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EXTENDED TO SEPTEMBER 15, 2016

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.lrs.gov/form990.

2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service

| ^ | ror ui | e 2014 Calendar year, or tax year beginning NOV 1, 2014 and e | enuing U | CT 31, 4013 | |
|-------------------------|----------------------|--|---------------|-------------------------------|-----------------------------|
| В | Check if applicab | C Name of organization | | D Employer identific | eation number |
| | Addre | DETROIT JAZZ FESTIVAL FOUNDATION | | | |
| | Name chang | | | 02-0 | 754855 |
| | Initial return | and the second s | Room/suite | E Telephone number | |
| | Final | 22100 TEFFEDON | | (313) | |
| | termir | | - | G Gross receipts \$ | 3,722,912. |
| Г | Amen | ded cm ctate cuopec wt 40000_2756 | | H(a) Is this a group re | |
| 〒 | Application | | | for subordinates' | |
| | pend | SAME AS C ABOVE | | H(b) Are all subordinates ind | |
| | Tay-ey | empt status: X 501(c)(3) | r 527 | 1 ' ' | ist. (see instructions) |
| | | te: NWW.DETROITJAZZFEST.COM | " <u></u> | H(c) Group exemption | |
| | | organization: X Corporation | 1 Vear | | State of legal domicile: MI |
| | art I | Summary | | or formation. 2003; IVI | State of legal domiche. 111 |
| • | _ | Briefly describe the organization's mission or most significant activities: TO FC | CUED | THE HIGHORY | אאדר יייר |
| 9 | | NURTURE THE DEVELOPMENT OF JAZZ, TO PERPE | | | |
| Jan | | | | | |
| Activities & Governance | - | Check this box if the organization discontinued its operations or disposit | ea ormore | 1 1 | sets |
| Ĝ | 1 | Number of voting members of the governing body (Part VI, line 1a) | $U_{-\alpha}$ | 3 | <u></u> |
| e g | | Number of independent voting members of the governing body (Part VI) line 16) | 100 | 4 | 4 |
| ië. | 5 | Total number of individuals employed in calendar year 2014 (Part Viline-2a) | 'e /8 | 5 | 0 |
| ₹ | 6 | Total number of volunteers (estimate if necessary) |)10 /5 | 6 | 375 |
| Act | 7 a | Total unrelated business revenue from Part VIII, column (O), iline 12 5 57 | | /a | 3,000. |
| | b | Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (O), line 12 SEP 20 Net unrelated business taxable income from Form 990-T, line 32 | | 7b | 0. |
| | 1 | I GGDEIN | | Prior Year | Current Year |
| ē | 8 | Contributions and grants (Part VIII, line 1h) | | 3,430,011. | 3,432,413. |
| en | 9 | Program service revenue (Part VIII, line 2g) | | 241,717. | <u>268,419.</u> |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 0. |
| - | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -92,522. | 22,080. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,579,206. | 3,722,912. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 3,822,879. | 3,805,203. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | . [| 0. | 0. |
| Ģ | Ь | Total fundraising expenses (Part IX, column (D), line 25) | 0. | · - | |
| ш | 1 | Other expenses Park IX/Collumn (A), lines 11a-17d(11-24e) | | 16,287. | 6,273. |
| | 1 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,839,166. | 3,811,476. |
| | 1 | Revenue less expenses. Subtract line 18 from line 12 | | -259,960. | -88,564. |
| o Se | | 0 9 1 4 2016 | Ber | ginning of Current Year | End of Year |
| Assets or Balances | 20 | Total assets (Part X, line 16) | 30, | 317,995. | 229,431. |
| | | Total liabilities (Part X, line 26) 1 () (5 [) (5] \) | | 0. | 0. |
| Est Fig | 22 | Net assets or fund balances Subtract line:21 from line:20 | | 317,995. | 229,431. |
| | art II | Signature Block | | <u> </u> | <u> </u> |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedules | and etateme | ente, and to the heet of my | knowledge and belief it is |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of whi | | | knowledge and bellet, it is |
| true, | COITE | | un preparer | 9/14/16 | |
| ۸. | | Signature of officer | | Date | |
| Sig | | | | 24.0 | |
| Her | е | THOMAS A. ROBINSON, PRESIDENT Type or print name and title | | | |
| | | | | ate Check | PTIN |
| | | Print/Type preparer's name Preparer's cignature | | if | |
| Paid | | MICHAEL R. NICHOLAS | 9 | 11314 self-employed | |
| | arer | Firm's name GEORGE JOHNSON & COMPANY | | Firm's EIN | 38-2029668 |
| Use | Only | Firm's address 1200 BUHL BUILDING, 535 GRISWOLD |) | , | 0\ 06B 06B= |
| | | DETROIT, MI 48226-3689 | | Phone no. (31 | 3) 965-2655 |
| May | the IF | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

| <u>-orn</u> | m 990 (2014) DETROIT JAZZ FESTIVAL FOUNDATION UZ-0/54855 P | age ∠ |
|-------------|---|-------------|
| Pa | art 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 PURPOSES, AS | |
| | DEFINED IN INTERNAL REVENUE CODE SECTION 501(C)(3), TO FOSTER THE | |
| | HISTORY AND TO NURTURE THE DEVELOPMENT OF JAZZ, AS WELL 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? | No |
| | If "Yes," describe these new services on Schedule O | _ |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported | |
| 4a | (Code) (Expenses \$ 3,805,203. including grants of \$ 3,805,203.) (Revenue \$ 134,19 | <u>2.</u>) |
| | OPERATION OF THE DETROIT JAZZ FESTIVAL, A FREE PUBLIC JAZZ FESTIVAL | |
| | HELD IN DETROIT EACH YEAR OVER THE LABOR DAY WEEKEND | |
| | | |
| | | |
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| | | |
| 4b | (Code) (Expenses \$ including grants of \$) (Revenue \$ | <u> </u> |
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| | /p | |
| 40 | (Code) (Expenses \$ including grants of \$) (Revenue \$ | — <i>'</i> |
| | <u> </u> | |
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| | | |
| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 40 | Total program service expenses ► 3,805,203. | |

Form **990** (2014)

Form 990 (2014) DETROIT JAZZ FESTIVAL FOUNDATION

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|----------------|----------------|----------|
| 1 | is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | ' | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | 1 | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 1 | i | |
| | 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 | | | ., |
| _ | 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 |
| 0 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | P . | | |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | ł | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 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, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | X |
| 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 | | <u>X</u> |
| С | 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_ |
| đ | 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 | | <u> </u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | <u> </u> |
| 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 | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | 37 |
| | Schedule D, Parts XI and XII | 12a | | <u> </u> |
| D | 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 | 105 | v | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | X | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | . a | \neg | >_ |
| - | 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 | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | 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, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | <u>X</u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | |] | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | <u>X</u> |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u>X</u> |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | 990 (2 | 201.43 |
| | | LOIM | <i>33</i> 0 (2 | ∠∪14) |

