'Form 990

Department of the Treasury Internal Revenue Service

. 1

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)

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

2012

Open to Public

Α	Fort	the 2012 calend	dar year, or tax	year begir	ning		, 2	012, an	d endin	g		,			
В	Check	if applicable		D Employer Identification Number											
	Address change THELONIOUS MONK INSTITUTE OF JAZZ Name change 5225 WISCONSIN AVENUE NW #605 THELONIOUS MONK INSTITUTE OF JAZZ 52-1544030 E Telephone number														
	П	lame change				₹ #605		_		Ť	E Telepho	ne number			
	П,	nitial return	WASHINGTON	N, DC 2	20015					i	(20)	2) 364	1-727	72	
	ďτ	erminated	1							Ī	,				
	\sqcap_{ρ}	Amended return								ļ	G Gross re	eceipts \$	4.	199,2	232.
	\vdash	Application pending	F Name and addre	ess of principa	al officer					H(a) Is this a				Yes	XINO
	لب	, ,	SAME AS C	ABOVE						H(b) Are all a	affiliates incl	uded?	[Yes	No
ī	Tax	-exempt status	X 501(c)(3)	501(c) () ▼ (ıı	nsert no)	4947(a)(1) or	527	If 'No,' a	ittach a list	(see instruc	ctions)		_
J			W.MONKINST		ORG					H(c) Group e	xemption nu	ımber ►			
K		m of organization	X Corporation	Trust	Association	Other -		L Year	of Format			tate of lega	l domici	e CA	
_	irt I				4- <u>-</u>					2301					
	1	Briefly descri	be the organizat	ion's miss	ion or most	significant act	ivities	TO	OFFER	THE WO	DRLD'S	MOST	PRO	MISIN	G
o)	1		SICIANS CO												~
Governance	[RESENT PUB												
Ĕ		AROUND T													
8	2					ed its operation				re than 25	% of its	net asse	ts		
	3 _Number of voting members of the governing body_(Part_VI,_line_1a)											3			<u>1-1-</u> -
es Se												5			11
寰											İ	6			
듗	7 a		ed business reve			umn (C), line	12					7 a			0.
_			business taxab									7 b			0.
		************								Pr	ior Year		Curi	ent Yea	
4	8	Contributions	and grants (Par	rt VIII, line	: 1h) .	•				2	,859,0	02.	4,	063,	240.
Revenue	9	Program serv	rice revenue (Pa	rt VIII, line	سے; (2g ∋	967									
eve	10	Investment in	come (Part VIII,	, column (A), lines 3∦4	, an <u>d 7d)</u>	1	ł						14,	985.
Œ	11	Other revenue	e (Part VIII, colu	ımn (A), lı	nes 5, 6d, 8 0	9c) 10c, and (9_ _,	170	1.			61,2				707.
	12		- add lines 8 t				umn (/), line	12)	2	<u>,920,2</u>		4,	096,	
	13		milar amounts p		''	na reu	10		• • •		102,2	38.		<u>145,4</u>	<u>433.</u>
	14	•	to or for member		4	'A 18 12 U			• •						
S	15		er compensation			المستطمي		ines 5-	10)		981,4	90.		915,	116.
Expenses	16 a	Professional t	fundraising fees	(Part IX,	column (A), ˌ		10	~ 1							
, ed	b	Total fundrais	sing expenses (F	Part IX, co	lumn (D), lin	(25) · W		¹ 43,	270.	18 3			17 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	797	
, M	17	Other expens	es (Part IX, colu	ımn (A), lı	nes 11a-11d,	11f 24e)		.		1	,668,5	92.	2,	453,4	458.
5	18	Total expense	es Add lines 13	-17 (must	equal Part IX	() column (A)	Jine-2	5) 			,752,3			514,0	
) }	19		expenses Sub								167,9	03.		582,	925.
8 0										Beginning	of Curren	t Year	End	of Year	r
Salan Salan	20		(Part X, line 16)							1,	,632,5	06.	2,	204,	168.
5	21	Total liabilitie	s (Part X, line 2	6)							601,3	52.		571,	401.
3	22	Net assets or	fund balances	Subtract In	ine 21 from I	ine 20				1	031,1	54.	1,	632,	767.
Pa	irt II	Signatur	e Block												
Und	er pena	Ities of perjury, I de	clare that I have exar rer (other than officer	mined this ret	urn, including acc	companying sched	ules and	statemen	ts, and to t	he best of my	knowledge	and belief,	it is true,	correct, a	ind
	piete c	Colaration of prepa	Ter (other trial) officer	/ 13 Dased On	an information of	William	as any Ki					(1 7	<u> </u>		
٥.		Signatur	re of officer	2 K	· (ar	$\omega_{}$				Date	6-	// - L	013	5	
Sig He	gn To														
116	TE		MAS CARTER							PRESI	DENT				
		Print/Type pre	<u> </u>		Preparer	s signature /	7/1	7	Date	1 .	Ct -	F	PTIN		
Pa	id		D AUKAMP,	CPA		110	1		15/	1/3	Check self-em	∟ "		00723	870
Pr	epare	r	► DUNHAM,		& RHODE.	S, PLC			1//	···/	irm's EIN	<u> </u>			<i>, , , ,</i>
Us	e On	ly Firm's name	► 4437 BROOM				CUNIC		WA 2021					8940	
M	av the		is return with the					TPPI,	VA 201) T	hone no	, 03	. X	Yes	No
_	<u> </u>		tion Act Notice,					• • • •	• • • •	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	· · · · ·			0 (2012)
			,									~1-	7	1 1	, , _ /

