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### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Internal Revenue Service

| Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990 inspection NOV 1. 2013 and ending OCT 31, 2014 For the 2013 calendar year, or tax year beginning D Employer identification number C Name of organization Address change DETROIT JAZZ FESTIVAL FOUNDATION Name change 02-0754855 Doing Business As Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Termin-447-1248 23100 JEFFERSON (313) Amended return City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-ST. CLAIR SHORES, MI 48080-2756 H(a) is this a group return pending Yes X No F Name and address of principal officer: THOMAS A. ROBINSON for subordinates? SAME AS C ABOVE \_ Yes L\_\_ No H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no ) L 4947(a)(1) or [ 」527 If "No," attach a list. (see instructions) J Website: ► WWW.DETROITJAZZFEST.COM **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Year of formation 2005 M State of legal domicile MI Other > Part I Summary Briefly describe the organization's mission or most significant activities: TO FOSTER THE HISTORY AND TO NURTURE THE DEVELOPMENT OF JAZZ, TO PERPETUATE DETROIT'S SIGNIFICANT Check this box fit the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 375 6 Total number of volunteers (estimate if necessary) ... 3,300. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a <6,654.> b\_Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 3,757,605. 3,430,011. Contributions and grants (Part VIII, line 1h) 269,398. 241,717. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 强压品分巨D 0. 0. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <52,188. <92,522.> 3,579,206. 3,974,815. Total revenue - add lines 8 through 11 (must equal PartyVIII, ooldfin (A)Qihe 12) Grants and similar amounts paid (Part Column (A), lines 1.3) 3,791,379. 3,822,879. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 23,351. 16,287. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,814,730. 3,839,166. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ... <259,960.> 160,085. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 594,021 317,995. 20 Total assets (Part X, line 16) Ō. 16,066. 21 Total liabilities (Part X, line 26) 577,955. 995. Net assets or fund balances. Subtract line 21 from line 20 rrt II ∣ Signature Block penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rrect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Zamos Signature of officer Date THOMAS A. ROBINSON, PRESIDENT Type or print name and title Date Preparer's signature C Print/Type preparer's name MICHAEL R. NICHOLAS P00966144 self-employed Firm's name GEORGE JOHNSON & COMPANY 38-2029668 Firm's EIN Firm's address 1200 BUHL BUILDING, 535 GRISWOLD Phone no (313) 965-2655 DETROIT, MI 48226-3689 X Yes No discuss this return with the preparer shown above? (see instructions) Form **990**,(2013) LHA For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2013) DETROIT JAZZ FESTIVAL FOUNDATION	02-0754855 Page <b>2</b>
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO OPERATE EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL	L PURPOSES, AS
		TO FOSTER THE
	HISTORY AND TO NURTURE THE DEVELOPMENT OF JAZZ, AS W	ELL AS TO
	PERPETUATE DETROIT'S SIGNIFICANT JAZZ LEGACY	
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 serv	/ices? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	revenue if any for each program service reported	
4a	2 026 262	(Revenue \$ 143,247.)
	OPERATION OF THE DETROIT JAZZ FESTIVAL, A FREE PUBLIC	C JAZZ FESTIVAL
	HELD IN DETROIT EACH YEAR OVER THE LABOR DAY WEEKEND	
4b	(Code) (Expenses \$)	(Revenue \$)
		<del></del>
		<del></del>
4c	(Code) (Expenses \$	(Revenue \$
	/ Coperison 4	,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ Including grants of \$ ) (Revenue \$	
4e	Total program service expenses ► 3,836,362.	

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
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_	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		
	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	_		
_	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			J
_	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,	_		v
_	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	1		х
	Schedule D, Part III	8_		<u> </u>
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?			X
40	If "Yes," complete Schedule D, Part IV	9		
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	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
<u> </u>	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			_
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.,
	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 other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
47	or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		- 12
10	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,"	10		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
<u> </u>			~~~	

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, X 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III . .. . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25a 24a 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, X complete Schedule L. Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 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): 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V. line 1 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity Х within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

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Form	1990 (2013) DETROIT JAZZ FESTIVAL FOUNDATION 02-0754	<u>855</u>	F	age !
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	]		
	(gambling) winnings to prize winners?	1c		<u> </u>
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			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3ь	Х	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing 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	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	,,,,,	<u> </u>
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b> </b>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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 $\mathrm{N/A}$	}		1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8_		ļ <b>.</b>
9	Sponsoring organizations maintaining donor advised funds.			ł
а	Did the organization make any taxable distributions under section 4966?	9a		<b> </b>
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		ļ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  N/A			
а	·	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			1
_	organization is licensed to issue qualified health plans 13b  Enter the amount of reserves on hand 13c			
		140	····	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	
<u>D</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

Form 990 (2013) DETROIT JAZZ FESTIVAL FOUNDATION 02-0754855 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 4 **b** Enter the number of voting members included in line 1a, above, who are independent 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 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? .... X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? X 8a X **b** Each committee with authority to act on behalf of the governing body? ... 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ... X 12c 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official . . . 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b 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 Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. \_\_\_ Another's website Own website X Upon request ∴ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

17 List the states with which a copy of this Form 990	o is required to be filed ▶™	LL
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statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CORNELL BATIE - (313) 640-8414 19900 HARPER, HARPER WOODS, MI 48225-1759

Form	aan	(2013)	

#### DETROIT JAZZ FESTIVAL FOUNDATION

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 or note to any line in this Part VII