Yes No

02-0754855

Form 990 (2014) DETROIT JAZZ FESTIVAL FOUNDATION

Part IV Checklist of Required Schedules (continued)

| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | i |
|----------|--|-----------|-------|----------|
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | _X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | į |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | j | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? . | 24c | | <u> </u> |
| đ | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | 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 "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | ĺ |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | i |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | ., |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 00- | | v |
| 20 | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c 29 | | X |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in | 29 | | |
| 30 | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 30 | | |
| . | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 0. | | |
| _ | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | _x | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Х | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> |
| 38 | 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 | 38 | X | |
| | | Form | 99U (| 2014) |

| | n 990 (2014) DETROIT JAZZ FESTIVAL FOUNDATION rt V Statements Regarding Other IRS Filings and Tax Compliance | | 02-07 | J-±0 J | <u>ا </u> | Page · |
|---------|--|----------|----------------------|-------------|---|--|
| | Check if Schedule O contains a response or note to any line in this Part V | | | | | |
| | The state of the s | | | | Yes | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | I | 0 | res | No |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | | 0 | | |
| C | Butter and the second s | | ble gaming | | | 1 |
| C | (gambling) winnings to prize winners? | сропа | ble gaming | 10 | | 1 |
| 20 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | 1c | | \vdash |
| Za | | 0- | | 0 | | } |
| L | filed for the calendar year ending with or within the year covered by this return | 2a | <u> </u> | | | |
| D | If at least one is reported on line 2a, did the organization file all required federal employment tax returned. | | | <u>2b</u> | + | ┼ |
| • | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | s) | | | v | |
| 3a | | ^ | | 3a | X | +- |
| b | | | | 3b | 1-4 | ┼ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | | - | | | ₹. |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | accou | nt)? | 4a | + | X |
| b | If "Yes," enter the name of the foreign country: | | 4- (FD 4 D) | _ | 1 | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccoun | its (FBAH) | _ | 1 | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | - | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the first taxable party in the same state of the first taxable party in the same state of the first taxable party in the same state of the first taxable party in the same state of the first taxable party in the same state of the first taxable party in the same state of the first taxable party in the same state of the same state | ction? | | _5b | - | ^ - |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | _5c | + | \vdash |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | ne orga | anization solicit | | | |
| _ | any contributions that were not tax deductible as chantable contributions? | | | 6a | | X |
| Ь | If "Yes," did the organization include with every solicitation an express statement that such contribut | ions o | rgπs | | | |
| _ | were not tax deductible? | | | 6b | + | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 0 | | v |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | rvices p | provided to trie pay | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | ╁ | + |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as req | uirea | | | |
| | to file Form 8282? | ایدا | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | ⊢. . | 1 | v |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | ;t ? | 7e | - - | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file. | | OO oo roguroda | 71 | N/ | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | | N/ | - |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | 11/ | r- |
| 8 | sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year? | г Бу и к | a N/A | 8 | | ŀ |
| 0 | | | | ° | | |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | | N/A | 9a | | İ |
| a b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | N/A | | | |
| 10 | Section 501(c)(7) organizations. Enter. | | 14/21 | 30 | 1 | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 N/A | 10a | | ļ | | |
| 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: | 100 | | | | |
| ·· a | Gross income from members or shareholders N/A | 11a | | ļ | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | 114 | | | 1 | |
| | amounts due or received from them.) | 11b | | | | l |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | , | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A | 12b | | 120 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | 1 |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | N/A | 13a | 1 | |
| _ | Note. See the instructions for additional information the organization must report on Schedule O | | , | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| _ | organization is licensed to issue qualified health plans | 13b | | | | |
| | | | | | | |

14a

14b

13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Page 6

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 | | | <u>X</u> |
|------------|---|---------|------|-----------|
| Sec | tion 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 | 5 | 1 | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | 1 | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 4 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | ļ | |
| | officer, director, trustee, or key employee? | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| 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 | X | |
| 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 | X | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | ın Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | <u>_X</u> |
| | 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 | | | |
| | taxable entity during the year? | 16a | | <u>X</u> |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| <u>Sec</u> | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►MI | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | avaılab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are | d finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records 🕨 | | | |
| | TONYA MILLER-SWIFT - (313) 640-8414 | | | |
| | 19900 HARPER, HARPER WOODS, MI 48225-1759 | | | |

| $\alpha \alpha \alpha$ | (2014) | |
|----------------------------|--------|--|
| | | |

DETROIT JAZZ FESTIVAL FOUNDATION

02-0754855

Page 7

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

| X Check this box if neither the organization in | or any related | orga | anıza | tion | CO | mpe | nsat | ted any current officer, of | director, or trustee | |
|--|------------------------|--------------------------------|-----------------------|---------|--------|------------------------------|-------------------|-----------------------------|----------------------|---------------|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and Title | Average | (do | | Pos | | than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson | is bot | h an | compensation | compensation | amount of |
| | week | - | Cer ar | io a o | irecia | Ji/tius | (ee) | from | from related | other |
| | (list any | lec to | İ | | | | | the | organizations | compensation |
| | hours for | ō | 8 | | ļ | ated | | organization | (W-2/1099-MISC) | from the |
| | related | ustee | trust | | g, | leg l | | (W-2/1099-MISC) | | organization |
| | organizations below | ual tr | onal | | ploye | 5 2 | | | | and related |
| | line) | Individual trustee or director | Institutional trustee | Officer | ey em | Highest compensated employee | Ē | | | organizations |
| (1) GRETCHEN VALADE | 4.00 | = | - | - | × | 1 8 | - | | | |
| TREASURER/DIRECTOR | 1 | x | | x | | | | 0. | 0. | 0. |
| (2) DAVID SUTHERLAND | 2.00 | - | <u> </u> | | | <u> </u> | | | | <u> </u> |
| SECRETARY/DIRECTOR | 2.00 | x | | x | | | İ | 0. | 0. | 0. |
| (3) THOMAS ROBINSON | 6.00 | - | | | | | | | | |
| PRESIDENT/DIRECTOR | 10.00 | x | | х | | | | 0. | 0. | 0. |
| (4) STEPHANIE MAROTTA | 0.50 | | | | | | | | | |
| DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. |
| (5) SHARON BANKS | 0.50 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| DITE CONTROL OF THE C | | | | | | | | | | , * |
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| | (A) Name and business address - NONE | (B) Description of services | Compensation | | |
|---|--|--------------------------------|--------------|--|--|
| | | | | | |
| _ | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2 | Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization | above) who received more than | | | |

