Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 **2012**

Phone no. (847)

205-4700

Form **990** (2012)

X Yes

Open to Public

Department of the Treasury

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning JUL 1. 2012 and ending JUN 30, 2013 Check if applicable: C Name of organization D Employer identification number Address change JAZZ EDUCATION NETWORK Name change Doing Business As 26-2880358 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 1379 OAKRIDGE COURT (573)692-0012 Amended City, town, or post office, state, and ZIP code G Gross receipts \$ 309,003. Applica-THOUSAND OAKS, CA 91362 H(a) Is this a group return pending F Name and address of principal officer: ANDREW L SURMANI for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included? Yes No Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.JAZZEDNET.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2008 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: THE JAZZED EDUCATION NETWORK IS Activities & Governance DEDICATED TO BUILDING THE JAZZ ARTS COMMUNITY BY ADVANCING Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 15 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 88,235 Revenue 123,530. Program service revenue (Part VIII, line 2g) 165,811. 185,356. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 131. 117. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 254.177. 309,003. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 256,312. 303,290. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 256,312. 303,290. Revenue less expenses. Subtract line 18 from line 12 -2,135.5,713. Assets or Balances Beginning of Current Year End of Year Total assets (Part X, line 16) 170,827. 176,540. Total liabilities (Part X, line 26) Net A Fund 0. Net assets or fund balances. Subtract line 21 from line 20 170,827. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ANDREW L SURMANI, PRESIDENT Type or print name and title Date 11/4/(3 Print/Type preparer's name PTIN Preparer's signature Paid ARLENE LEVIN, CPA P00110500 Preparer Firm's name STEINBERG ADVISORS. Firm's EIN 36-4320168 Use Only Firm's address ► 5 REVERE DRIVE

NORTHBROOK, IL 60062

May the IRS discuss this return with the preparer shown above? (see instructions)

	art III Statement of Program Service Accomplishments	26-28	80358	Page 2			
	Check if Schedule O contains a response to any question in this Part III						
1	Briefly describe the organization's mission: THE JAZZ EDUCATION NETWORK IS DEDICATED TO BUILDING THE		A DITIC	Х			
	COMMUNITY BY ADVANCING EDUCATION, PROMOTING PERFORMANCE,	AND	WUID	***			
	DEVELOPING NEW AUDIENCES.	111115					
2	Did the organization undertake any significant program services during the year which were not listed on						
	the prior Form 990 or 990-EZ?		Yes	X No			
_	If "Yes," describe these new services on Schedule O.						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		Yes	X No			
4	Describe the organization's program service accomplishments for each of its three largest program services, as r						
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	neasured i s, the total	expenses, a	nd			
4a		<u> </u>		42.)			
	2012 CONVENTION ADDITIONAL INCOME RECEIVED FROM CONVENTI	ON		44.			
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4b	2013 CONFERENCE HELD IN ATLANTA, GEORGIA: THE CONFERENCE	IS D	162,4 ESIGNEI	OTO			
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Form **990** (2012)

Form 990 (2012) JAZZ EDUCATION NETWORK Part IV Checklist of Required Schedules

Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes," to line 20a did the preprintion extends a case of the called the complete Schedule H				Yes	No
 Is the organization required to complete Schedule B, Schedule of Contributors Did the organization engage in index of incider political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(K)3 organizations. Did the organization engage in lobbying activities, or have a section 501(f)) election in effectiving the tax year? If "Yes," complete Schedule C, Part III Is the organization a section 501(f)(4), 501(f)(5), or 501(f)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-192 ("Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization mount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not tisted in Part X; or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permaner endowments, or quasi-endowments? If "Yes," complete Schedule D, Part X III. If the organization asswer to any of the following questions is "Yes," then complete Schedule D, Parts VI. Did the organization report an amount for investments - other securities in Part X, line 1	1				
 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "yes," complete Schedule C, Part I Section 501(k)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in official during the tax year? If "Yes," complete Schedule C, Part II 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 Did the organization organization in organization in receive or hold a conservation sysimilar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not itsed in Part X, or provide receit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments are supplicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - program related 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 VI Did the organization report an amount for other lasbilities	_	ir "Yes," complete Schedule A	1	X	<u> </u>
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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	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		complete Schedule G, Part III	19		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

01	Did the examination report more than \$5,000 of grants and other equipment to any government or averagination in the	<u> </u>	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	0.4		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		X
£.E.	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Sugres, ye	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		100	
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
	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,			37
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		v
31	contributions? If "Yes," complete Schedule M	30		X
J 1	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 23
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
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		
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		Х
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>X</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 990 (2012) JAZZ EDUCATION NETWORK Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