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

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

Check this box if neither the organization r	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated
1100000	hours per	(do not check more than one box, unless person is both an						compensation	compensation	amount of
	week	offic	cer ar	d a d	recto	or/trus	tee)	from	from related	other
	(list any	ector	夏					the	organizations	compensation
	hours for	₽ 5	92			ated		organization	(W-2/1099-MISC)	from the
	related	25 E	#Taste		92	beus		(W-2/1099-MISC)		organization
	organizations below	효	onal		old	2 8	] _			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē			Organizations
(1) GRETCHEN VALADE	4.00		=	10	×	Ξ <b>5</b>	-			<u></u>
TREASURER/DIRECTOR	100	х		Х		ŀ		0.	0.	0.
(2) DAVID SUTHERLAND	2.00	-	┢	-		$\vdash$	_			
SECRETARY/DIRECTOR	2.00	x		X				0.	0.	0.
(3) THOMAS ROBINSON	6.00		┝							
PRESIDENT/DIRECTOR	10.00	x		x				0.	0.	0.
(4) STEPHANIE MAROTTA	0.50	-	$\vdash$			一				
DIRECTOR	2.00	x						0.	0.	0.
(5) SHARON BANKS	0.50					1		· · · · · · · · · · · · · · · · · · ·		
DIRECTOR		Х				١		0.	0.	0.
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	<u> </u>									
	<del>                                     </del>		-	-	<u> </u>	⊬	-			
								,		
	<del> </del>				-	├				
		1				1				

	(A)  Name and title  Average hours per week (list any		offi	not c , unle	Posi heck i	(C) Sition k more than one person is both an director/trustee)			ompensated Employe  (D)  Reportable  compensation  from  the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the		
		hours for related organizations below line)	Individual trustee or director	8	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	(C)	organ and r	n the ization elated zations	
			_				_							
													<del></del>	
			_									<del></del>	<del></del>	
												<del></del>	<del></del>	
			-											
			-											
	· · · · · · · · · · · · · · · · · · ·													
	Sub-total  Total from continuation sheets to Part V	II. Section A	-				•	<b>&gt;</b>	0.		0.		0.	
	Total (add lines 1b and 1c) Total number of individuals (including but	<u> </u>		liste	ed at	oove	e) wh	o re	0 . eceived more than \$100	,000 of reportabl	0. e		0.	
	compensation from the organization						_					Y	es No	
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or h	nighest compensated e	mployee on 	-	3	х	
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	i0,000? <i>If "Yes,</i>	" co	mple	ete S	Sche	duk	Jf	or such Individual			4	X	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							elate	ed organization or indivi	dual for services		5	х	
Sec 1	tion B. Independent Contractors  Complete this table for your five highest or										pens	ation from	m	
	the organization. Report compensation for (A) Name and business			endi ONI		<u>/ith (</u>	or w	thin	the organization's tax (B)  Description of s	İ		(C)	ation	
			140	2111	<b>-</b>					-				
-				•				<u></u>					•	
			_										•	
							_						·	

*****		Check if Schedule O contain	s a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इइ	1 a	Federated campaigns	1a					
Contributions, Giffs, Grants and Other Similar Amounts		Membership dues	1b					
P.S.	c	Fundraising events	1c					
E a		Related organizations	1d					
SE E		Government grants (contribution	s) <b>1e</b>					
อีร	f	All other contributions, gifts, grants,	and					
<u></u>		similar amounts not included above	1f 3,	430,011.				
들이	ç	Noncash contributions included in lines 1a-	1f. \$					
3 %	<u>_</u>	Total. Add lines 1a-1f		<b>&gt;</b>	3,430,011.			,
İ				<b>Business Code</b>				
ဗွ	2 a			900099	101,018.	101,018.		05 170
ਤੂ •ੁ		BEVERAGE OPERATION	ON	900099	95,170.		<del></del>	95,170.
2 5	c	MEMBERSHIP DUES		900099	29,300.	29,300.	2 200	
Program Service Revenue	C	PROGRAM BOOKLET	INCOME	900099	16,229.	12,929.	3,300.	
<u> </u>	e	·						
Z	f	All other program service revenu	e	900099				
		Total. Add lines 2a-2f .	·	<u> </u>	241,717.			
i	3	Investment income (including div	udends, inter	est, and				
		other similar amounts)						
	4	Income from investment of tax-e	xempt bond <sub>l</sub>	oroceeds -				
	5	Royalties	<u>.</u> .	<u> </u>			<del> </del>	
		<u> </u>	(i) Real	(ii) Personal				
	6 a	a Gross rents						
	k	b Less: rental expenses		ļ				
	•	Rental income or (loss)						
	•	d Net rental income or (loss)		<u>, , , , , , , , , , , , , , , , , , , </u>			·····	
3	7 8	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	ŀ	b Less: cost or other basis						
		and sales expenses						
	•	c Gain or (loss)						
	•	d Net gain or (loss) .		<u> </u>				
e	8 8	<ul> <li>Gross income from fundraising e</li> </ul>	vents (not					
		including \$	of					
ě		contributions reported on line 10	:). See	1				
F		Part IV, line 18	. а					
Other Reven	1	b Less: direct expenses	b	171,590.				.00 500
٦	•	<ul> <li>Net income or (loss) from fundra</li> </ul>	ising events	<b>&gt;</b>	<92,522.	>		<92,522.
	9 a	a Gross income from gaming activ	ities. See	1				
		Part IV, line 19	a	1	1			1
	1	b Less: direct expenses	t	•	1			
	(	c Net income or (loss) from gaming	g activities	<u></u> . ▶				
	10 a	<ul> <li>Gross sales of inventory, less ref</li> </ul>	tums	1				1
		and allowances	a		1			
	ı	<b>b</b> Less: cost of goods sold	t	·	1			1
		c Net income or (loss) from sales of	of inventory	<u> </u>				ļ
		Miscellaneous Revenue		Business Code				
	11 8	a				ļ		
	ı	b						
	(	c						
		d All other revenue						<del> </del>
		e Total. Add lines 11a-11d		<b>&gt;</b>			·····	
	12	Total revenue. See instructions.		•	3,579,206.	143,247.	3,300.	2,648.