| | | Check if Schedule O con | tains a response | or note to any li | ne in this Part VIII | | | |
|--|----------|---|-------------------|-------------------|--|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| ts | 1 a | Federated campaigns | 1a | | | | | |
| ran | b | | 1b | | | İ | | |
| Contributions, Gifts, Grants and Other Similar Amounts | c | _ | 1c | | | | | |
| | d | | 1d | | 1 | | | <u>'</u> |
| | e | Government grants (contribute | | | 1 | | | |
| | f | All adds | | | 1 | | | |
| the | • | similar amounts not included abo | | 432,413. | | | | |
| Ēδ | 0 | Noncash contributions included in lines | · | | | | | |
| Col | - | Total. Add lines 1a-1f | | | 3,432,413. | | | |
| _ | | | | Business Code | | | | |
| 8 | 2 a | BEVERAGE OPERAT | NOI | 900099 | 131,227. | | | 131,227. |
| Program Service Revenue | b | EXHIBITION BOOT | H | 900099 | 93,277. | 93,277. | | |
| 종립 | С | MEMBERSHIP DUES | 3 | 900099 | 30,545. | 30,545. | | |
| e a | d | PROGRAM BOOKLET | INCOME | 900099 | 13,370. | 10,370. | 3,000. | |
| <u>6</u> — | е | | | | | | | |
| <u>-</u> | f | All other program service reve | enue | 900099 | | | | |
| | g | Total. Add lines 2a-2f | | <u> </u> | 268,419. | | | |
| 1 | 3 | Investment income (including | dividends, intere | est, and | | | | |
| İ | | other similar amounts) | | > | | | | |
| | 4 | Income from investment of ta | x-exempt bond p | roceeds | | | | |
| | 5 | Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| 1 | 6 a | Gross rents . | | | | | | |
| Í | b | Less. rental expenses | | | | | | |
| | C | Rental income or (loss) | _ | L | ļ | | | |
| ĺ | d | Net rental income or (loss) | _ | <u> </u> | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | _ | | | | | |
| | С | • • | | | | | | |
| | d | • ' ' | | <u> </u> | | | | |
| e l | 8 a | Gross income from fundraisin | g events (not | | | | | |
| Ē | | including \$ | of | | | | | |
| è | | contributions reported on line | 1c). See | 00 000 | | | | |
| Other Reven | | Part IV, line 18 | a | 22,080. | | | | 1 |
| \$ | | Less. direct expenses | . b | 0. | 22 222 | | | 22 222 |
| | | Net income or (loss) from fund | = | <u></u> | 22,080. | | | 22,080. |
| | 9 a | Gross income from gaming ac | | • | - | | | |
| | | Part IV, line 19 | a . | | | : | | |
| - | | Less. direct expenses | b | | | | | |
| 1 | | Net income or (loss) from gam | _ | _ | | | | |
| ļ | 10 a | Gross sales of inventory, less | | ı | ļ | | | |
| | | and allowances | а | | | | | |
| | | Less: cost of goods sold | b | | | | | |
| - | <u>c</u> | Net income or (loss) from sale | | Business Cada | | | | |
| - | 44 - | Miscellaneous Revenu | | Business Code | | | | |
| | 11 a | | | | | | | |
| | b | | | | - | | | <u> </u> |
| | c | All other revenue | | | | | | |
| | d | Total. Add lines 11a-11d | | | | | | |
| | е 12 | Total revenue. See instructions. | | | 3,722,912. | 134,192. | 3 000 | 153,307. |
| | 14 | TOTAL TOTOLING, OCC MONDUCTIONS. | | | <u>-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | <u> </u> | |

Form 990 (2014) DETROIT JAZZ FESTIVAL FOUNDATION
Part IX | Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must com | plete all columns All oth | ner organizations must co | omplete column (A) | |
|------------|--|------------------------------|------------------------------|---|--------------------------------|
| | Check if Schedule O contains a respon | | | | |
| | 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 domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 3,805,203. | 3,805,203. | | |
| 2 | Grants and other assistance to domestic | - | | | |
| | ındıvıduals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | - | | | |
| | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| Ŭ | 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 | | | | |
| Ŭ | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | - |
| | Management | | | | |
| b | Legal | | | | |
| | Accounting | | | · | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| _ | column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 932. | | 932. | |
| 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 | | | | - <u></u> |
| 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 0.) | | | | |
| a | | - | | ··· | |
| b | | | | | |
| C | | | | | |
| d | All other average | E 2/1 | | E 2/1 | |
| | All other expensesAdd lines 1 through 246 | 5,3 <u>41.</u> 3,811,476. | 3,805,203. | 5,341. 6,273. | 0. |
| <u> 25</u> | Total functional expenses. Add lines 1 through 24e | 3,011,4/0· | 3,003,203. | 0,2/3. | |
| 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 for it following SOR 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) (B) End of year Beginning of year Cash - non-interest-bearing 1 150,827. 87,249. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 167,168 142,182. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 7 Notes and loans receivable, net Inventories for sale or use 8 9 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 10c 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 14 Intangible assets 15 15 Other assets See Part IV, line 11 317,995 229,431 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses Grants payable 18 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 267,995. 156,831. 27 27 Unrestricted net assets 50,000. 28 72,600. Temporarily restricted net assets 28 29 Permanently restricted net assets 29 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 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 317,995. 229,431. 33 Total net assets or fund balances 33

317,995.

Total liabilities and net assets/fund balances

| Form | 1990 (2014) DETROIT JAZZ FESTIVAL FOUNDATION | 02-0 | <u>754855</u> | Pa | ge 12 |
|------|--|------------|---------------|-------------------|------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,72 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,81 | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 64. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 31' | 7 <u>,9</u> | <u>95.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses . | 7 | | | |
| 8 | Pnor period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 229 | 9,4 | <u>31.</u> |
| Pa | rt XIII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | ᆜᆜ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990. | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X_ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both. | | | | l |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | Ĺ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basıs, | | | 1 |
| | consolidated basis, or both | | | | l |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | Ì |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt, | | | l |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | <u> </u> |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | 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 requi | ired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form | 9 90 (| 2014) |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