	Check if Scriedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4		
b			0		
С	o the figure and the first term of the first to veridors and re-	portable gaming			
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions))			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country:		111111		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	ccounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	ction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or aifts	- 50		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the payor?	7a	85411.XXXXXXXXX	Х
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 wa	s required	1.2		
	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e	20422333339473	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	the supporting	5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		7
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	ny time during the year?	8	7 000 S. CHI 7 1	Х
9	Sponsoring organizations maintaining donor advised funds.	, and another			
а	Did the organization make any taxable distributions under section 4966?		9a	18000VET1 +01	Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter:			83.65	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Ones we still the transfer of	10b			
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
þ	If "Voo " antartha amanust of the control of the co	12b		1.543	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		44T	
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	••••••	- 54	-	:
b	Enter the amount of reserves the organization is required to maintain by the states in which the			. [
	arganization in the constitution of the consti	13b			
С	Find any the agreement of the control of	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	1	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b		
	, p = = = = = = = = = = = = = = = = = =				

Form 990 (2012)

JAZZ EDUCATION NETWORK

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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 to any question in this Part VI						LX
Sec	tion A. Governing Body and Management						
			1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		15			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		15		CANAL	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?	-	-		2	1.200000000000	Х
3	Did the organization delegate control over management duties customarily performed by or under the			• • • • • • • • • • • • • • • • • • • •			
	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 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as:				5		X
6	Did the organization have members or stockholders?				6		X
7a					0		
,	·				_		37
h					7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		,				
_	persons other than the governing body?				7b	0036036005	_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	-	•				
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 real						
	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 Re	evenue	e 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 cl						
	and branches to ensure their operations are consistent with the organization's exempt purposes?		• • • • • • • • • • • • • • • • • • • •		10b	İ	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the forr	n?	11a	Х	
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	Х	· · · · · · · · · · · · · · · · · · ·
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	in Schedule O how this was done				12c	х	
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 approva				1-7	42	3838355
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		аоренает				
а	The organization's CEO, Executive Director, or top management official				45.		v
h	Other officers or key employees of the organization	•••••		•••••	15a	Х	_X_
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	• • • • • • • • • •		}	15b	<u> </u>	PASSAS
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	non t	ith o				
·ou	Associated and the second seco						08890
h	, , , , , , , , , , , , , , , , , , , ,				16a		<u>X</u>
IJ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation in injury continuous arrangements under a reliable for level to the continuous arrangements.				\$\$#.\$#\		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's		holih	St. Star	
	exempt status with respect to such arrangements? tion C. Disclosure		***********		16b		
	List the states with which a copy of this Form 990 is required to be filed ►IL						
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s o	nly) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain						
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict o	of interest polic	y, and	finan	cial	
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd reco	ords of the orga	ınizati	on: 🕨		
	RICK KESSEL - 815 585-1505						
	45 WHISPER DRIVE, WORCESTER, MA 01609						

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JAZZ EDUCATION NETWORK

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - 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 nor any related organization compensated any current officer, director, or trustee. (F) Position Name and Title Average Reportable Reportable Estimated (do not check more than one hours per box, unless person is both an officer and a director/trustee) compensation compensation amount of week from from related other (list any ndividual trustee or director the organizations compensation hours for organization (W-2/1099-MISC) from the Highest compensated employee nstitutional trustee related (W-2/1099-MISC) organization organizations and related below organizations line) 20.00 (1) ANDREW SURMANI PRESIDENT X X 0 0 0. (2) BOB SINICROPE 10.00 PRESIDENT - ELECT X 0 0. 0. 5.00 MONIKA HERZIG X VICE PRESIDENT 0. 0. 0. JOHN CLAYTON 5.00 Х X VICE PRESIDENT 0 0. 0. 10.00 RICK KESSEL X TREASURER 0 0. 0. 2.00 JOSE DIAZ SECRETARY X 0. 0. 0. 25.00 (7) DR LOU FISCHER PAST PRESIDENT Х X 0 0 0. 15.00 MARY JO PAPICH X PAST PRESIDENT X 0 0. 0. RUBEN ALVAREZ 3.00 Х DIRECTOR 0 0 0. 3.00 (10) PAUL BANGSER DIRECTOR X 0 0. 0. 4.00 (11) BOB BREITHAUPT DIRECTOR Х 0 0. 0. 1.50 (12) CALEB CHAPMAN X DIRECTOR 0 0. 0. 1.50 (13) DARLA HANLEY DIRECTOR X 0. 0. 0. 3.00 (14) WILLARD JENKINS X DIRECTOR 0. 0. 0. 3.00 (15) JUDY HUMENICK X DIRECTOR 0. 0 0.