## Part IX Statement of Functional Expenses

Seci	Check if Schedule O contains a response			Implete column (1 y.	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the United States See Part IV, line 21	3,822,879.	3,822,879.		
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			·** **, • <del>******************************</del>	· + ++ ' '*********
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				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			-	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)			1	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):			<del> </del>	· · · · · · · · · · · · · · · · · · ·
а	Management				
b	Legal				
c	Accounting				
ď	Lobbying				<del></del> - <u></u>
e	Professional fundraising services See Part IV, line 17				- <del></del>
f	Investment management fees	<del></del>	······		<del></del>
g	Other. (If line 11g amount exceeds 10% of line 25,				··· <del>··</del> ··
9	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	9,954.	9,954.		
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					
b					
C					
d		( 222	2 520		
е	All other expenses	6,333.	3,529.	2,804.	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	3,839,166.	3,836,362.	2,804.	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 If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash · non-interest-bearing ... . 1 183,422. 150,827. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 410,599. 167,168. 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net . . Inventories for sale or use ... 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation . . . 10b 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 16 594,021. 317,995. Total assets. Add lines 1 through 15 (must equal line 34) 16 9,837. 17 Accounts payable and accrued expenses 18 Grants payable 18 6,229. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 16,066. 0. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 515,955. 27 Unrestricted net assets 267,995. 27 28 62,000. 50,000. Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds ... 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 317,995. 317,995. 33 577,955. Total net assets or fund balances 594,021. Total liabilities and net assets/fund balances

Form	990 (2013) DETROIT JAZZ FESTIVAL FOUNDATION	02-075	<u>4855</u>	Pa	ge <b>12</b>
	rt XI Reconciliation of Net Assets				
	Check If Schedule O contains a response or note to any line in this Part XI	<del> </del>		<u>.                                    </u>	
			2 57		0.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	$\frac{3,57}{3,02}$	$\frac{9,2}{2}$	06.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,83		
3	Revenue less expenses. Subtract line 2 from line 1	3			60.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5/	/ <b>,</b> 9	<u>55.</u>
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,	1	21	<b>-</b> ^	۸-
r <del></del>	column (B))	10	31	7 <u>,9</u>	<u>95.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · ·	· <del>·</del>	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	, , , , , ,		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 separa	te basıs,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	redule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ingle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2013)

### **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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is tatuw.irs.gov/form990.

**Employer identification number** 02-0754855

			DETROI	T JAZZ FESTIV	AL FO	DUNDAT	'ION		Ì	0	2-0754855	
Par	tI	Reason		arity Status (All organiz				t.) See inst	tructions.			
he o	rgani	zation is not a	a private foundatio	n because it is: (For lines	1 through	11, check	only one b	oox.)				
1 [				es, or association of chur					).			
2	Ŧĵ.			170(b)(1)(A)(ii). (Attach Sc								
3	一			pital service organization			170(Ь)(1)	(A)(iii).				
4	亏			n operated in conjunction					(b)(1)(A)(ii	ii). Enter	the hospital's nam	ıe.
		city, and stat								•	•	
5		•		e benefit of a college or u	niversity o	wned or or	perated by	a governi	mental uni	t describ	ped in	
•		_	(b)(1)(A)(iv). (Com	=			, , , ,	- g- · · · · · ·				
6	$\neg$				t decombe	d in eactic	n 170/h)/	11/61/61				
7	$\overline{\mathbf{x}}$	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  KI An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
•		_	<b>b)(1)(A)(vi).</b> (Comp	·	or its supp	JOIL HOIH G	governin	ontai onii c	/ 110111 till	gonora	P00110 000011000 1	
8 [	$\neg$			section 170(b)(1)(A)(vi).	(Complete	Dort II \						
9 [	=			eceives: (1) more than 33			rom contri	ibutions n	nomborehi	n fees s	nd arose receipte	from
9 [		-	-	unctions - subject to certa						-		
			<del>-</del>	taxable income (less sect								
				•	lion 511 to	3X) 11OH 100	1511165565	acquired b	y tile orga	inzation	aitei dulle 30, 137	J.
10 [	$\neg$		<b>509(a)(2).</b> (Completion or d	•	at for out	lio cofoty (	Soo s <b>ooti</b> s	n 500/a)//	4\			
10 L	=			operated exclusively to te operated exclusively for the						y out the	numoses of one	O.F
		-	-	zations described in secti		-						Oi
				g organization and compl				2). 000 300	Jeon Jose	<b>a)(0).</b> Oi	eck the box that	
		a Type				inctionally			J Typ	a III a Na	n-functionally integ	arated
e [	$\neg$			hat the organization is not	• •	•	-		• •		-	-
e ı				r than one or more publicly								
f										3(a)(1) OI	Section 303(a)(2).	
•				ritten determination from t	ille ino tii	alilisa iy	pe i, Type	ili, or Type	2 III			
_			rganization, check	e organization accepted ar	ov off or o		a from any	of the fell	Owing per	eone?		ш
9				ndirectly controls, either al							Yes	No
				supported organization?			persons c	uescribed i	iii (ii) ailu (	(III) DelOW	11g(i)	110
		_		on described in (i) above?						•	11g(ii)	-
			-	a person described in (i) a		-2		•••	•	•	11g(iii)	<del>                                     </del>
h			-	on about the supported or	* *				•		[119(/]	1
h		FIOVIDE LITE I	ollowing informatio	about the supported on	yanızanıcı	1(5).						
					(iv) ic the	organization	(w) Did you	u notify the	(vi) Is	the .		
(1)		of supported	(ii) EIN	(III) Type of organization (described on lines 1-9		isted in you			lorganizati	on in col.	(vii) Amount of mor	netary
	urya	nızatıon		above or IRC section		document?			(i) organiz U S	20 in the	support	
				(see instructions))	Yes	No	Yes	No	Yes	No		
					100	1				1		
				-		+	<del> </del>		<del>  -</del>	<del> </del>		
		<del></del>		-		1	<del>                                     </del>	<del> </del>	<del> </del>	1		
										1		
	-		-		<b> </b>	†	<del> </del>		<del> </del>			
							1					