| 4411 | | are organization | | | | | - 111 | pioyei | identinication number | |
|------|--------------|---|-----------------------------|-----------------------------|---------------|--------------|-----------------------|----------|--|--|
| | | | | ESTIVAL FOUN | | | | 0. | <u>2-0754855 </u> | |
| Pa | rt I | Reason for Public | Charity Status | All organizations must o | omplete ti | nis part.) S | ee instructions | | | |
| Ппе | organ | ization is not a private found | dation because it is. | (For lines 1 through 11, | check only | y one box) | | | | |
| 1 | | A church, convention of ch | nurches, or associati | on of churches describe | d in secti | on 170(b)(| 1)(A)(i). | | | |
| 2 | | A school described in sect | tion 170(b)(1)(A)(ii). | (Attach Schedule E.) | | | | | | |
| 3 | | A hospital or a cooperative | hospital service org | anization described in s | ection 17 | 0(b)(1)(A)(i | ii). | | | |
| 4 | | A medical research organiz | zation operated in co | njunction with a hospita | ıl describe | d in sectio | on 170(b)(1)(A)(iii). | Enter t | he hospital's name, | |
| | | city, and state | | | | | | | | |
| 5 | | An organization operated f | or the benefit of a co | ollege or university owne | d or opera | ted by a g | overnmental unit d | lescrib | ed in | |
| | | section 170(b)(1)(A)(iv). (0 | Complete Part II.) | | | | | | | |
| 6 | | A federal, state, or local go | vernment or govern | mental unit described in | section 1 | 70(b)(1)(A) |)(v). | | | |
| 7 | \mathbf{X} | An organization that norma | ally receives a substa | antial part of its support | from a gov | vernmental | unit or from the g | eneral į | oublic described in | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | | |
| 9 | | An organization that norma | ally receives: (1) more | e than 33 1/3% of its sup | pport from | contributi | ons, membership f | fees, ar | nd gross receipts from | |
| | | activities related to its exer | npt functions - subje | ct to certain exceptions | , and (2) n | o more tha | ın 33 1/3% of its si | upport | from gross investment | |
| | | income and unrelated busi | ness taxable income | (less section 511 tax) fi | om busine | esses acqu | ired by the organiz | zation a | after June 30, 1975 | |
| | | See section 509(a)(2). (Co | mplete Part III) | | | | | | | |
| 10 | | An organization organized | and operated exclus | ively to test for public sa | afety. See | section 50 | 09(a)(4). | | | |
| 11 | | An organization organized | and operated exclus | ively for the benefit of, t | o perform | the function | ons of, or to carry o | out the | purposes of one or | |
| | | more publicly supported or | rganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2) | See section 509(a | a)(3). C | heck the box in | |
| | | lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g | | | | | | | | |
| а | L. | Type I. A supporting orga | anızatıon operated, s | supervised, or controlled | by its sup | ported org | ganızatıon(s), typica | ally by | giving | |
| | | the supported organization | on(s) the power to re | gularly appoint or elect | a majority | of the dire | ctors or trustees o | f the su | pporting | |
| | | organization You must o | complete Part IV, Se | ections A and B. | | | | | | |
| b | L | Type II. A supporting org | anization supervised | d or controlled in connec | tion with i | ts supporte | ed organization(s), | by hav | ring | |
| | | control or management of | of the supporting org | anization vested in the s | ame pers | ons that co | ontrol or manage th | ne supp | ported | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | |
| C | | Type III functionally inte | grated. A supportin | g organization operated | in connec | tion with, a | and functionally int | tegrate | d with, | |
| | _ | its supported organizatio | n(s) (see instructions | s). You must complete | Part IV, So | ections A, | D, and E. | | | |
| d | L | Type III non-functionally | y integrated. A supp | porting organization oper | rated in co | nnection v | vith its supported o | organız | ation(s) | |
| | | that is not functionally int | tegrated. The organiz | zation generally must sa | tisfy a dist | ribution re | quirement and an | attentiv | reness | |
| | | requirement (see instruct | ions). You must co r | nplete Part IV, Sections | s A and D | , and Part | V. | | | |
| е | | Check this box if the orga | anization received a | written determination fro | m the IRS | that it is a | ı Type I, Type II, Ty | /pe III | | |
| | | functionally integrated, o | = : | nally integrated support | ıng organı | zation. | | | | |
| f | | r the number of supported (| • | | | | | | | |
| g | | ide the following information Name of supported | n about the supporte | | liv) is the c | organization | (v) Amount of mone | otanı I | (vi) Amount of | |
| | . " | organization | (1) 2.14 | (described on lines 1-9 | listed | ın your | support (see | stary | other support (see | |
| | | | | above or IRC section | | document? | _ Instructions) | | - Instructions) — — | |
| _ | | _ _ | | (see instructions)) - | Yes | No | | | | |
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Schedule A (Form 990 or 990-EZ) 2014 DETROIT JAZZ FESTIVAL FOUNDATION 02-0754855 Page 2

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 | endar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | - | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants ") | 2,363,317, | 3,710,639, | 3,757,605. | 3,430,011. | 3,432,413, | 16,693,985. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ızatıon's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | i | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 2,363,317, | 3,710,639, | 3,757,605. | 3,430,011. | 3,432,413. | 16,693,985, |
| 5 | The portion of total contributions | | | | | , , , , | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | i | | | | | |
| | supported organization) included | | j | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 11,369,775. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 5 324 210 |
| | ction B. Total Support | | • | · | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | Amounts from line 4 | 2,363,317. | 3,710,639, | 3,757,605. | 3,430,011. | 3,432,413. | 16,693,985. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | i | | | | |
| | and income from similar sources | | 1 | | | | |
| 9 | Net income from unrelated business | _ | | | | | |
| _ | activities, whether or not the | | | | | | |
| | business is regularly carried on | 3,100. | 2,000. | 1,300. | 3,300. | 3,000. | 12,700. |
| 10 | Other income. Do not include gain | | | - | • | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 16,706,685, |
| | Gross receipts from related activities, | etc (see instructio | ns) | | | 12 | 957,773. |
| | First five years. If the Form 990 is for | | | l, fourth, or fifth tax | year as a section | 501(c)(3) | |
| | organization, check this box and stop | here | | | | | |
| Sec | ction C. Computation of Publ | ic Support Per | centage | | | | |
| 14 | Public support percentage for 2014 (I | ine 6, column (f) div | uded by line 11, co | olumn (f)) | | 14 | 31.87 % |
| 15 | Public support percentage from 2013 | Schedule A, Part I | l, line 14 | | | 15 | <u>29.90 %</u> |
| 16a | 33 1/3% support test - 2014. If the o | rganization did not | check the box on | line 13, and line 1 | 4 is 33 1/3% or m | ore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | ▶□ |
| b | 33 1/3% support test - 2013. If the o | rganization did not | check a box on li | ne 13 or 16a, and I | ine 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization quali | fies as a publicly s | upported organiza | tion | | - | ▶∟ |
| 17a | 10% -facts-and-circumstances test | t - 2014. If the orga | ınızatıon dıd not cl | neck a box on line | 13, 16a, or 16b, a | nd line 14 is 10% | or more, |
| | and if the organization meets the "fac | ts-and-circumstand | es" test, check th | s box and stop he | ere. Explain in Par | t VI how the organ | |
| | meets the "facts-and-circumstances" | test The organizat | ion qualifies as a p | ublicly supported | organization | | ► X |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or |
| | more, and if the organization meets th | | | | | | |
| | organization meets the "facts-and-circ | cumstances" test. 7 | The organization q | ualifies as a publicl | ly supported orga | nızatıon | ▶∐ |
| 18 | Private foundation. If the organization | n did not check a b | oox on line 13, 16a | , 16b, 17a, or 17b, | check this box a | nd see instructions | <u>▶</u> |