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Check if Schedule O cont	ains a respons	e to any question	in this Part VIII			
		PART ACTION OF THE CONTROL OF THE CO			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
ža our	b	Membership dues	1b	89,601.		A. C.		
S, O	c	Fundraising events	1c					
当ま	0	Related organizations						
JE.	e	Government grants (contributi				1977		
röis	f	All other contributions, gifts, grant				10.50		
호		similar amounts not included abov		33,929.				
E O	g	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			123,530.	77.7		
				Business Code				
ø	2 a	2013 CONVENTION		711300	162,464.	162,464.		. Boundgutsuurinung j. 5, 76,555 (8, 15,645) o5,576
ه ≧َ.		2014 CONVENTION		711300	18,850.			
Program Service Revenue		SCHOLARSHIPS		711130	4,000.			
ame	d	2012 CONVENTION		711300	42.	42.		
Sg E	е							
ď	f	All other program service rever	nue					
	g				185,356.			
	3	Investment income (including						
		other similar amounts)		>	117.			117.
	4	Income from investment of tax						
	5	Royalties		·····				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses				300 See B		
	С	Rental income or (loss)				30.270		
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis					74 (1987) 67 (1987)	
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<u></u>				
ē	8 a	Gross income from fundraising	events (not					
en		including \$	of					
چ ا		contributions reported on line						
Other Reven		Part IV, line 18						
듐	b	,						
_	С	, ,	_	·····				
	9 a	Gross income from gaming act						
		Part IV, line 19		a				
	b			b [
	С	(/		<u></u>				
	10 a	Gross sales of inventory, less r						
ĺ	_	and allowances		a				
		Less: cost of goods sold			1314			
}	С	Net income or (loss) from sales						
ŀ	4.4	Miscellaneous Revenue		Business Code				en la serie de
	11 a							
	b							•
	C C	All other revenue						
	d	All other revenue						
		Total. Add lines 11a-11d			200 002	105 256		445
232009	12	Total revenue. See instructions.		>	309,003.	185,356.	0.	117.

Form 990 (2012) JAZZ EDUCATION NETWORK
Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo	mplete all columns. All o	his Dank IV		
Do	not include amounts reported on lines 6b,	(A)	nis Part IX (B)	(C)	(D)
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
_	organizations in the United States. See Part IV, line 21			45 F 1 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
^	trustees, and key employees			-	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	F0 104			
a		59,124.		59,124. 3,218.	
b	• • • • • • • • • • • • • • • • • • • •	3,218.		3,218.	
C	9	4,384.		4,384.	
d					
e	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				
f	Investment management fees				
g	, , , , , , , , , , , , , , , , , , , ,				
40	column (A) amount, list line 11g expenses on Sch O.)	10 620			
12	Advertising and promotion	12,630.		12,630.	
13 14	Office expenses	1,696.		1,696.	
1 4 15	Information technology				
16	Royalties				
17	Occupancy				
17 18	Travel Payments of travel or entertainment expenses				
10	•				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	165 710	165 710		
20		165,712.	165,712.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Industrance	1,661.		1 ((1	
24	Other expenses. Itemize expenses not covered	1,001.		1,661.	
	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.)				
а	BOARD OF DIRECTOR'S EXP	20,520.	A STATE OF A SAME	20 F20	
	WEBSITE CHARGES	17,641.		20,520.	
	BANK AND CREDIT CARD FE	12,363.		17,641.	
	OTHER SUPPLIES AND EXPE	2,950.		12,363.	
	All other expenses	1,391.		<u>2,950.</u>	
25	Total functional expenses. Add lines 1 through 24e	303,290.	165 710	1,391.	
<u></u> 26	Joint costs. Complete this line only if the organization	303,430.	165,712.	137,578.	0.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	, , , (NOO 300-720)		l l	i	

