
Ja		ssion of the organ	zauon in	at are neio a	ano aominist	ered for th	e organiz	zauon	F.	res No
	by: (i) unrelated organizations									es No
	(ii) related organizations	•	•		•		•		3a(i)	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sche	 dula R2					3a(ii)	-+-
1	Describe in Part XIII the intended uses of the						• •-		30	
Par										
L.Z.,	Description of property	(a) Cost or			t or other	(c) Ac	cumulate	ed l	(d) Book	value
		basis (inves			(other)		reciation		,_,	
	Land					·				
b	Buildings						······································			
c	Leasehold improvements			ļ —						
d	Equipment .									
	Other									
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pa	rt X, colui	nn (B), line	10(c).)			>		0.

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

DETROIT JAZZ FESTIVAL FOUNDATION

02-0754855 Page 3

Sche	dule D (Form 990) 2012 DETROIT JAZZ FESTIVAL FOUND			0754855	Page 4
Pa	TXI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per	Retun	n	
1	Total revenue, gains, and other support per audited financial statements		1_1_	<u></u>	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c	_		
d	Other (Describe in Part XIII.)	2d	_		
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3_		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_ '		
b	Other (Describe in Part XIII.)	4b		1	
c	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5_		
Pa	在XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	<u>r Retu</u>	ım	
1	Total expenses and losses per audited financial statements	•	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	1		
а	Donated services and use of facilities	2a	_ [
b	Prior year adjustments	2b	_		
C	Other losses	2c	_]		
d	Other (Describe in Part XIII.)	2d	_		
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_		
þ	Other (Describe in Part XIII.)	_4b	4		
_	Add lines 4a and 4b		4c		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	L	
	t X銀 Supplemental Information	_ 			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III			2b; Part V, line	4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				
PAI	RT X, LINE 2: THE FOUNDATION'S MANAGEMENT I	S NOT AWARE OF	ANY		
	ARGOGNICED MAY DENEETED AC OF OCHODED 21 2	1012 OD 2012		DOIDID & CI	-017
JNI	RECOGNIZED TAX BENEFITS AS OF OCTOBER 31, 2	2013 OR 2012.	THE_	FOUNDATI	ON
	NAOV AVENUE (BECETIVAL DOODHOOLONG ING 1	ADE NO LONGED	T	TOT TO	
ANI	MACK AVENUE [FESTIVAL PRODUCTIONS, INC.]	ARE NO LONGER	PORO	ECT TO	
	NEDAT THOOME MAY EVANTHAMIONO BY MHE TOO BO	NO VENDO DOTOD (TO T	WD WD3D	
.EI	DERAL INCOME TAX EXAMINATIONS BY THE IRS FO	R YEARS PRIOR	ro T	HE YEAR	
	NED AGRADED 21 2007				
ENI	DED OCTOBER 31, 2007.				

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

OMB No 1545-0047

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open To Public Inspection

DETROIT	JAZZ FE	STIVAL FOU	NDA	TIO	N	1	754855
Fundraising Activities required to complete this pai		organization answe	ered "Y	es" to	Form 990, Part IV, I	ne 17. Form 9	90-EZ filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	s or oral agreement Part VII) or entity in Niduals or entitle	e Solicitat f Solicitat g Special t with any individual n connection with p	tion of tion of fundra (includerofess	non-g gover using ding o	overnment grants nment grants events fficers, directors, true undraising services?	stees or	Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) <i>/</i>	Activity	(iii) funds have con or con contrib	ustody	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraised listed in col.	to (or retained by)
			Yes	No			
				_			
		 	-		! 		
			-			.	
			<u> </u>				
otal 3 List all states in which the organization	on is registered o	r licensed to solicit o		utions	s or has been notified	t it is exempt fr	rom registration
or licensing.							