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

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

| Se | ction A. Public Support | | | | | | |
|------|---|---------------------|----------------------------|------------------------|---------------------|----------------------|---------------------------------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | ınclude any "unusual grants.") | | | | L | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | ľ | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | - |
| | are not an unrelated trade or bus- | 1 | | | | | |
| | 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 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| t | 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 | | | | | | |
| • | : Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | |
| Sec | ction B. Total Support | | | • | | | |
| Cale | ndar year (or fiscal year beginning in) 📂 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | 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 | | | | | | |
| C | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | _ | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11, and 12) | | | | | | <u> </u> |
| 14 | First five years. If the Form 990 is for | the organization's | first, second, third | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiza | ation, |
| | check this box and stop here | | | • | · | | <u> </u> |
| | ction C. Computation of Publ | | | | | | - |
| | Public support percentage for 2014 (I | | • | olumn (f)) | ! | 15 | % |
| _ | Public support percentage from 2013 | | | · | - | 16 | % |
| | ction D. Computation of Inves | | | | | , | |
| 17 | Investment income percentage for 20 | | • • • | e 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2 | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2014. If the | _ | | | | | 7 is not |
| | more than 33 1/3%, check this box as | • | - | | - | | . ▶□ |
| b | 33 1/3% support tests - 2013. If the | | | | | | nd |
| | line 18 is not more than 33 1/3%, che | | | | | | ▶ٰ |
| 20_ | Private foundation. If the organizatio | n did not check a l | <u>box on line 14, 19a</u> | i, or 19b, check th | is box and see ins | tructions | . ▶∟ |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B if you checked 11b of Part I, complete Sections A and C if you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

| _ | | • | A | _ | _ | izations |
|---|--|---|---|---|-------|----------|
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| <u> </u> | Yes | No |
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|------------|--|------------------|--|-------------|
| | rt IV Supporting Organizations (continued) | | · | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | 1 |
| | below, the governing body of a supported organization? | 11a | + | ┼ |
| | A family member of a person described in (a) above? | 11b | + | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations | 11c | <u> </u> | |
| <u>060</u> | aton B. Type i Supporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 163 | 140 |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | 1 |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | | • |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | ' | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | ' | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. Type III Supporting Organizations | | , | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the | | | ĺ |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | <u> </u> |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | Ì | | 1 |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | 1 |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | <u> </u> |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | l |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | 1 |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | ł |
| S | supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations | 3 | | |
| - | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instruc | | | |
| 1 a | The organization satisfied the Activities Test. Complete line 2 below. | .uorisj. | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s | see instruction: | 5) | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | -No |
| – a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 1.00 | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | 1 | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 1 | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | l | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | 1 |
| | activities but for the organization's involvement. | _2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3b | | |

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|------|---|--------------|--|--------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | _ | | tructions. All |
| | other Type III non-functionally integrated supporting organizations must co | omplete S | ections A through E | |
| Sect | tion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| _2 | Recoveries of prior-year distributions | 2 | | |
| _3_ | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| _5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | 1 1 | | |
| | collection of gross income or for management, conservation, or | 1 | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year). | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | _ |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI) | | · · · · · · · · · · · · · · · · · · · | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1·1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5_ | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | ······································ | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7. | Check here if the current year is the organization's first as a non-functionall | ly-integrate | ed Type III supporting or | ganization (see |
| | instructions) | | | |

| | dule A (Form 990 or 990-EZ) 2014 DETROIT JAZZ rt V │ Type III Non-Functionally Integrated 509 | | | 12-0/54855 Page 7 |
|------|--|-------------------------------|------------------------|--|
| | ion D - Distributions | dayor supporting Orga | anizacions (continued) | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exem | | | |
| - | organizations, in excess of income from activity | pr purposes or supported | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organization | | |
| 4 | Amounts paid to acquire exempt use assets | ics of supported organization | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | · - - |
| 8 | Distributions to attentive supported organizations to which t | he organization is responsive | | |
| O | (provide details in Part VI) See instructions | organization to respondin | • | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (1) | (ii) | (iii) |
| | | Excess Distributions | Underdistributions | Distributable |
| sect | ion E - Distribution Allocations (see instructions) | | Pre-2014 | Amount for 2014 |
| 1 | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014 | | | |
| а | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | From 2013 | | | . <u>.</u> |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2014 distributable amount | | | |
| i | Carryover from 2009 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2014 from Section D, | | | |
| | line 7. \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2014 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2014, if | | | |
| | any. Subtract lines 3g and 4a from line 2 (if amount | | | |
| | greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h | | | |
| | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions) | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | - | |
| а | | | | <u> </u> |
| b | | | | |
| С | | | | |
| d | Excess from 2013 | | | |

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Part VI 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: THE DETROIT JAZZ FESTIVAL FOUNDATION (THE "FOUNDATION") IS RECOGNIZED AS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3). 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 YEAR. THE FOUNDATION RECEIVED 31.87 PERCENT OF ITS TOTAL SUPPORT FROM THE GENERAL PUBLIC; THEREFORE, IT MEETS THE 10 PERCENT SUPPORT REQUIREMENT UNDER PARAGRAPH (F)(3)(I) OF REGULATION SECTION 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

| Part \ | /I Supple | menta | Z) 2014 DETROIT I Information. Provident | de the explana | tions required t | y Part II, line 10 | ; Part II, line 17 | a or 17b, and Parl | 4855 Page 8 |
|--------|--------------|------------|--|---------------------------------------|---------------------|--------------------|--------------------|---------------------------------------|-------------|
| | Also com | plete this | s part for any additional | information (S | ee instructions |) | | | |
| THE (| CURRENT | TAX | YEAR. | | | | | | |
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SCHEDULE D

(Form 990)