Form 990 (2012)
Part X Balance Sheet

Pan	ι Λ	Check if Schedule O contains a response to any question in this Part X			
		Oneck in ochequie of contains a response to any question in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	35,457.	1	23,261.
	2	Savings and temporary cash investments	135,370.		153,279.
	3	Pledges and grants receivable, net		3	200,2750
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
İ		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	P Padrabarananan Niala- musububu pagi pala Pemb
	6	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	DARKSKI SE SERVICE PRE NA PORTENSKA NA PORTE	6	PRESERVA LAS DECENSORS ACCESANDA EN CARACTE
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
1		Land, buildings, and equipment: cost or other		9	
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		40-	
	11	Investments - publicly traded securities		10c	
	12	Investments - other securities. See Part IV, line 11		11	
i i	13	Investments - program-related. See Part IV, line 11		12	
	14			13	
	15	Intangible assets Other assets Soo Part IV line 11		14	
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	170,827.	15	176 540
	17	Accounts payable and accrued expenses	170,027.	16	176,540.
- 1	18	Grants payable		17	
	19	Deferred revenue		18	
J	20	Tax-exempt bond liabilities		19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
.9	22	Loans and other payables to current and former officers, directors, trustees,		21	
lige		key employees, highest compensated employees, and disqualified persons.			
Ë		Complete Part II of Schedule L		- 00	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
1	- · 25	Other liabilities (including federal income tax, payables to related third		24	
1		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		0.5	
	26	Total liabilities. Add lines 17 through 25	0.	25 26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ဖွ		complete lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	1974년 대 : 10년 - 10년 1일 전 10년 2년 12년 2년 12년 2월 12년 12년 12년 12년 12년 12년 12년 12년 12년 12년	07	
ala	 28	Temporarily restricted net assets		27	
89 2	29	man and the state of the state		28	
Fund Balances		Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ► X		29	
고		and complete lines 30 through 34.			eraendo de Maria. Erapa
Net Assets or	30	Capital stock or trust principal, or current funds	^	00	^
sse		Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
ر ا کا		Retained earnings, endowment, accumulated income, or other funds		31	176 540
Se		Total net assets or fund balances	170,827.	32	176,540.
	34	Total liabilities and net assets/fund balances	170,827.	33	176,540.
	<i>,</i>	Total nabilities and tiet assets/fully palatices	170,827.	34	176,540.

	n 990 (2012) JAZZ EDUCATION NETWORK 26-2	2880358	Page	12		
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		[
1	Total revenue (must equal Part VIII, column (A), line 12)	309	00,6	3.		
2	Total expenses (must equal Part IX, column (A), line 25)	303	3,29	Ō.		
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		5,71),82			
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities 6					
7	Investment expenses 7					
8	Prior period adjustments 8					
9	Other changes in net assets or fund balances (explain in Schedule O)			0.		
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B)) 10	176	,54	0.		
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII		[
			Yes 1	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
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 on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
þ	Were the organization's financial statements audited by an independent accountant?	2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?	3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b				

Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2012

Da		Danas	JAZZ I	EDUCATION NET	<u>work</u>					2	<u>6-288(</u>	<u>) 358</u>	3
CON COMMISSION	ırt I			ıarity Status (All organi					structions.				
The	organ			on because it is: (For lines									
1	\square			ches, or association of chu			section 17	0(b)(1)(A)(i).				
2	\square	A school des	scribed in section	170(b)(1)(A)(ii). (Attach S	chedule E.)							
3	Щ	A hospital or	a cooperative ho	spital service organization	described	in section	n 170(b)(1)(A)(iii).					
4		A medical re	search organizatio	on operated in conjunction	with a hos	spital des	cribed in s	ection 170	D(b)(1)(A)(iii). Enter t	the hospita	l's nar	ne,
		city, and stat											
5		An organizat	ion operated for tl	he benefit of a college or u	ıniversity o	wned or	operated b	y a govern	ımental ur	it describe	ed in		
			(b)(1)(A)(iv). (Com										
6		A federal, sta	ate, or local gover	nment or governmental un	it describe	d in sect	ion 170(b)	(1)(A)(v).					
7	X			receives a substantial part					or from the	e aeneral i	public desc	ribed	in
		section 170	(b)(1)(A)(vi). (Com	plete Part II.)			Ť			J			
8		A community	trust described i	n section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9				receives: (1) more than 33			from conti	ributions, r	nembersh	ip fees, ar	nd aross re	ceints	from
		activities rela	ted to its exempt	functions - subject to cert	ain excepti	ions, and	(2) no mor	e than 33	1/3% of it	s support	from aross	inves	tment
				s taxable income (less sec									
		See section	509(a)(2). (Compl	ete Part III.)		,			-,		21101 00110 0	, 10	0.
10				operated exclusively to te	est for publ	lic safety.	See section	on 509(a)(4).				
11				operated exclusively for the						ry out the	nurnoses (of one	or
		more publicly	supported organ	nizations described in secti	ion 509(a)(1) or sect	ion 509(a)(2). See se	ction 509	(a)(3). Che	eck the box	that	01
				ng organization and compl				_,	01.01.000	(4)(0). 0110	2011 1110 1007	Giat	
		a Type I					, integrated	d t	d 🔲 Tyr	ne III - Non	n-functional	lv inte	arated
е		By checking	this box, I certify t	that the organization is not					r more dis	aualified r	nersons oth	er the	in
		foundation m	anagers and othe	er than one or more publicl	v supporte	ed organi:	ations des	cribed in s	section 50	9(a)(1) or s	section 500	101 tile 1(2)(2)	
f				vritten determination from						0(4)(1) 01 0	SCOTION SOC	/(α)(∠).	
			rganization, check										
g				e organization accepted a						enne?			. ட
				ndirectly controls, either a								Yes	No
				supported organization?							11g(i)	163	140
		(ii) A family	member of a pers	son described in (i) above?		•••••					11g(ii)	-	
		(iii) A 35% c	ontrolled entity of	f a person described in (i)	or (ii) above	 - ?	***************************************				119(11)		
h		Provide the fo	ollowing informatio	on about the supported or	ganization	(e)	***************************************				11g(iii)	L	l
			and the same of th	on about the dappoint of	garnzation	(3).							
/i)	Mama /	of supported	(ii) EIN	(iii) Tune of expenientian	(iv) Is the c	rnanizatio	n (v) Did yo	u notify the	(vi) Is	the		··	
(1)		nization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis			tion in col.	organizati	on in col. 🕻	(vii) Amount		netary
	J. 94.			above or IRC section	governing			r support?	(i) organiz U.S	ed in the	sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
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Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 JAZZ EDUCATION NETWORK 26-2880358 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						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and			(2)	(4) 2311	(0) 2012	(i) Total
	membership fees received. (Do not			į			
	include any "unusual grants.")	50,785.	74,540.	80,310.	88,235.	123,530.	417,400.
2	Tax revenues levied for the organ-			00,000	007233.	123,330.	<u> </u>
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	50,785.	74,540.	80,310.	88,235.	123,530.	417,400.
	The portion of total contributions		71/3100	00,510.	00,233.	143,330.	417,400.
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11.						
	column (f)						
6	Public support. Subtract line 5 from line 4.						417 400
Sec	ction B. Total Support			53.25005 William (20.000000000001200)			417,400.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	50,785.	74,540.	80,310.	88,235.	123,530.	417,400.
	Gross income from interest,		, 1,0101	00,510.	00,233.	123,330.	<u>417,400.</u>
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	42.	142.		131.	117.	432.
9	Net income from unrelated business		1 1 2 1 0		101.		434.
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
-	or loss from the sale of capital						
	assets (Explain in Part IV.)	2,025.		İ			2 025
11	Total support. Add lines 7 through 10	2,025.					2,025.
	Gross receipts from related activities,	etc (see instruction	ne)	860.811.11.11.11.11.11.11.11.11.11.11.11.11		Denna Ze (Den de Berger)	419,857.
	First five years. If the Form 990 is for			I fourth or fifth to	[12	<u>276,605.</u>
	organization, check this box and stop		second, triire		•	, ,, ,	. [
Sec	tion C. Computation of Publ	ic Support Per	rcentage				P
14	Public support percentage for 2012 (I	ine 6. column (f) di	vided by line 11 co	olumn (fl)		14	99.41 %
15	Public support percentage from 2011	Schedule A Part	ll line 14	J.G.1111 (1))		15	
16a	33 1/3% support test - 2012. If the o	prognization did no	t check the hox on	line 13 and line 1	// ie 33 1/30/ or m		<u>%</u>
	stop here. The organization qualifies	as a publicly supp	orted organization	ine ro, and ine r	7 13 33 1/3/0 OF 111	ore, crieck triis box	x and ►X
b	33 1/3% support test - 2011. If the o	roanization did not	t check a box on li		ling 15 is 22 1/20/	or more, shook thi	
	and stop here. The organization quali	fies as a publicly s	unnorted organiza	tion	10 10 10 00 1/0/0	or more, check thi	s box
17a	10% -facts-and-circumstances test	- 2012 If the oras	apported organiza anization did not di	ack a boy on line		nd line 14 := 100/	
	and if the organization meets the "fac-	ts-and-circumstan	ces" test check thi	is how and oten he	13, 10a, 01 10b, a	tivine 14 is 10% (or more,
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a r	ublich cupported	ere. Explain in Pan	t iv now the organi	zation
b	10% -facts-and-circumstances test	- 2011 If the oran	non qualilles as a þ nization dið not st	nack a boy on line	12 160 165 - 1	70 and 6 45 1 4	
~	more, and if the organization meets th	e "facts-and-circur	metanone" toot ob	ieck a nox on iiue	ton harra Frieds	/a, and line 15 is 1	∪‰ or
	organization meets the "facts-and-circ	umetancee" toet 3	The organization at	unlified on a muchini	top nere. Explain	in Part IV how the	
18	Private foundation. If the organization	n did not chack a h	nos organization qu	annes as a publici	y supported organ	iiization	
	ate roundation. it the organization	r did not theck a t	ox on line 13, 16a	, 100, 17a, or 1/b,	crieck this box ar	na see instructions	_