	n,990 (2012) THELONIOUS MONK INSTITUTE OF JAZZ	52-1	<u>54403</u>	0	F	age 2
Par	t III Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this Part III .		· <u> </u>			X
1	Briefly describe the organization's mission					
	TO OFFER THE WORLD'S MOST PROMISING YOUNG MUSICIANS COLLEGE LEVE					. – – –
	INTERNATIONALLY RENOWNED JAZZ MASTERS AND TO PRESENT PUBLIC SCHOOL	<u>OL - B</u>	<u>ASED</u>	<u>JAZ</u> 2	<u> </u>	
	EDUCATION PROGRAMS FOR YOUNG PEOPLE AROUND THE WORLD.					-
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or				
	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 se If 'Yes,' describe these changes on Schedule O.	rvices ⁷		Yes	X	No
4		nces. as r	neasure	ed by e	expen	ses.
	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported	f grants ar	d alloca	tions t	0	
	others, the total expenses, and revenue, it any, for each program service reported					
	a (Code:) (Expenses \$ 907, 394. including grants of \$) (F	Revenue	6			
4 8		Revenue	۶			—,
	SEE SCHEDULE O					
			·			
					=	
4 h	(Code:) (Expenses \$ 819,446. including grants of \$) (F	Revenue	\$			
7.	JAZZ DAY - THE UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURE		·	TTO	7	—′
	(UNESCO) DESIGNATED APRIL 30 AS INTERNATIONAL JAZZ DAY IN ORDER					
	ITS DIPLOMATIC ROLE OF UNITING PEOPLE IN ALL CORNERS OF THE GLOBI					
	INTERNATIONAL JAZZ DAY TOOK PLACE ON APRIL 30, 2012. AS THE LEAD			7- VI	INON	<u></u>
	ORGANIZATION CHARGED WITH PLANNING AND PROMOTING THIS ANNUAL CELL			HF -		
	INSTITUTE PRESENTED A SUNRISE CONCERT IN NEW ORLEANS' CONGO SQUA				77.4	
	OF JAZZ - AND A SUNSET CONCERT AT THE UNITED NATIONS GENERAL ASSI					<u>-</u>
	YORK CITY. BOTH HIGH-PROFILE CONCERTS FEATURED DOZENS OF WORLD-RI					
			<u> </u>	- <u></u>	<u> </u>	
40	: (Code) (Expenses \$ 797,319. including grants of \$) (F	Revenue	\$			<u> </u>
	MONK JAZZ COMPETITION - THE THELONIOUS MONK JAZZ COMPETITION, ES			NI 10	187	
	RECOGNIZED AS THE WORLD'S MOST PRESTIGIOUS JAZZ COMPETITION AND I					
	OF MAJOR PROFESSIONAL JAZZ CAREERS. THE COMPETITION, WHICH IS HI	TID AN	JIJAIJU	Y A1	<u>ти</u>	E.
	KENNEDY CENTER AND THE SMITHSONIAN INSTITUTION IN WASHINGTON, DC					
	ASPIRING MUSICIANS FROM AROUND THE WORLD THE OPPORTUNITY TO RECE					
	AWARDS AND PRIZES, AS WELL AS PERFORMANCE OPPORTUNITIES AND INTER					
				: <u></u>	<u> </u>	<u></u>
_						
4 d	Other program services (Describe in Schedule O) SEE SCHEDULE O					
	(Expenses \$ 658, 269. including grants of \$) (Revenue \$)	
	Total program service expenses ► 3, 182, 428.					
BAA	TEA01001 00/00112			Farm	000	(2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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		х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	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.	11 b	Х	
C	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	I 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	11 d		
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E a Did the organization maintain an office, employees, or agents outside of the United States?	13		X
		14a		
t	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	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	15		Х
16	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	16		Х
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 (see instructions).	17		Х
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
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II .	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22	х	
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 Schedule J	23	х	
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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
Ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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
t	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		Х
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		X
	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 current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	o 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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
ВАА		Form	990 (2012)