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.lrs.gov/form990.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| | THE TROIT JAZZ FESTIVAL THE TOTAL TROIT JAZZ FESTIVAL THE TOTAL TROIT JAZZ FESTIVAL THE TOTAL TROIT JAZZ FESTIVAL | roundation | 02-0/54855 |
|----|--|---|--|
| Pa | | ds of Other Similar Funds of A | ACCOUNTS. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line 6 | () Dancy advisand founds | (b) Funds and other accounts |
| | | (a) Donor advised funds | (b) Fullus and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in writing the | | |
| | are the organization's property, subject to the organization's exclusive | | ☐ Yes ☐ No |
| 6 | Did the organization inform all grantees, donors, and donor advisors | | |
| | for charitable purposes and not for the benefit of the donor or donor | advisor, or for any other purpose confer | |
| | impermissible private benefit? | | Yes No |
| Pa | rt II Conservation Easements. Complete if the organization | | line 7 |
| 1 | Purpose(s) of conservation easements held by the organization (chec | ck all that apply). | |
| | Preservation of land for public use (e.g., recreation or education | n) Preservation of a historically | y important land area |
| | Protection of natural habitat | Preservation of a certified hi | istoric structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified cons | servation contribution in the form of a co | onservation easement on the last |
| | day of the tax year. | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements . | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| c | Number of conservation easements on a certified historic structure in | ncluded in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/1 | 7/06, and not on a historic structure | |
| | listed in the National Register . | | 2d |
| 3 | Number of conservation easements modified, transferred, released, | extinguished, or terminated by the orgar | nization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation easement | is located > | |
| 5 | Does the organization have a written policy regarding the periodic mo | onitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? | • | Yes L No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enf | forcing conservation easements during t | the year 🕨 |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing | g conservation easements during the ye | ear > \$ |
| 8 | Does each conservation easement reported on line 2(d) above satisfy | y the requirements of section 170(h)(4)(E | 3)(i) |
| | and section 170(h)(4)(B)(ii)? | | . LYes LNo |
| 9 | In Part XIII, describe how the organization reports conservation ease | ments in its revenue and expense state | ment, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization's fin | iancial statements that describes the org | ganization's accounting for |
| | conservation easements. | | |
| Pa | rt III Organizations Maintaining Collections of Art, I | | Similar Assets. |
| | Complete if the organization answered "Yes" to Form 990, Pa | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), | | |
| | historical treasures, or other similar assets held for public exhibition, | education, or research in furtherance of | public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describes the | se items | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), | | |
| | treasures, or other similar assets held for public exhibition, education | n, or research in furtherance of public se | rvice, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenue included in Form 990, Part VIII, line 1 | | \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art, historical treasures, | or other sımılar assets for fınancıal gaın, | provide |
| | the following amounts required to be reported under SFAS 116 (ASC | 958) relating to these items. | |
| а | Revenue included in Form 990, Part VIII, line 1 | | > \$ |
| h | Assets included in Form 990, Part X | | ▶ \$ |

| | | <u> JAZZ FEST</u> | | | | | | | | Page 2 |
|----------|--|----------------------------|-------------|--------------------|-----------------------|----------------|-------------------|----------------|--------------|---------------|
| Pa | rt III Organizations Maintaining (| Collections of A | rt, His | torical Tr | easures, or Ot | her S | <u> Simila</u> | <u>ır Asse</u> | ts(continu | ued) |
| 3 | Using the organization's acquisition, access | sion, and other record | ds, chec | k any of the | following that are a | signi | ficant u | se of its | collection | ıtems |
| | (check all that apply) | | | | | | | | | |
| а | Public exhibition | (| a 🗀 | Loan or exc | hange programs | | | | | |
| b | Scholarly research | • | е 🗀 | Other | | | | | | |
| C | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and expla | in how t | hey further t | he organization's ex | kempt | purpo | se in Par | t XIII | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, h | istorical trea | isures, or other simi | lar as | sets | | _ | |
| | to be sold to raise funds rather than to be m | iaintained as part of | the orga | anization's co | ollection? | , | | | Yes | No_ |
| Pa | rt IV Escrow and Custodial Arran | igements. Compl | lete if the | e organizatio | on answered "Yes" t | to For | m 990, | Part IV, I | ıne 9, or | |
| | reported an amount on Form 990, Pa | art X, line 21 | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | lian or other intermed | diary for | contribution | ns or other assets n | ot incl | luded | | _ | |
| | on Form 990, Part X? | | | | | | | | Yes | ☐ No |
| b | if "Yes," explain the arrangement in Part XIII | and complete the fo | ollowing | table [.] | | - | | | | |
| | | | | | | Į | | | Amount | |
| С | Beginning balance | | | | | 1 | 1c | | | |
| ď | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | • | | | | | 1e | | | |
| f | Ending balance | • | | | | L | 1f | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for | escrow or co | ustodial account lia | bility? | | L | Yes | ∐_ No |
| _ | if "Yes," explain the arrangement in Part XIII | | | | | | | | | <u></u> |
| Pai | t V Endowment Funds. Complete | if the organization ar | nswered | "Yes" to Fo | | | | | | |
| | | (a) Current year | (b) F | Prior year | (c) Two years back | (d) | Three ye | ars back | (e) Four y | years back |
| 1a | Beginning of year balance | | | | | . | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | <u> </u> | ļ | | | + | | | | |
| d | Grants or scholarships | | | | | 1 | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | - | | | | | | | |
| f | Administrative expenses . | | | | | - | | | | |
| 9 | End of year balance | | l | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end balanc | ce (line 1 | g, column (a | a)) held as | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| b | Permanent endowment > | % | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should be a sh | • | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ession of the organization | ation tha | at are held a | nd administered for | the o | rganıza | ition | Г | |
| | by: | | | | | | | | | res No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | _ | O . la | d. d. D0 | | | | | 3a(ii) | |
| | If "Yes" to 3a(ii), are the related organization: | | | | • • | | • | | 3b | |
| 4 Par | Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm | | owment | tunas. | | · | | | | |
| 1 41 | Complete if the organization answere | |) Part IV | / line 11a S | ee Form 990 Part Y | ' line | 10 | | | |
| | Description of property | (a) Cost or o | | | | | nulated | | (d) Book | value |
| | Description of property | basis (investr | | | 1 ' ' | | nulated iation | ' | (a) Book | value |
| 4. | Land | 54510 (11140011 | | Daois | (5151) | | | | | |
| | Land Buildings | | | | | | | | | |
| | Leasehold improvements | - | , | | | | | | | |
| | Equipment | | | | | | | -+ | | |
| | Other | | | | | | | _ | | |
| | . Add lines 1a through 1e (Column (d) must e | equal Form 990 Part | X. colur | nn (B). line 1 | 0c.) | | | | | 0. |
| | | | , | | | | | | | <u>-</u> |