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.)

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	Section A. Public Support						
1 Gitts, grants, contributions, and mantherithip less received. (Do not include any "unusual grants.") Gross more) from admissions, morchandles sold or services per format, or facilities furnished in any activity that is related to the organizations to tack exoning turpose 3. Gross receipts from activities that are not an ununalisat frate or business under section 513. 1 Tax revenues believed for the organization of instead grant and the property of the pro	Calendar year (or fiscal year beginning	in) 🕨 (a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
include any "unusual grants.") Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's take-wampt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levide for the organization's take-wampt purpose 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on also 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 Amounts facilities of insell grants and the persons between the paid of the persons between the persons of the person	1 Gifts, grants, contributions, and	1				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2. Gross receipts from admissions, increhanding sould or pervices performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the set of the trade of	membership fees received. (Do	not					
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's travewenty purpose 3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues level for the organization'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 Amounts included on lines 1, 2, and 3 received from disqualified persons 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 5 Amounts included on lines 1 and received from the rate disqualified persons 5 Amounts included on lines 2 and received from the rate disqualified persons 5 Amounts included on lines 2 and received from the rate disqualified persons 5 Amounts included on lines 2 and received from the rate disqualified persons 5 Amounts included on lines 2 and received from the rate disqualified persons 5 Amounts included on lines 2 and received from the rate disqualified persons 5 Amounts included on lines 2 and received from the rate disqualified persons 6 Amounts form in section 7 Amounts included on lines 2 and received from the rate disqualified persons 7 Amounts included on lines 2 and received from the rate disqualified persons 7 Amounts formular / Amounts 8 Public support teached received 7 Amounts formular / Amounts 7 Amounts formular / Amounts 7 Amounts formular / Amounts 7 Amounts formular / Amounts 7 Amounts formular / Amounts 7 Amounts formular / Amounts 7 Amounts formular / Amounts 7 Amounts fo	include any "unusual grants.")						
formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's travelues levied for the organization'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 change of the furnished by a governmental unit to the organization without change of Total. Add lines 1 through 5. 7a A mounts included on lines 1, 2, and 3 received from disqualified persons D. Monorits included on lines 1, 2, and 3 received from disqualified persons but exceed the years of \$5,000 or 1% of the annual or 10 miles 1 for the year of \$4,000 or 1% of the annual or 10 miles 16 for the year of \$4,000 or 1% of the annual or 10 miles 16 for the year of \$4,000 or 1% of the annual or 10 miles 16 for the year of \$4,000 or 1% of the annual or 10 miles 16 for the year of \$4,000 or 1% of the annual or 10 miles 16 for the year of \$4,000 or 1% of the annual or 10 miles 16 for the year of \$4,000 or 1% of the annual or 10 miles 16 for the year of \$4,000 or 1% of the annual or 10 miles 16 for the year of \$4,000 or 10 miles 10							
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7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 15 or 1	6 Total. Add lines 1 through 5						
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He Public support percentage from 2011 Schedule A, Part III, line 15				column (f))		15	0/6
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Is Investment income percentage from 2011 Schedule A, Part III, line 17 In 18 % In 18 % In 18 % In 18 % In 18 I		*****				17	20
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more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
						·	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Nume of the organization		Employer identification number
J.	AZZ EDUCATION NETWORK	26-2880358
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the g (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contributions	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrist of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educruelty to children or animals. Complete Parts I, II, and III.	
contributions for u If this box is chect purpose. Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contriuse exclusively for religious, charitable, etc., purposes, but these contributions did not totked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because it le, etc., contributions of \$5,000 or more during the year	tal to more than \$1,000. If y religious, charitable, etc., t received nonexclusively
but it must answer "No" or certify that it does not mee	hat is not covered by the General Rule and/or the Special Rules does not file Schedule En Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	I, line 2 of its Form 990-PF, to
LHA For Paperwork Redu	uction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B	(Form 990, 990-EZ, or 990-PF) (2012)