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,657,445.	2,363,317.	3,710,639.	3,757,605.	3,430,011.	15,919,017.
2	Tax revenues levied for the organ-			·			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge .						
4	Total. Add lines 1 through 3	2,657,445.	2,363,317.	3,710,639.	3,757,605.	3,430,011.	15,919,017.
5	The portion of total contributions						<u> </u>
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,						
	column (f)						11,157,015.
6	Public support. Subtract line 5 from line 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	**********		4,762,002.
	ction B. Total Support					·••	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	2,657,445.	2,363,317.	3,710,639.	3,757,605.	3,430,011.	15,919,017.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the					i	
	business is regularly carried on .		3,100.	2,000.	1,300.	3,300.	9,700.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	<b>Total support.</b> Add lines 7 through 10						15,928,717.
12	Gross receipts from related activities,	etc. (see instruction	ns)	••		12 1,	025,814.
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3)	
	organization, check this box and stop	here		<del> </del>	•		. ▶□
	tion C. Computation of Publi						
	Public support percentage for 2013 (li			lumn (f))		14	29.90 %
	Public support percentage from 2012			•••		15	28.39 %
16a	33 1/3% support test - 2013. If the o			line 13, and line 14	4 is 33 1/3% or m	ore, check this bo	cand
	stop here. The organization qualifies		•				▶∟
b	33 1/3% support test - 2012. If the c				ine 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali						▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					t IV how the organi	
	meets the "facts-and-circumstances"					• •	<b>►</b> X
b	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the						, <del>, , , , , , , , , , , , , , , , , , </del>
40	organization meets the 'facts-and-circ						. •
10	Private foundation. If the organization	n did not check a b	oox on line 13, 16a,	166, 1/a, or 17b,	check this box a	nd see instructions	

## Schedule A (Form 990 or 990-EZ) 2013 DETROIT JAZZ FESTIVAL FOUNDATION 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

<u></u>	qualify under the tests listed b	elow, please com	piete Part II.)				
	ction A. Public Support		1 11 12 12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10000	110010	(0.T.)
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						<del>                                     </del>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				:		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>		<u> </u>	l	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	ration,
	check this box and stop here	· · · · · · · · · · · · · · · · · · ·	<u> </u>			••	<u> </u>
	tion C. Computation of Publi					<del> </del>	
	Public support percentage for 2013 (I			column (f))	• •	15	%
	Public support percentage from 2012					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2013. If the						7 is not
_	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2012. If the						and
00	line 18 is not more than 33 1/3%, che					-	<b>▶</b> ∐
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	<u>a, or 19b, check th</u>	nis box and see ins	structions	<u> </u>

Part IV Supplemental Information. 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: EXPLANATION: THE DETROIT JAZZ FESTIVAL FOUNDATION (THE "FOUNDATION") IS RECOGNIZED AS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3). THE FOUNDATION'S MISSION IS TO FOSTER THE HISTORY AND TO NURTURE THE DEVELOPMENT OF JAZZ, TO PERPETUATE DETROIT'S SIGNIFICANT JAZZ LEGACY THROUGH EDUCATIONAL AND COLLABORATIVE OPPORTUNITIES ACCESSIBLE TO ALL, AND TO PRESENT A WORLD CLASS SIGNATURE EVENT THAT MAKES DETROIT A TOURIST DESTINATION. 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 THE FOUNDATION RECEIVED 29.90 PERCENT OF ITS TOTAL SUPPORT FROM THE YEAR. GENERAL PUBLIC; THEREFORE, IT MEETS THE 10 PERCENT SUPPORT REQUIREMENT UNDER PARAGRAPH (F)(3)(I) OF REGULATION SECTION 1.170A-9T. THE FOUNDATION ALSO MEETS THE REQUIREMENTS OF PARAGRAPH (F)(3)(II) OF REGULATION SECTION 1.170A-9T BY CARRYING ON AN ACTIVE PUBLIC SOLICITATION PROGRAM. REQUIREMENTS OF PARAGRAPH (F)(3)(III), ITEMS A 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 CHARGE. ANNUALLY, THE FOUNDATION OPERATES THE DETROIT JAZZ FESTIVAL, A FREE PUBLIC JAZZ FESTIVAL HELD IN DETROIT OVER THE LABOR DAY WEEKEND. AS 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

Part			I Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. s part for any additional information. (See instructions).
THE	CURREN	TAX	YEAR.
		<u></u> .	
		<del></del>	
	,		
	<del>-</del>		
<del></del>			
	•		

### **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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public inspection

Name of the organization

DETROIT JAZZ FESTIVAL FOUNDATION

**Employer identification number** 02-0754855

Pa	t I Organizations Maintaining Donor Advise		r Other Similar Fund	ds or A	ccounts. Complete if the
123.22	organization answered "Yes" to Form 990, Part IV, line				
			onor advised funds	(t	) 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			i ··	
5	Did the organization inform all donors and donor advisors in	writing that th	e assets held in donor adv	/ised fund	ds
•	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a			e used o	nly
•	for charitable purposes and not for the benefit of the donor of		-		
	impermissible private benefit?				. Yes No
Pa		ganization ans	wered "Yes" to Form 990,	Part IV, I	line 7.
1	Purpose(s) of conservation easements held by the organizati				
	Preservation of land for public use (e.g., recreation or e			ustoricall	y important land area
	Protection of natural habitat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Preservation of a ce		
	Preservation of open space		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservat	tion contribution in the form	n of a co	nservation easement on the last
_	day of the tax year.				
					Held at the End of the Tax Year
а	Total number of conservation easements			İ	2a
ь	Total acreage restricted by conservation easements			İ	2b
C	Number of conservation easements on a certified historic str	ucture include	ed in (a)		2c
d	Number of conservation easements included in (c) acquired			cture	
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re-	leased, exting	uished, or terminated by t	he organi	ization during the tax
	year ▶				
4	Number of states where property subject to conservation ea	sement is loca	ated	_	
5	Does the organization have a written policy regarding the per	riodic monitor	ing, inspection, handling o	f	
	violations, and enforcement of the conservation easements r	t holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing	conservation easements	during th	ne year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing con	servation easements durir	ng the yea	ar ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the	requirements of section 17	70(h)(4)(B	)(i)
	and section 170(h)(4)(B)(ii)?	-		•	L Yes L No
9	In Part XIII, describe how the organization reports conservati	ion easements	s in its revenue and expens	se staten	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financia	l statements that describe	s the org	anization's accounting for
	conservation easements.				
Pa	TIII Organizations Maintaining Collections o	-	·	Other 8	Similar Assets.
	Complete if the organization answered "Yes" to Form				
1a	If the organization elected, as permitted under SFAS 116 (AS	' <del>s</del> '	•		
	historical treasures, or other similar assets held for public ext	•	•	rance of p	public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that descri				
b	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, e	ducation, or re	esearch in furtherance of p	oublic ser	vice, provide the following amounts
	relating to these items:				<b>.</b> .
	#B 4 . : / /				<b>5</b>
_					*
2	If the organization received or held works of art, historical tre			cial gain,	orovide
_	the following amounts required to be reported under SFAS 1	ть (ASC 958)	relating to these items:		<b>.</b>
a					5
þ	Assets included in Form 990, Part X				<b>-</b> \$