Schedule D (Form 990) 2014

(6)(7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

| | edule D (Form 990) 2014 DETROIT JAZZ FESTIVAL F | | 02-075485 | 5 Page 4 |
|-----------|---|--|---------------------------------------|-----------------|
| | Complete if the organization answered "Yes" to Form 990, Part IV, lin | | ao por motarm | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1 1 | |
| b | Other (Describe in Part XIII) | 4b | | |
| C | Add lines 4a and 4b | <u></u> | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. |) | 5 | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial St | atements With Exp | enses per Return. | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, lin | | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments . | 2b | | |
| С | Other losses | 2c | | |
| ď | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 | 3.) | 5 | |
| Pai | rt XIII Supplemental Information. | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b. | | r; Part V, line 4; Part X, line 2; Pa | art XI, |
| THI | RT X, LINE 2: E FOUNDATION'S MANAGEMENT IS NOT AWARE | | | |
| <u>AS</u> | OF OCTOBER 31, 2015 OR 2014. THE FOUN | DATION AND MA | ACK AVENUE [FEST | 'IVAL |
| PRO | ODUCTIONS, INC.] ARE NO LONGER SUBJECT | TO FEDERAL II | NCOME TAX | |
| EX/ | AMINATIONS BY THE IRS FOR YEARS PRIOR T | O THE YEAR E | NDED OCTOBER 31, | |
| 200 | 09. | | | |
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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.

2014

OMB No 1545-0047

ZU 14

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form 990.

Open to Public Inspection

| Name of the organization | | | | | | Employer ide | ntification number |
|---|--|---|--|-----------------------------------|---------|--|---|
| DETROIT | JAZZ FESTIVAL FOU | JNDA | TIC | N | | 02-0754 | 855 |
| Part I Fundraising Activities required to complete this pai | Complete if the organization answirt. | ered "Y | es" to | Form 990, Part IV, I | ine 17 | 7 Form 990-EZ | filers are not |
| Indicate whether the organization rai Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations | e Solicita | ation of ation of | non-g gover | overnment grants | , | | |
| 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the | Part VII) or entity in connection with plividuals or entities (fundraisers) pure | orofess | ional t | fundraising services? | • | Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundi have c or con contrib | Did raiser ustody itrol of utions? | (iv) Gross receipts from activity | tò (c | Amount paid or retained by) fundraiser ted in col (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
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| Total | | | > | - | - | | |
| 3 List all states in which the organization or licensing | n is registered or licensed to solicit | contrib | utions | or has been notified | l it ıs | exempt from re | egistration— |
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| Sch Pa | edu art | II Fundraising Events. Complete if the | T JAZZ FESTING TO STREET TO THE PROPERTY OF TH | AL FOUNDATIO | N 02 rt IV. line 18. or reported | -0754855 Page 2 |
|-----------------|------------|--|--|---|---------------------------------------|---|
| | | of fundraising event contributions and gi | | | | |
| | | | (a) Event #1 BLACK HISTORY | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
| <u>o</u> | | | (event type) | (event type) | (total number) | col (c)) |
| Revenue | 1 | Gross receipts | 22,080. | | | 22,080. |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 22,080. | | | 22,080. |
| | 4 | Cash prizes | | | | |
| Se | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| Direct E | 7 | Food and beverages | | | | |
| | 8 | Entertainment | _ | | | |
| | 9 | Other direct expenses | | | | |
| | 10 | Direct expense summary. Add lines 4 through | h 9 ın column (d) | | > | |
| | 11 | Net income summary. Subtract line 10 from li | | | | 22,080. |
| Pa | rt l | | answered "Yes" to Form | 990, Part IV, line 19, or i | reported more than | |
| Revenue | | \$15,000 on Form 990-EZ, line 6a. | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col. (c)) |
| Reve | | | | | | |
| | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes . | | _ | | |
| Expenses | 3 | Noncash prizes . | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes% No | Yes % No | Yes % | |
| | 7 | Direct expense summary Add lines 2 through | n 5 ın column (d) | | • | |
| | 8 | Net gaming income summary. Subtract line 7 | from line-1, column (d) | | <u> </u> | |
| _ | Ent. | or the etete(s) in ordered the eventual condition | | | | |
| | | er the state(s) in which the organization condune organization licensed to conduct gaming ac | | etates? | | Yes No |
| | | No," explain. | | | | res No |
| _ | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | re any of the organization's gaming licenses re | | rminated during the tax y | /ear? | Yes No |
| | | | | | | |

| <u>Sch</u> | edule G (Form 990 or 990-EZ) 2014 DETROIT JAZZ FESTIVAL FOUNDATION 02 | <u>-0754855</u> | Page 3 |
|------------|---|-----------------|---------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | No 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 conducted in: | | |
| а | The organization's facility | 13a | _ % |
| b | 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 > | | _ |
| | Address ► | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| b | olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount | | |
| | of gaming revenue retained by the third party ▶\$ | | |
| С | If "Yes," enter name and address of the third party | | |
| | Name | | |
| | Address > | _ | |
| 16 | Gaming manager information. | | |
| | Name | | |
| | | | |
| | Gaming manager compensation > \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
| | | · · · | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| | Mandatory distributions: | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | ∟ Yes | ☐ No |
| | 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 \$\blue{\text{t IV}} \\$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III | 1 0 01 40 | |
| Pai | | lines 9, 9b, 10 | b, 15b, |
| | 15c, 16, and 17b, as applicable Also provide any additional information (see instructions) | | |
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| Schedule | G (Form 990 or 990-EZ) | <u> DETROIT J</u> | AZZ] | <u>FESTIVAL</u> | FOUNDATIO |)N | <u>02-0754855</u> | Page 4 |
|----------|---|---|-------|-----------------|--------------|----------------|-------------------|--------|
| Part IV | G (Form 990 or 990 EZ) Supplemental Info | rmation (continued | d) | | | | | |
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Employer identification number 2 02-0754855 Open to Public OMB No 1545-0047 2014 Inspection (h) Purpose of grant X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. (f) Method of valuation (book, 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, (d) Amount of (e) Amount of cash grant Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. DETROIT JAZZ FESTIVAL FOUNDATION (c) IRC section General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part

| | - | | | assistance | FMV, appraisal, other) | 101 Cast assistance | or assistance |
|---|-------------------|------------------------------------|----------------|------------|---------------------------|---------------------|--|
| MACK AVENUE FESTIVAL PRODUCTIONS, INC 23100 JEFFERSON - ST. CLAIR SHORES, MI 48080-2756 | 42-1694327 | 501(C)(3) | 3,805,203, | o | K/N | ď/N | TO SUPPORT THE DETROIT JAZZ FESTIVAL, A FREE PUBLIC JAZZ FESTIVAL HELD IN DETROIT FACH YEAR OVER |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table | nd government or | ganizations listed in the table | e line 1 table | | | | A A |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | see the instructi | ons for Form 990. | | | | | Schedule I (Form 990) (2014) |