Schedule G (Form 990 or 990-EZ) 2012 DETROIT JAZZ FESTIVAL FOUNDATION

02-0754855 Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events BLACK BROWN DIVAS DIVAS NONE (add col. (a) through BIEGE HIST. FORD HOUSE col. (c)) (event type) (event type) (total number) 9,155. 22,278. 31,433. Gross receipts . 2 Less: Contributions 9,155. 22,278. 31,433. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes 12,521. 25,814. 6 Rent/facility costs 13,293. 7 Food and beverages 23,635. 9,350. 32,985. 8 Entertainment 6,388. 18,434. 24,822. 9 Other direct expenses 83,621, 10 Direct expense summary. Add lines 4 through 9 in column (d) <52,188.> 11 Net income summary. Combine line 3, column (d), and line 10 Part # Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _ Yes **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2012 DETROIT JAZZ FESTIVAL FOUNDATION 02-0754855 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
	to administer charitable gaming?
	Indicate the percentage of gaming activity operated in:
	The organization's facility
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
	of gaming revenue retained by the third party > \$
c	If "Yes," enter name and address of the third party:
	Name ▶
	Address
16	Gaming manager information:
	Name
	Garning manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year ▶ \$
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

232083 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public

OMB No 1545-0047

Inspection

Employer identification number 02-0754855

PUBLIC JAZZ FESTIVAL HELD IN DETROIT EACH YEAR OVER å [] TO SUPPORT THE DETROIT JAZZ FESTIVAL, A FREE (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance N/A (f) Method of valuation (book, FMV, appraisal, other) ٥. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 3,791,379 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table DETROIT JAZZ FESTIVAL FOUNDATION (c) IRC section if applicable 501(C)(3) 42-1694327 Part i General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? INC. - 23100 JEFFERSON - ST. CLAIR 1 (a) Name and address of organization MACK AVENUE PESTIVAL PRODUCTIONS or government SHORES, MI 48080-2756 Name of the organization

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

02-0754855

Page 2

Schedule I (Form 990) (2012) DETROIT JAZZ FESTIVAL FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(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
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I, I	ine 2, Part III, columr	(b), and any other additional info	rmation.
SCHEDULE I, PART I, LINE 2: EXPENSES	ES RELATED	ED TO GRAN	TO GRANTS ARE PREAPPROVED.	APPROVED. AS	
EXPENSES ARE INCURRED, THEY ARE CODED	- 1	TARKED IN	THE ACCOUNT	AND MARKED IN THE ACCOUNTING SYSTEM	
BY GRANT TO ENSURE THAT FUNDS ARE EXPENDED ACCORDINGLY.	EXPENDED	ACCORDING		PERIODIC REPORTS	
ARE RUN TO MONITOR THE GRANT ACTIVITY		TIMELY GRANT REPORTS	REPORTS A	ARE FILED BY	
THE ACCOUNTING DEPARTMENT AND ARE F	REVIEWED	BY THE EX	EXECUTIVE DIE	DIRECTOR.	

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

MACK AVENUE FESTIVAL PRODUCTIONS, INC.

Schedule I (Form 990) DETROIT JAZZ FESTIVAL FOUNDATION [Part IV] Supplemental Information	02-075	4855 Page 2
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DETROIT	JAZZ	
FESTIVAL, A FREE PUBLIC JAZZ FESTIVAL HELD IN DETROIT EACH	YEAR OV	ER THE
LABOR DAY WEEKEND		
	-	
		
		
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SCHEDULE O (Form 990 or 990-EZ)

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.

2012 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DETROIT JAZZ FESTIVAL FOUNDATION

Employer identification number 02-0754855

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH MUSIC EDUCATION, AND TO NURTURE THE CREATIVE ASPIRATION OF JAZZ
MUSIC AFICIONADOS WHILE INVOLVING THE COMMUNITY AS A WHOLE
FORM 990, PART VI, SECTION A, LINE 2: THOMAS ROBINSON AND GRETCHEN VALADE
HAVE A BUSINESS RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PROVIDED TO ALL BOARD
MEMBERS FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, EACH BOARD MEMBER WILL
SIGN A CONFLICT OF DISCLOSURE STATEMENT. ALL DISCLOSURES ARE REVIEWED.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, THE CONFLICT
OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE
PUBLIC.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 02-0754855

▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) DETROIT JAZZ FESTIVAL FOUNDATION Name of the organization