	edule D (Form 990) 2013 DETROIT JAZZ FESTIVAL FOUNDATION		2-0754855	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other			
3	Using the organization's acquisition, accession, and other records, check any of the following that are a sign	ificant us	e of its collection	items
	(check all that apply):			
а	Public exhibition d Loan or exchange programs			
b	Scholarly research e Other		<del></del>	
c	Preservation for future generations			
4	Provide a description of the organization's collections and explain how they further the organization's exemple.	ot purpose	e in Part XIII.	
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar as	ssets		
	to be sold to raise funds rather than to be maintained as part of the organization's collection?		Yes	No No
Pa	Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Foreported an amount on Form 990, Part X, line 21.	rm 990, F	Part IV, line 9, or	
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not into on Form 990, Part X?	cluded	Yes	☐ No
þ	If "Yes," explain the arrangement in Part XIII and complete the following table:			
			Amount	
C	Beginning balance	1c		
d	Additions during the year	1d		
e	Distributions during the year	1e		
f	Ending balance	1f		
2a	Did the organization include an amount on Form 990, Part X, line 217		Yes	L No

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (b) Prior year (a) Current year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs . . f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment

**b** Permanent endowment ► c Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations ... ... (ii) related organizations

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

	Yes	No
 3a(i)		
3a(ii)		
3b		

### Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other (c) Accumulated (d) Book value Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land **b** Buildings c Leasehold improvements d Equipment ... e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 DETROIT JAZ	Z FESTIVAL	FOUNDATION	02-	-0754855	Page \$
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	of-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests			<u> </u>		
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)	1				
(F)					
(G)					
(H)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					<u></u>
(a) Description of investment	(b) Book value	(c) Method of v	valuation: Cost or end-	of-year market v	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)			<del></del>		
(9)					•••••
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )	<u> </u>				
Part IX Other Assets.					
Complete if the organization answered "Yes"		<u>/, line 11d. See Form 990,</u>	Part X, line 15.		
	Description			(b) Book va	alue
(2)					
(3)					
(4)		<del> </del>			
(5)					
(6)					
(7)		<del></del>			
(8)					
(9)	. 45)		•		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	· ·· <sub>-</sub> · · ·			
Complete if the organization answered "Yes"	to Form 900 Bort IV	line 11e or 11f See Form	n 000 Part Y line 25		
(a) December of habities	to Folili 990, Fall IV	(b) Book value	11 330, Fait A, IIIIe 23.		•••••
(1) Federal income taxes		(-,,	1		
(1) i édétat incomé taxes		L	4		

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements.  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments.  Donated services and use of facilities.  Recoveries of prior year grants  d Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains on investments  b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:	2b 2c 2d	
a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	2b 2c 2d	·
b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:	2b 2c 2d	·
c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	2c 2d	·
d Other (Describe in Part XIII.)  e Add lines 2a through 2d	2d	·
e Add lines 2a through 2d		·
Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:		·
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		. 3
	4a	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1
	<del></del>	
<b>b</b> Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		. 4c
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u> </u>	5
art XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expense	es per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
Total expenses and losses per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	_2b	
c Other losses	_2c	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		. 2e
Subtract line 2e from line 1		. 3
Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII.)	_4b	
c Add lines 4a and 4b		4c
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	_··· ·· ·· · · · · · · · · · · · · · ·	
art XIII Supplemental Information.		
ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi		V, line 4; Part X, line 2; Part XI,
ART X, LINE 2:		
	-	
KPLANATION: THE FOUNDATION'S MANAGEMENT IS N	OT AWARE OF	ANY UNRECOGNIZED
AX BENEFITS AS OF OCTOBER 31, 2014 OR 2013.	THE FOUNDA	TION AND MACK
VENUE [FESTIVAL PRODUCTIONS, INC.] ARE NO LO	NGER SUBJEC	T TO FEDERAL
NCOME TAX EXAMINATIONS BY THE IRS FOR YEARS		
	TWICK TO IN	C TERM DIDER
CTOBER 31, 2008.		
	<u> </u>	

### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is to unirs gov/form 990

Employer identification number

Name of the organization							Employer ide	ntification number	
DETROIT JAZZ FESTIVAL FOUNDATION							02-0754855		
Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
Indicate whether the organization rais     a	ed funds through any of the e f g g g g g g g g g g g g g g g g g	Solicitation Solicitation Special fundividual (in	on of one	non-governising of	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		(iii) funda have cu or cont contribu	aiser Istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
				_					
	<u> </u>								
				-					
						_			
Total	<del></del>	<u> </u>		<b>•</b>		_			
List all states in which the organization or licensing.	n is registered or licensed t	to solicit co	ontrib	utions	or has been notified	it is	exempt from re	egistration 	
	<del></del>	·							
				_					
		· · · · · · · · · · · · · · · · · · ·							
	<del></del>								
		<del></del>	_				· ·		
		-							
	<del></del>								

Part II 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.