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

432101 10-15-14

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

Schedule I (Form 990) (2014)

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Page 2

02-0754855

DETROIT JAZZ FESTIVAL FOUNDATION

Schedule | (Form 990) (2014)

| Part IV Supplemental Information | |
|---|-----------------|
| MACK AVENUE FESTIVAL PRODUCTIONS, INC. | |
| (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DETROIT JAZ | 7 |
| (11) FURFUSE OF GRANT OR ASSISTANCE: 10 SUFFORT THE DETROIT UAZ | |
| FESTIVAL, A FREE PUBLIC JAZZ FESTIVAL HELD IN DETROIT EACH YEA | R OVER THE |
| LABOR DAY WEEKEND | |
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SCHEDULE 0 (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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

DETROIT JAZZ FESTIVAL FOUNDATION

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 02-0754855

| 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: |
| THOMAS ROBINSON AND GRETCHEN VALADE HAVE A BUSINESS RELATIONSHIP. |
| |
| FORM 990, PART VI, SECTION B, LINE 11: |
| FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| ANNUALLY, EACH BOARD MEMBER WILL SIGN A CONFLICT OF DISCLOSURE STATEMENT. |
| ALL DISCLOSURES ARE REVIEWED. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL |
| STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC. |
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Schedule R (Form 990) 2014 **Employer identification number** Direct controlling 02-0754855 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 Direct controlling End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity LINE 11A, I ►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 www.irs.gov/form990. Total income Related Organizations and Unrelated Partnerships Exempt Code ਉ section 501(C)(3) Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. MICHIGAN DETROIT JAZZ FESTIVAL FOUNDATION Primary activity Primary activity 9 SEE PART VII For Paperwork Reduction Act Notice, see the Instructions for Form 990. 42-1694327, 23100 JEFFERSON, ST. CLAIR MACK AVENUE FESTIVAL PRODUCTIONS, INC. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 48080-2756 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R SHORES, MI (Form 990) Part II Part

Open to Public Inspection

OMB No 1545-0047

2014

(g) Section 512(b)(13)

controlled

entity?

٥ N

Yes

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02-0754855 Page 2

Schedule R (Form 990) 2014 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

| (a) Name, address, and EIN of related organization | (b) Primary activity | Legal domicile (state or foreign country) | (d) Direct controlling entity | Predoming (related, excluded fro | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | | (9) Share of Diseard-of-year assets | (h) Disproportionale allocations? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | (i) (k) General or Percentage managing ownership | t) ntage rship |
|---|----------------------|---|-------------------------------|---|---|---------------------------------|--|-------------------------------------|-----------------------------------|--|--------------------------------|--|------------------------------|
| | | | | | | | | • | | | | | |
| | | | | | | | | | | | | | |
| Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. | ganizations Taxable | as a Corpo | ration or Trust Co | mplete if the | e organization | answered | "Yes" on For | n 990, Part l | V, line 34 | because it ha | Id one or m | ore relat | pe |
| (a) Name, address, and EIN of related organization | | Prim | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | | (e) Type of entity (C corp., S corp, or trust) | (f) Share of total income | | (g) Share of end-of-year assets | (h) Percentage ownership | Sect Sect 512(b contro entit | tion (13) olled ty? |
| | - | | | | | : | | | | | _ | - | |
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| 432162 08-14-14 | | | | | | | | | | Sche | Schedule R (Form 990) 2014 | (066 m. | 2014 |

Page 3

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

| Note. Complete line 1 if any entity is listed in Pars II, III, or IV of this schedule. | | | | | Yes No | ş |
|--|----------------------------|----------------------------|---|------------|--------|-------------|
| 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? | ins with one or more re | lated organizations listed | ın Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity | ıţ | | | т Т | | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | 9 | × | |
| c Gift, grant, or capital contribution from related organization(s) | | | | <u>ئ</u> | | × |
| d Loans or loan guarantees to or for related organization(s) | | | | 14 | | × |
| e Loans or loan guarantees by related organization(s) | | | | ā | | × |
| | | | | | | |
| f Dividends from related organization(s) | | | | = | | × |
| g Sale of assets to related organization(s) | | | | 19 | | × |
| h Purchase of assets from related organization(s) | | | | ŧ | | × |
| j Exchange of assets with related organization(s) | | | | ÷ | | × |
| Lease of facilities, equipment, or other assets to related organization(s) | | | | = | | × |
| | | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | ¥ | 1 | × |
| I Performance of services or membership or fundraising solicitations for related org | related organization(s) | | | = | | × |
| m Performance of services or membership or fundraising solicitations by related orga | related organization(s) | | | 13 | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | ation(s) | | | 1n | X | |
| Sharing of paid employees with related organization(s) | | | | ę | × | |
| _ | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | đ | | × |
| q Reimbursement paid by related organization(s) for expenses | | | | ₽ | | × |
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| ,, | | | | SL | | 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 the | is line, including covered | relationships and transaction thresholds. | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | olved | | |
| (1) MACK AVENUE FESTIVAL PRODUCTIONS, INC. | В | 3,805,203. | .CASH PAID | | | |
| (2) | | | | ! | Ì | |
| (3) | | | g | i | | |
| (4) | | | | | | |
| (9) | | | | | | |
| (9) | | | | i | | |
| 432163 08-14-14 | | | Schedule R (Form 990) 2014 | R (Form | 66 | 2014 |
| | | | | | | |

02-0754855

Page 4

Schedule R (Form 990) 2014 DETROIT JAZZ FESTIVAL FOUNDATION

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

(h) (i) (j) (k)
DisproporLocate June amount in box 20 managing ownership
Ares No (Form 1065) Yes No end-of-year Share of assets <u>6</u> (f) Share of псоте total Predominant income parines sec (related, unrelated, orgs) orgs sections 512-514) Yes No. (state or foreign Legal domicile country) Primary activity Name, address, and EIN

Schedule R (Form 990) 2014

| Schedule R (Form 990) 2014 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 | |
| TO FOSTER THE HISTORY AND TO NURTURE THE DEVELOPMENT OF JAZZ | Z, AS WELL |
| AS TO PERPETUATE DETROIT'S SIGNIFICANT JAZZ LEGACY | |
| TO LEMME DELINOTE DE DECIME DE COMPT | |
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Schedule R (Form 990) 2014