Form 990 (2012) THELONIOUS MONK INSTITUTE OF JAZZ 52-15	44030	F	age
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a	119		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return	7		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<u> </u>		
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
taran da araba da ar		-	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			Х
solicit any contributions that were not tax deductible as charitable contributions?	6 a		
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	<u>-</u>		X
services provided to the payor?	7 a	<u> </u>	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	-/-	\vdash	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		X
	—		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	-, 9		
Form 1098-C?	7 h		
9. Spancaving avganizations maintaining dance advised funds and section E00/aV2) supporting avganizations. Del	.h.		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	tne		
holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them).			
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	_		
a 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.			
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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14 b		

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 X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 11 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 1 h 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee or key employee? 2 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Δ X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 X 7 a 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? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8 a **b** Each committee with authority to act on behalf of the governing body? X 8 b Is there any officer, director or 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х **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? 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done

SEE SCHEDULE 0 Schedule O how this is done 12 c Х X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a b Other officers of key employees of the organization 15_b X 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? X 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request Own website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization. 20 THOMAS CARTER 5225 WISCONSIN AVE NW STE 605 WASHINGTON DC 20015 (202) 364-7272 BAA TEEA0106L 08/08/12 Form 990 (2012)

Partivila 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	n nor any rela	ited or	ganiz	zatio	n co	mpen	sated	d any current officer, di	rector, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours	one bo	er an	less i d a d	persor irecto	more to is both	h an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organiza- tions below	Individual trustee or director	institutional trustee	Officer	Key employee	ghest con mployee	Former	((WE VOSS IIIIOO)	organization and related organizations
	dotted line)	rustee	trustee		ee	Highest compensated employee				
(1) THOMAS CARTER	40				П					
PRESIDENT		Х		Х				298,700.	0.	21,612.
(2) HERBIE HANCOCK	8									
CHAIRMAN		X		Х				0.	0.	0.
(3) BILL COSBY	3									
HON CO-CHAIRMAN	0	X						0.	0.	0.
(4) BILLY DEE WILLIAMS	3									, , , , , , , , , , , , , , , , , , ,
HON CO-CHARIMAN		X						0.	0.	0.
(5) THELONIOUS S. MONK, JF	₹. 8									
TRUSTEE	7 7 7	Х		Х				0.	0.	0.
(6) PAXTON K. BAKER	3	[-		
TRUSTEE	0	Х						0.	0.	0.
(7) JIMMY HEATH	3									
TRUSTEE	0	_ x_						0.	0.	0.
(8) WAYNE SHORTER	3									
TRUSTEE	0	X						0.	0.	0.
(9) STUART SUBOTNICK	3									
TRUSTEE		Х						0.	0.	0.
(10) CLARK TERRY	3									
TRUSTEE	7 0	Х						0.	0.	0.
(11) SONYA JACKSON	3									
TRUSTEE		X						0.	0.	0.
(12) JAMES FARMER	3									
TRUSTEE	0	Х						0.	0.	0.
(13) JAMES W. DYAS	40				\Box					
VP EDU/CURRICUM				_		Х		103,500.	0.	9,396.
(14)					П					
				l						