		or fulldraising event contributions and gr		5 LZ, III 63   UI 6 05. LIST		sto grouter than 40,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BLACK	SHORTER/	NONE	1 ' '
			HISTORY	SPAULDING		(add col. (a) through
	ı		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Ωe			(0.10.10.10)	(6.6		
Revenue	١.	Cuana na sainta	3,325.	75,743.		79,068.
æ	1	Gross receipts	3,323.	13,143.		15,000.
	2	Less: Contributions			<del></del>	<del> </del>
	} _		2 225	75 742		70.060
	3	Gross income (line 1 minus line 2) .	3,325.	75,743.		79,068.
	١.					
	4	Cash prizes			- <del> </del>	
w	5	Noncash prizes				<u> </u>
Se						0= -04
bed	6	Rent/facility costs	11,499.	26,285.		37,784.
Direct Expenses	l					
ਲ	7	Food and beverages				
۵						
	8	Entertainment	24,177. 28,890.	65,500.		89,677.
	9	Other direct expenses	28,890.	15,239.		44,129.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		<b>_▶</b>	171,590.
	11	Net income summary. Subtract line 10 from l	ine 3, column (d)		<b>&gt;</b> _	<92,522.
Pε	rt l	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Pinge	(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add
Š			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Œ	1	Gross revenue				,
Ø	2	Cash prizes				
Se.						
Direct Expenses	3	Noncash prizes				
Ū						
ē	4	Rent/facility costs				
△		• • • • • • • •			<del></del>	1
	5	Other direct expenses				
_	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
						<del></del>
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	-	Direct expense culturally in the image	TO III GOIGITIII (G)			<del></del>
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		Not gaming moonle summary, oubtract line ?	nonnine 1, column (a)		<del>-</del>	
9	Fnt	ter the state(s) in which the organization opera	tes namino activitico:			
		he organization licensed to operate gaming ac	_	etatos?	· · · · · · · · · · · · · · · · · · ·	Yes No
		No Lavalora		salatos	•	. LIES LINO
Ü	11 1	No, explain:	<del></del>			
	_		<del></del>	<del></del>		
102	Wo	ere any of the organization's gaming licenses re	woked suspended or to	minated during the tax :		Yes No
		Yes," explain:	stoned, suspended of te	minated during the tax y	cait	162 [ NO
J	"	100, explain.	<del></del>	<del></del>		
		<del></del>	<del></del>			

Sch	edule G (Form 990 or 990-EZ) 2013 DETROIT JAZZ FESTIVAL FOUNDATION U2-	0/54	855	Page 3
11	Does the organization operate gaming activities with nonmembers?	لــا	Yes	L No
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?		Yes	No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►	<del></del>		
15a	Address Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
b	of gaming revenue retained by the third party   solf "Yes," enter the amount of gaming revenue received by the organization   solf "Yes," enter name and address of the third party:			
	Name ►Address ►			
16	Address Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
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. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	lines 9,	9b, 10	Ob, 15b,
_				
—				<del></del>
				····

SCHEDULE (Form 990) Name of the organization

Department of the Treasury internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at mumirs goul form 990.

**Employer identification number** 02-0754855 Inspection

0 **₽** PUBLIC JAZZ FESTIVAL HELD IN DETROIT EACH YEAR OVER 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 1 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 : : X X : : : (f) Method of valuation (book, FMV, apprasal, other) : : : : (e) Amount of assistance non-cash 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 3,822,879 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 42-1694327 | 501(C)(3) Enter total number of other organizations listed in the line 1 table 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 FESTIVAL PRODUCTIONS or government SHORES, MI 48080-2756 Parti Part #

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2013)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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. AS EXPENSES ARE 인 E P D Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. ACCOUNTING DEPARTMENT AND ARE REVIEWED BY THE EXECUTIVE VICE-PRESIDENT THEY ARE CODED AND MARKED IN THE ACCOUNTING SYSTEM BY GRANT PERIODIC REPORTS ARE RUN TIMELY GRANT REPORTS ARE FILED BY THE (d) Amount of non-cash assistance EXPLANATION: EXPENSES RELATED TO GRANTS ARE PREAPPROVED. (c) Amount of cash grant ENSURE THAT FUNDS ARE EXPENDED ACCORDINGLY. (b) Number of recipients COLUMN (H): MONITOR THE GRANT ACTIVITY. (a) Type of grant or assistance LINE 1, PART I, LINE 2: INCURRED, PART II,

Page 2

02-0754855

DETROIT JAZZ FESTIVAL FOUNDATION

Schedule I (Form 990) (2013)

Part III

Schedule I (Form 990) (2013)

NAME OF ORGANIZATION OR GOVERNMENT:

332102 10-29-13

Schedule   (Form 990) DETROIT JAZZ FESTIVAL FOUNDATION	02-0754855 Page 2
Part IV Supplemental Information	
MACK AVENUE FESTIVAL PRODUCTIONS, INC.	
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DETROIT	JAZZ
FESTIVAL, A FREE PUBLIC JAZZ FESTIVAL HELD IN DETROIT EACH	YEAR OVER THE
LABOR DAY WEEKEND	
	<del></del>

### 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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DETROIT JAZZ FESTIVAL FOUNDATION

about Schedule O (Form 990 or 990-FZ) and its instructions islation irs gov/form990. Employer identification number 02-0754855

DELICIT GARA INDITATE LOCALITION OF CLOSE
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
JAZZ LEGACY THROUGH EDUCATIONAL AND COLLABORATIVE OPPORTUNITIES
ACCESSIBLE TO ALL, AND TO PRESENT A WORLD CLASS SIGNATURE EVENT THAT
MAKES DETROIT A TOURIST DESTINATION
FORM 990, PART VI, SECTION A, LINE 2:
EXPLANATION: THOMAS ROBINSON AND GRETCHEN VALADE HAVE A BUSINESS
RELATIONSHIP.
<u></u>
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: ANNUALLY, EACH BOARD MEMBER WILL SIGN A CONFLICT OF DISCLOSURE
STATEMENT. ALL DISCLOSURES ARE REVIEWED.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.