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets **e** Total income ন্ত Legal domicile (state or foreign country) Primary activity <u>@</u> Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) ŝ controlled entity? Yes × Direct controlling K/Z status (if section 501(c)(3)) Public charity LINE 11A, I Exempt Code section 501(C)(3) ত্ত Legal domicile (state or foreign country) **IICHIGAN** Primary activity SEE PART VII 42-1694327, 23100 JEFFERSON, ST. CLAIR MACK AVENUE PESTIVAL PRODUCTIONS, INC. Name, address, and EIN of related organization ø 48080-2756 SHORES, MI

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

Schedule R (Form 990) 2012

02-0754855

Page 2

Schedule R (Form 990) 2012 DETROIT JAZZ FESTIVAL FOUNDATION

part # Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or Percentage managing ownership Section 512(b)(13) controlled entity? Schedule R (Form 990) 2012 Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Percentage ownership Yes No 8 Ξ Code V-UBI amount in box 120 of Schedule K-1 (Form 1065) Share of end-of-year assets ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets ₿ Type of entity (C corp, S corp, or trust) Share of total income ε Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Ē <u>e</u> Legal domicile (state or foreign country) Q (d)
Direct controlling
entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

Page 3

Schedule R (Form 990) 2012 DETROIT JAZZ FESTIVAL FOUNDATION

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Part V
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transaction	s with one or more r	sactions with one or more related organizations listed in Parts II-IV?	ın Parts II·IV?	
				+
 Gift, grant, or capital contribution to related organization(s) 				*
c Gift, grant, or capital contribution from related organization(s)				۲ ک
d Loans or loan guarantees to or for related organization(s)				X PI
 Loans or loan guarantees by related organization(s) 				1e X
Dividends from related organization(s)	٠			×
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				th X
i Exchange of assets with related organization(s)			٠	ı: X
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				*
	anization(s)			1 X
m Performance of services or membership or fundraising solicitations by related organ	ed organization(s)	•		± X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			T N
 Sharing of paid employees with related organization(s) 				To X
p Reimbursement paid to related organization(s) for expenses.				Tp X
q Reimbursement paid by related organization(s) for expenses				1q X
 Other transfer of cash or property to related organization(s) 				۲- ×
s Other transfer of cash or property from related organization(s)	:::			1s X
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete t	his line, including covered	ion on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction tyoe (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
	(an) add	,		
(1) MACK AVENUE FESTIVAL PRODUCTIONS, INC.	М	3,791,379.CASH	CASH PAID	
3				
(3)				
(4)				
(9)				
232163 12-10-12			Schedule	Schedule R (Form 990) 2012

02-0754855

Page 4

Schedule R (Form 990) 2012 DETROIT JAZZ FESTIVAL FOUNDATION

Part Vi . Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

Primary activity Legal domicile Predominant comparations graded control (related unrelated control) under section 512-514) New No. (related trom bit 2-514) New No. ((e)			(D)	€	(6)	(H)	(9)	6	æ
Country Under section 612-514 Yes No Income assets Income I	Name, address, and EIN of entity	Primary activity		Predominant income partners (related, unrelated, 50(c)		Share of end-of-year	Dispropor- florate	Code V-UBI amount in box 20 of Schedula K-1	General or managing partner?	Percentage ownership
				under section 512-514) Yes		assets	Yes No	(Form 1065)	Yes No	
			-							
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Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 DETROIT JAZZ FESTIVAL FOUNDATION	02-0754855 Page
Part VII Supplemental Information	
Complete this part to provide additional information for responses to questions on Schedule R (see instru	uctions).
SCHEDULE R, PART_II	
PRIMARY ACTIVITY	
TO FOSTER THE HISTORY AND NURTURE THE DEVELOPMENT OF JAZZ,	AS WELL AS
TO PERPETUATE DETROIT'S SIGNIFICANT JAZZ LEGACY	
TO I BILL BILLIOIT D' D'I CHILL D'ILLE BESTION	
	
	
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Form **8868**

(Rev. January 2013)