N-----,

Name of organization

Employer identification number

26-2880358

Part I	Contributors (see instructions). Use duplicate copies of Part I if	fadditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HERB ALPERT FOUNDATION 1414 6TH STREET SANTA MONICA, CA 90401-2510	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JAMEY AEBERSOLD 1211 AEBERSOLD DRIVE NEW ALBANY, NY 47150	\$ 22,191.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

Employer identification number

JAZZ EDUCATION NETWORK

26-2880358

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B	(Form 990	. 990-EZ.	or 990-PF)	(2012

Page 4

Name of orga	nization		Employer identification number				
JAZZ E	DUCATION NETWORK		26-2880358				
Part III	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additionals.	., continuutions of 51.000 of less for	(7), (8), or (10) organizations that total more than \$1,000 for the				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_		(e) Transfer of gift					
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, and	3 ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee				
_							

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

QMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

JAZZ EDUCATION NETWORK

Employer identification number 26-2880358

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATION, PROMOTING PERFORMANCE AND DEVELOPING NEW AUDIENCES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SCHOLARSHIPS AND GRANTS GIVEN TO INDIVIDUALS TOWARD THE PURSUIT OF
MUSIC
EXPENSES \$ 6,615. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,000.
FORM 990, PART VI, SECTION B, LINE 11: THE ENTIRE BOARD WILL HAVE THE
OPPORTUNITY TO LOOK OVER THE TAX RETURN PRIOR TO THE RETURN BEING FILED
FORM 990, PART VI, SECTION B, LINE 12C: AT EACH MEETING THE BOARD IS ASKED
TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CCONFLICTS
FORM 990, PART VI, SECTION B, LINE 15B: THE PRESIDENT SELECTS FROM AMONG
THE BOARD OF DIRECTORS A PERSONNEL COMMITTEE CONSISTING OF NOT LESS THAN
FIVE NOR MORE THAN NINE MEMBERS. THE PERSONNEL COMMITTEE DETERMINES THE
AMOUNT TO BE OFFERED TO INDEPENDENT CONTRACTORS FOR SERVICES TO THE
ORGANIZATION
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON
REQUEST VIA E-MAIL OR MAIL.

For Of	ILLINOIS CHARITABLE ORGANIZATION ANNUAL Attorney General LISA MADIGAN State of II		Form AG990-II Revised 3/05
	Charitable Trust Bureau, 100 West Rando		CO # 01-057923
	11th Floor, Chicago, Illinois 60601		Check all items attached:
AMT	Report for the Fiscal Period:		X Copy of IRS Return
		Make Checks	Audited Financial Statements
	Beginning 07/01/2012	Payable to	Copy of Form IFC
INIT		the Illinois Charity	X \$15.00 Annual Report Filing Fee
		Bureau Fund	\$100.00 Late Report Filing Fee
Feder	al ID# 26-2880358 MO DAY YR		MO DAY YR
		ganization was cr	
	LEGAL	Year-end	01/01/2000
	NAME JAZZ EDUCATION NETWORK	amounts	
	MAIL	A) ASSETS	A) \$ 176,540.
Δг	DDRESS 1379 OAKRIDGE COURT	1 '	······································
		B) LIABILITIES	B) \$ 0.
	STATE THOUSAND OAKS, CA	C) NET ASSETS	c) \$ 176,540.
	PCODE 91362		
I.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	70.965	% D) \$ 219,285.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	28.997	
	F) OTHER REVENUES	0.038	
	,	- 0.030	70 17 4 11 11
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100	% G)\$ 309.003.
II.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	100	<u>% G)\$ 309,003.</u>
""-		F4 600	
	H) OPERATING CHARITABLE PROGRAM EXPENSE	54.638	% H)\$ 165,712.
	I) EDUCATION PROGRAM SERVICE EXPENSE		% <u>I)</u> \$
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	54.638	% J) \$ 165,712.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
	Ψ		NAMES OF THE STREET OF THE STR
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		% K) \$
	N) SEE OF CONTROL OF C		/0 N Φ
	1) TOTAL QUARTERUS PROGRAM OFFINES SYNTHESIS (APR. 10.10)	F4 630	165 510
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	54.638	% L)\$ 165,712.
	M) MANAGEMENT AND GENERAL EXPENSE	45.362	% M)\$ 137,578.
	N) FUNDRAISING EXPENSE		% N) \$
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 9	% 0)\$ 303,290 .
	CUMMARY OF ALL DAID FUNDRAIGED AND CONCUE TANK A CONCUE		
III.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:	39	
	(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)	RANKEZ INKIIRI KONPANTO ETI ZERRET	開放時 [2015年2日] - 1215年 2015年
	PROFESSIONAL FUNDRAISERS:	100	D) #
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 '	% P)\$ 0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES		% Q) \$
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		% R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS:		(1) 10 (1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:	
	T) NAME, TITLE: N/A		T) \$
	U) NAME, TITLE:		
			U) \$
	V) NAME, TITLE:		V) \$
٧.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES	D)	List on back side of instructions
1-12			CODE
05-0	W) DESCRIPTION: OTHER EDUCATIONAL MATERIALS FOR THE PUB	BLIC	W)# 012
298091 05-01-12	X) DESCRIPTION:		X) #
298	Y) DESCRIPTION:		Y) #