Employer identification number 02-0754855 Open to Public Inspection OMB No 1545-0047 2013 Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.  $\boldsymbol{\varepsilon}$ End-of-year assets **e** Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶Information about Schedule R (Form 990) and its instructions is at munites gon/form990. Total income Related Organizations and Unrelated Partnerships ত ► See separate instructions. Legal domicile (state or Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) DETROIT JAZZ FESTIVAL FOUNDATION ► Attach to Form 990. Primary activity Name, address, and EIN (if applicable) of disregarded entity <u>a</u> Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part

}

(a)	<b>(</b> 9)	(2)	9	(e)	(J)	(6)	3
	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 51	Z(D)(13)
		foreign country)	section	status (if section		entit	}
				501(c)(3))		Yes	S S
MACK AVENUE FESTIVAL PRODUCTIONS, INC							
42-1694327, 23100 JEFFERSON, ST. CLAIR							
	SEE PART VII	MICHIGAN	501(C)(3)	LINE 11A, I	N/A	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	for Form 990.				Schedule R (Form 990) 2013	Form 990	) 2013

02-0754855

Page 2

Schedule R (Form 990) 2013 DETROIT JAZZ FESTIVAL FOUNDATION

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

Percentage ownership				-	e related							Schedule R (Form 990) 2013
General or managing e partner?  5) Yes No					one or mo	Percentage ownership						ule R (Forn
Code V-UBI amount in box 20 of Schedul K-1 (Form 106)					because it had							Schedi
tonats ons?					t IV, line 34							
					m 990, Par							
					res" on For	of entity rp, S corp, r trust)				<u>.</u> !		
hare of tota income					answered							
int income Since S					organization a	Direct controllients entity						
Predomina (related, u excluded fro sections (	_			-	npiete ir tne							-
Direct controlling entity					ear.							
Legal domicile (state or foreign country)					as a Corpo	Prims						
Primary activity				 	porations raxable i	Z _						
Name, address, and EIN of related organization					Part IV Identification of related Organizations treated as a corr	Name, address, and Ell of related organization						332162 09-12-13
	Primary activity domicile country classes country)  Legal commission activity (related, unrelated, normal actions)  Predominant moome (related, unrelated, normal actions)  Share of total income (related, unrelated, normal actions)  Share of total income (related from tax under foreign country)  Share of total income (related, unrelated, normal actions)  Area No. 1 (Form 1065)	Primary activity comcile controlling Predominant income case of total configuration from the configuration form that the configuration form that the configuration form that the configuration form that the configuration form that the configuration form the configuration form that the configuration form the configuration	Primary activity Charges Country (related, unrelated, country)  Primary activity Charges Country (related, unrelated, country)  Primary activity Charges Country (related, unrelated, nore)  Primary activity Charges	Primary activity Legial Direct controlling Predominant income confidence of total Share of total Code V-UBI accidence of total confidence of total	Primary activity Legal Oriect controlling Predominant income state of total Code V-UBI and Code orients of the country case of the country cou	Variable, address, and EIN  Or felated organization  Or felated organization or Trust Complete if the organization stayled as a corporation or trust during the tax year.	Variable of the control of the con	Varine, address, and EIN  Versilia (Interlated organization of Palated Organization or trust during the task as a corporation or trust during the task year.  Versilia (Interlated organization or trust during the task year.)  Versilia (Interlated organization or trust during the task year.)  Versilia (Interlated organization or trust during the task year.)  Versilia (Interlated organization or trust during the task year.)  Versilia (Interlated organization or trust during the task year.)  Versilia (Interlated organization or trust during the task year.)  Versilia (Interlated organization or trust during the task year.)  Versilia (Interlated organization or trust during the task year.)  Versilia (Interlated organization)  Versilia (Interlated	According to the control of the co	Control   Cont	Comparison of Primary activity   Comparison of Primary activity	Vering address, and Eln  Primary activity  Compared  When a address, and Eln  When address and Eln  When addres

Page 3

Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36. PartV

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ans with one or more r	elated organizations listed	in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	:			-er	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X	
(S)	;	:		10	×
		:		19	×
		:		Ç	×
e Logils of logil guarantees by related organization(s)	:			2	4
f Dividends from related organization(s)				-	×
	•	• • • • • • • • • • • • • • • • • • • •		2	×
				S .	:
h Purchase of assets from related organization(s)	•	: .		Ę.	×
i Exchange of assets with related organization(s)	:	:		<b>;</b>	×
j Lease of facilities, equipment, or other assets to related organization(s)		:	: : : : : : : : : : : : : : : : : : : :	-li	×
					<b>\$</b>
k Lease of facilities, equipment, or other assets from related organization(s)		: : : : : : : : : : : : : : : : : : : :		¥	4
! Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)		: : : : : : : : : : : : : : : : : : : :	=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ganization(s)	:		1m X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)	:		t X	
Sharing of paid employees with related organization(s)				<b>7</b>	
		:		┿	
n Bambureament noid to related organization(e) for expenses				Ę	<b>.</b> ×
		:			>
d Reimbursement paid by related organization(s) for expenses	•	· · · · · · · · · · · · · · · · · · ·		19	4
					>
r Other transfer of cash of property to related organization(s)	•	::			4 >
		:::		18	4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds.		
<b>(a)</b> Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	volved	
	type (a-s)				
(1) MACK AVENUE FESTIVAL PRODUCTIONS, INC.	В	3,822,879.	CASH PAID		
ଷ୍ଡ					
(3)					
(4)					
(5)					
(9)				1000	5
332163 09-12-13			OCHECUIA	Schedule H (Form 990) 2013	2013

02-0754855

Schedule R (Form 990) 2013 DETROIT JAZZ FESTIVAL FOUNDATION

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 DETROIT JAZZ FESTIVAL FOUNDATION	02-0754855 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions).	
SCHEDULE R, PART II - PRIMARY ACTIVITY	
EXPLANATION: TO FOSTER THE HISTORY AND TO NURTURE THE DEV	ELOPMENT OF
JAZZ, AS WELL AS TO PERPETUATE DETROIT'S SIGNIFICANT JAZZ	LEGACY
	<u> </u>
<del></del>	