Par	t VII Section A. Officers, Directors, Trus		Key	Em	_		es,	and	Highest Com	pensated Emp	oyee	5 (COI	1t)
		(B)			((•							
	(A) Name and title	Average hours per week	offic	er a	ess pe	erson	than is both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) stimated unt of ot	her
		(list any hours for related organiza tions below dotted line)	Indiv or di	Instit	Officer	Кęу	Highest co employee	Fom	the organization (W-2/1099 MISC)	related organizations (W-2/1099-MISC)	f	npensation rom the panization	
		for related	recto	nstitutional trustee	Ωξ	key employee	est co oyee	ner			ar	id related anization	d
		tions below	, snq	al tru		oyee	mpe						
		dotted line)	ee	stee			nsated	Former					
(15)											<u>-</u> _		
(16)													
(17)													
(18)												····	
(19)											<u> </u>		
(20)													
(21)													
(22)													
(23)													
(24)									_				
(25)													
1 h	Sub-total		Ш						402,200.	0.		31 (008.
	Total from continuation sheets to Part VII, Section	Α						•	0.	0.		J1, C	0.
d	Total (add lines 1b and 1c)							•	402,200.	0.			008.
2	Total number of individuals (including but not limited to from the organization ▶ 2	those li	sted	abo	ve) v	who	recen	ved	more than \$100,00	0 of reportable comp	ensatio	n	
	Tom the organization 2										· · · ·	Yes	No
3	Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trus	tee, al	key	em	ploy	ee, c	or hi	ghest compensate	ed employee	3		X
4	For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to	eportabl than \$1	e coi 50,00	mpe	nsa If '}	ition ⁄es′	and com	oth o <i>let</i>	er compensation e Schedule J for	from			
5	such individual. Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compen	satio	n fr	om :	any	unre	late	ed organization or	ındıvıdual	5	X	X
	ion B. Independent Contractors	compre		.,,,,,,		3 10	300	πρ	<u> </u>	•		<u></u>	
1	Complete this table for your five highest compensa compensation from the organization Report compensation.	ted inde	epend the ca	deni alen	t cor dar y	ntrac year	tors endi	tha ng v	t received more the truth or within the or	nan \$100,000 of ganization's tax year			
	(A) Name and business addres	ss							(B) Description of		Compe	C) ensatio	n
			•	-								_	
	Total number of independent contractors (including but	not limi	ted to	the	se l	ister	labo	ve) :	who received more	than			
	\$100,000 in compensation from the organization							,					

		Check if Schedule O contains a response to any quest	ion in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1:	a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) 1				
CONTRIBI AND OTH		f All other contributions, gifts, grants, and similar amounts not included above 1 f 3, 651, 548. g Noncash contributions included in Ins 1a-1f. \$				
Щ.		h Total. Add lines 1a-1f	4,063,240.			<u> </u>
PROGRAM SERVICE REVENUE		Business Code				
Ĕ	2	a				ļ
핑	1	b				
ž		С				
SE	١,	d				
₽		P	-			
S.	,	f All other program service revenue				
န္တ						<u></u>
<u> </u>		g Total. Add lines 2a-2f			-	
	3					
		other similar amounts)	4,246.			4,246.
	4		`			
	5	Royalties	·			
		(i) Real (ii) Personal				
	6	a Gross rents]			
		b Less rental expenses				
		c Rental income or (loss)	-			
		d Net rental income or (loss)				-
		(v) Copyrdage (v) Other				<u> </u>
	7 8	a Gross amount from sales of	- 1			
		assets other than inventory 113,039.	_			
	ı	b Less cost or other basis				
		and sales expenses 102,300.				
		c Gain or (loss) 10,739.	1			
		d Net gain or (loss)	10,739.			10,739.
			10,733.			10,737.
OTHER REVENUE	8	a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
25		See Part IV, line 18				
E		b Less. direct expenses b				
0	(c Net income or (loss) from fundraising events	•			
		a Gross income from gaming activities See Part IV, line 19				
		b Less. direct expenses b	ļ. <u></u>			
	(c Net income or (loss) from gaming activities	•			
		a Gross sales of inventory, less returns and allowances				
		b Less cost of goods sold b	 			<u> </u>
	_ (c Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11:	a OTHER INCOME 900099	18,707.	18,707.		
		b				
		с	 			
		d All other revenue	 			 =
		e Total. Add lines 11a-11d	10 707			
			18,707.			
	12	Total revenue. See instructions	4,096,932.	18,707.	0.	14,985.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must con			mplete column (A)	<u> </u>
Check if Schedule O contains a			<u> </u>	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	145,433.	145,433.		
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	298,700.	215,064.	23,896.	59,740
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7 Other salaries and wages	474,833.	421,802.	52,771.	260
g Pension plan accruals and contributions	474,055.	421,002.	32,771.	200
(include section 401(k) and section 403(b)		10 15	255	
employer contributions) 9 Other employee benefits	13,508.	13,153.	255.	100
	65,915.	56,706.	6,619.	2,590
•	62,160.	55,839.	4,453.	1,868
11 Fees for services (non-employees) a Management				
b Legal				
c Accounting	15,626.	13,442.	1,569.	615
d Lobbying	15,020.	13,444.	1,309.	015
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, col-				
umn (A) amt, list line 11g expenses on Sch 0) 12 Advertising and promotion	73,263. 51,733.	27,247. 51,733.	44.	45,972
13 Office expenses .	,			
14 Information technology	27,974.	25,701.	1,503.	770
15 Royalties		, <u>_</u>		
16 Occupancy	185,222.	123,546.	54,996.	6,680
7 Travel	467,336.	441,429.	7,772.	18,135
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	13,850.	11,915.	1,391.	544
21 Payments to affiliates				-
22 Depreciation, depletion, and amortization	21,946.	19,515.	1,539.	892
23 Insurance	32,067.	27,587.	3,220.	1,260
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PRODUCTION EXPENSES	1,113,183.	1,096,303.	16,217.	663
b ARTIST COMPENSATION	366,050.	365,994.	56.	
c SUPPLIES	28,685.	22,055.	5,503.	1,127
d TELEPHONE	18,440.	15,156.	2,923.	361
e All other expenses	38,083.	32,808.	3,582.	1,693
25 Total functional expenses. Add lines 1 through 24e	3,514,007.	3,182,428.	188,309.	143,270
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				
SOP 98-2 (ASC 958-720).				