IF	THE ANSWER TO ANY OF THE FOLLO	OWING IS YES, ATTACH A D	ETAILED EXPLANATION:		YES NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COUR	T ACTION, FINE, PENALTY OR JUDGMENT	?	. 1.	X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, T COURT OF ANY MISDEMEANOR INVOLVING THE MISUS	RUSTEE, OFFICER OR EMPLOYEE THEREC SE OR MISAPPROPRIATION OF FUNDS OF	OF, EVER BEEN CONVICTED BY ANY R ANY FELONY?	2.	X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CODIRECTORS OR TRUSTEES OWNS AN INTEREST; OR W. DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIA ANYTHING OF VALUE NOT REPORTED AS COMPENSATIONAL COMPENSATION OF COMP	'AS IT A PARTY TO ANY TRANSACTION IN AL INTEREST; OR DID ANY OFFICER, DIRE	WHICH ANY OF ITS OFFICERS, CTOR OR TRUSTEE RECEIVE	3.	X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATION 10% OF THE OUTSTANDING SHARES?	TE STOCK IN WHICH ANY OFFICER, DIREC	TOR OR TRUSTEE OWNS MORE	4.	X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN TH		PROPERTY OF ANY OTHER PERSON		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PRO	FESSIONAL FUNDRAISER? (ATTACH FORI	VI IFC)	6.	X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY BETWEEN PROGRAM SERVICE AND FUNDRAISING EXP	SOLICITATION, MAILING, ADVERTISEMEI ENSES?	NT OR LITERATURE COSTS	7.	X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THES ALLOCATED TO PROGRAM SERVICES \$; AND (iv) TI	; (iii) THE AMOUNT ALLO	CATED TO MANAGEMENT AND	The state of the s	
3.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUN	DS FOR PURPOSES OTHER THAN RESTR	ICTED PURPOSES?	8.	X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGIST REVOKED BY ANY GOVERNMENTAL AGENCY?	RATION OR HAD ITS REGISTRATION OR T	AX EXEMPTION SUSPENDED OR	9.	X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF AN COMMINGLING OR MISUSE OF ORGANIZATIONAL FUND	IY KICKBACK, BRIBE, OR ANY THEFT, DEF	ALCATION, MISAPPROPRIATION.	10.	X
	LIST THE NAME AND ADDRESS OF THE FINANCIAL INST				
	BANK OF AMERICA N.A, PO B	OX 25118 TAMPA FL 3	33622-5118		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON	:RICK KESSEL - 815	585-1505		
ALL	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SE	E INSTRUCTIONS			
CUN .INO	PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DEC MENTS, INCLUDING ALL THE SCHEDULES AND STATEMI IS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO	ENTS AND THE FACTS THEREIN STATED A THE PEOPLE OF THE STATE OF ILLINOIS	ARE TRUE AND COMPLETE AND FILED V RELY THEREUPON. I HEREBY FURTHER	HT HTIV AUTHO	IF
BE S	URE TO INCLUDE ALL FEES DUE: AN	DREW L SURMANI	CLIENT'S COP	Y	
ĺ	ONTHS OF YOUR FISCAL YEAR END.	SIDENT OF TRUSTEE (PRINT NAME)	SIGNATURE		DATE
3.) R	EPURIS THAT ARE LATE OR	B SINICROPE ASURER OF TRUSTEE (PRINT NAME)	SIGNATURE		D. 475
	100.00 PENALTY.	,	SIGNATURE		DATE /. /.
101 01-1:	AR	LENE LEVIN, CPA	h		1114/1
01-1	?	PREPARER (PRINT NAME)	SIGNATURE		DATE

DATE