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

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∍π you are	e filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			. • X
• If you are	e filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)	•	
Do not con	mplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previou	sty filed Fo	rm 8868.	
Electronic	filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of til	ne to file (6 months for a	corporation
required to	file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically t	ile Form 8	868 to request	an extension
of time to fil	le any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers.	Associated Wr	th Certain
	enefit Contracts, which must be sent to the IRS in par					
visit www.ir.	s.gov/efile and click on e-file for Charities & Nonprofits	·				
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies ne	eded).		
A corporation	on required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I only						▶ 🗀
	rporations (including 1120-C filers), partnerships, REM ne tax returns.	ICs, and t	rusts must use Form 7004 to reque	st an exter	nsion of time	
	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification	number (EIN) or
print	Traine of exempt organization or even more more			Employe		nomber (Ent) or
File by the	DETROIT JAZZ FESTIVAL FOUND				02-075	4855
due date for filing your	Number, street, and room or suite no. If a P.O. box, s 2 3 1 0 0 JEFFERSON	ee instruc	tions.	Social se	curity number	(SSN)
return See	City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.	L		
	• • • • • • • • • • • • • • • • • • • •	275				
Enter the Re	eturn code for the return that this application is for (file	a separa	te application for each return)			01
Application	<u> </u>	Return	Application			Return
ls For		Code	Is For			Code
	r Form 990-EZ	01	Form 990-T (corporation)			07
m 990-B		02	Form 1041-A			08
Form 4720 (03	Form 4720			09
Form 990-PI		04	Form 5227			10
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
1 01111 000 1		06	Form 8870			12
	trust other than above)					
	(trust other than above) CORNELL BATIE	1 06	1 0111 0070			
Form 990-T	CORNELL BATIE			-1759		
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Form 8868 (Rev. 1-2013)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month I	Extension,	complete only Part II and check the	s box		X
Note. Only complete Part II if you have already been granted as			iled Form	8868.	
• If you are filing for an Automatic 3-Month Extension, comp					
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no c	opies ne	eded).
Enter filer's identifying number, see instruc					
Type or Name of exempt organization or other filer, see inst	ructions		Employe	r identificat	tion number (EIN) or
print File by the DETROIT JAZZ FESTIVAL FOUND	DATION			02-0	754855
due date for Number, street, and room or suite no. If a P.O. box		tions.	Social se	curity num	
filing your return See 23100 JEFFERSON					
instructions City, town or post office, state, and ZIP code. For a	foreign add	fress, see instructions.			
ST. CLAIR SHORES, MI 4808	0-2756				
Enter the Return code for the return that this application is for (file a separa	te application for each return)			0 1
Application	Return	Application			Return
Is For	Code	is For			Code
Form 990 or Form 990-EZ	01		<u>.</u>	1. 1. ////	,
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grant	ed an autor	natic 3-month extension on a prev	iously file	ed Form 88	168.
CORNELL BATIE	***				
• The books are in the care of \triangleright 19900 HARPER -	- HARP				
Telephone No. ► (313) 640-0905		FAX No. ► (313) 647-			. 🗀
If the organization does not have an office or place of business.					• 🗀
If this is for a Group Return, enter the organization's four dig					
box ► . If it is for part of the group, check this box ► . I request an additional 3-month extension of time until		ch a list with the names and EINs of	all memb	ers the ext	ension is for.
			- OCT	21 1	2013
 For calendar year, or other tax year beginning _ If the tax year entered in line 5 is for less than 12 months. 			Final		
Change in accounting period	CHECK IEas		Fillal	Clum	
7 State in detail why you need the extension					
ADDITIONAL TIME IS NECESSARY	TO CO	MPILE DATA FOR A CO	OMPLE	TE ANI	<u> </u>
ACCURATE RETURN.					
					··
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720), or 6069, e	nter the tentative tax, less any	$\neg \top$		
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and estimated	7		
tax payments made. Include any prior year overpayment	allowed as a	a credit and any amount paid	1, 4		
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your	payment wit	h this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See ins		- 	8c	\$	<u> </u>
		st be completed for Part II o			
Under penalties of perjury, I declare that I have examined this form, incl	uding accomp	panying schedules and statements, and to	the best o	f my knowle	dge and belief,
it is true, correct, and complete, and that I am authorized to prepare this					
Signature Title	C.P.A	•	Deta	A	7 -1 4