### Form **8868** (Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			• [X]
-	u are filing for an Additional (Not Automatic) 3-Month Ex			· ·		
Do not	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sty filed Fo	rm 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tir	ne to file (6	6 months for a corp	oration
require	d to file Form 990-T), or an additional (not automatic) 3-mo	onth extens	sion of time. You can electronically f	ile Form 8	868 to request an e	extension
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers /	Associated With Ce	ertain
Person	al Benefit Contracts, which must be sent to the IRS in par	oer format	(see instructions). For more details	on the elec	ctronic filing of this	form,
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits				<del>-</del>	
Part	Automatic 3-Month Extension of Time	e. Only	submit original (no copies	needec	i)	
A corpo	oration required to file Form 990-T and requesting an autor					
Part I o	nly				•	· 🔲
	r corporations (including 1120-C filers), partnerships, REN	fICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
to file in	come tax returns.		· · · · · · · · · · · · · · · · · · ·	Enter file	er's identifying nur	nber
Туре о	Name of exempt organization or other filer, see instru	ctions.		Employe	ridentification num	ber (EIN) or
print			_			
File by the	DETROIT JAZZ FESTIVAL FOUN	DATIO	N		02-075485	55
due date i	or Number, street, and room or suite no. If a P.O. box, s 23100 JEFFERSON	tions.	Social se	curity number (SSN	Ŋ	
return Se instruction		oreign add	Iress, see instructions.		<del></del>	
	- · · · · · · · · · · · · · · · · · · ·	0-275			•	
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
	,					•
\pplica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A		<del></del>	08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
	CORNELL BATIE					
	books are in the care of ▶ 19900 HARPER -	HARP				
Tele	phone No. ► (313) 640-0905		Fax No. ► (313) 447-	1249		
	organization does not have an office or place of business	s in the Un	nited States, check this box		<b>&gt;&gt;</b>	· 🔲
	s is for a Group Return, enter the organization's four digit			f this is foi	the whole group, o	check this
box ▶	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension is	for,
1 1	equest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	untıl		
	JUNE 15, 2015 , to file the exemp	t organiza	tion return for the organization name	d above.	The extension	
is	for the organization's return for:					
•	calendar year or					
•	X tax year beginning NOV 1, 2013	,an	dending OCT 31, 2014			
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	Final retur	n	
[	Change in accounting period					
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, o	enter the tentative tax, less any	1 1		
<u>n</u>	onrefundable credits. See instructions.			3a	\$	<u> </u>
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	y refundable credits and			_
<u>e:</u>	stimated tax payments made. Include any prior year overp	payment al	lowed as a credit.	3ь	\$	0.
့ ၁ B	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			_
b	vusing EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
Caution	If you are going to make an electronic funds withdrawal	(direct del	hit) with this Form 8868 see Form 8	453-FO an	d Form 8879.FO fo	r navment

instructions.

Form 8868 (Rev. 1-2014)		<del></del>	<del></del>		Р	age :
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month I</li> </ul>					▶ <u>  X</u>	J
<b>Note.</b> Only complete Part II if you have already been granted ar			led Form	8868.		
If you are filing for an Automatic 3-Month Extension, comp						
Part II Additional (Not Automatic) 3-Month	Extensio			_		
<del></del>		Enter filer's			er, see instructi	
ype or Name of exempt organization or other filer, see inst	ructions.		Employe	r identifica	ation number (E	IN) c
DETROIT JAZZ FESTIVAL FOUNI	NOITAC			02-0	754855	
ue date for Number, street, and room or suite no. If a P.O. box, etum See 23100 JEFFERSON	see instruc	tions.	Social se	curity nun	mber (SSN)	
onstructions City, town or post office, state, and ZIP code. For a ST. CLAIR SHORES, MI 48080		Iress, see instructions.				
Enter the Return code for the return that this application is for (	file a separa	te application for each return)				1
· · · · · · · · · · · · · · · · · · ·	· - <del></del> -					
Application	Return	Application				turn
s For	Code	Is For				ode
form 990 or Form 990-EZ	01	5 4044 A				
form 990-BL	02	Form 1041-A				08
form 4720 (individual)	03	Form 4720 (other than individual)				9
Form 990-PF	04	Form 5227				10
form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11_
form 990-T (trust other than above)	06	Form 8870				12
GTOP! Do not complete Part II if you were not already grant CORNELL BATIE	ed an auton	natic 3-month extension on a previ	ously Ille	ed Form 8	000.	
The books are in the care of > 19900 HARPER -	- нуррі	ER WOODS MT 48225.	-1759			
Telephone No. ► (313) 640-8414	- IIIIII	Fax No. ► (313) 447-				
If the organization does not have an office or place of busine	ee in the l lr					1
If this is for a Group Return, enter the organization's four dig				 rthe whol	e group, check	, thic
ox . If it is for part of the group, check this box .	_	ch a list with the names and EINs of				uns
4 I request an additional 3-month extension of time until			an incinc	CIS (IIC CA	tension is ior.	_
5 For calendar year, or other tax year beginning			OCT	31.	2014	
6 If the tax year entered in line 5 is for less than 12 months,			Final			—.
Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL TIME IS NECESSARY	TO COI	MPILE DATA FOR A CO	OMPLE	TE AN	(D	
ACCURATE RETURN.						
8a If this application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069.	enter the tentative tax, less any	1		<del></del>	
nonrefundable credits. See instructions.		·	8a	\$		0
b If this application is for Forms 990-PF, 990-T, 4720, or 606	39, enter an	y refundable credits and estimated				
tax payments made. Include any prior year overpayment						
		·	8b	\$		0
previously with Form 8868.						
c Balance due. Subtract line 8b from line 8a. Include your	payment wit	h this form, if required, by using	1	ļ		
	•	h this form, if required, by using	8c	\$		0

Title ► C.P.A.

Form 8868 (Rev. 1-2014)

Date 🕨

Signature >