Balance Sheet

Part X

Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 54,627 28,087 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 765,645 700,335. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complète Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 300,000 9 261,117 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 204,562 10a 10b **b** Less accumulated depreciation 91,501 29,424 10 c <u>113,061.</u> 11 Investments - publicly traded securities. 11 217,329 225,795. 12 Investments - other securities See Part IV, line 11 12 250,000. 250,207. 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15,481 15 625,566. 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,632,506. 16 2,204,168. 17 Accounts payable and accrued expenses 251,352 17 221,401 18 Grants payable 18 19 Deferred revenue. 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, 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 24 Unsecured notes and loans payable to unrelated third parties 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 Schedule D 25 25 350,000 350,000. 26 Total liabilities. Add lines 17 through 25 26 601,352 571,401. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 881,154 27 882,767. 28 Temporarily restricted net assets 28 600,000. Permanently restricted net assets 29 150,000 150,000. P Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 1,031,154 1,632,767. 34 Total liabilities and net assets/fund balances 34 1,632,506. 2,204,168. BAA Form 990 (2012)

	1,990 (2012) THELONIOUS MONK INSTITUTE OF JAZZ	52-1544030		Pag	je 12
Pai	t XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response to any question in this Part XI				$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,09	6, 93	<u></u> 32.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,51	4,00	<u> </u>
3	Revenue less expenses Subtract line 2 from line 1	3		2,92	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	1,03	1,15	<u></u>
5	Net unrealized gains (losses) on investments	5		8,68	
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	1,63	2 <u>,7</u> 6	<u>57.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\Box
			Y	'es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both.	viewed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
t	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both	eparate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audīt,	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			\top	
3 a	i As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	gle	3 a		X
ŧ	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b		_
RΔΔ			Form 9	90 (2	012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

	_			STITUTE OF JA			_				54403			
Part					ıs (All organızatıons) See i	nstruct	ions.		
The o	_		•		use it is (For lines 1 thro			•	•					
1	\sqcup'	A church,	conventio	n of churches or ass	ociation of churches des	cribed in	n sectio	n 170(b))(1)(A)(i)).				
2	\sqcup'	A school o	described i	n section 170(b)(1)(A)(ii). (Attach Schedule (E)								
3		A hospital	or a coop	erative hospital serv	rice organization describe	ed in se	ction 17	0(b)(1)(A)(iii).					
4	\Box	A medical	research	organization operate	ed in conjunction with a l	nospital	describe	ed in sec	ction 17	′0(b)(1)(4)(iii) . Ei	nter the ho	spital's	5
	— г	name, city	, and state	е										
5		An organiz I 70(b)(1)(/	ation opera A)(iv). (Co	ited for the benefit of implete Part II)	a college or university own	ned or op	erated b	y a gove	rnmenta	l unit de	scribed in	section		
6				_	governmental unit descr									
7	뿔ㆍ	n section	170(b)(1)(A)(vi). (Complete P			-	nental un	ut or fror	n the gei	neral pub	lic describe	d	
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)													
9	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
10	$\prod I$	An organi	zation orga	anized and operated	exclusively to test for pr	ublic saf	ety. See	section	n 509(a)	(4).				
11	$\prod I$	An organiza	ation organi	zed and operated excl	usively for the benefit of, to	perform	the fund	tions of,	or carry	out the p	urposes	of one or mo	ore pub	licly
	느	supported_	organizatioi	ns_described_in_sectio	n_509(a)(1)_or_section_509	(a)(2). ₋ S	ee.sectio	on 509(a)	(3). Che	ck the bo	x that de	scribes the	type of	f
	supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III — Functionally integrated d Type III — Non-functionally integrated													
_														
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)													
f	ľ	f the orgar	nization rec box	eived a written detern	nination from the IRS that	ıs a Type	I, Type	II or Typ	e III sup	porting	organızatı	ion,		П
g	5	Since Aug	ust 17, 20	06, has the organiza	ition accepted any gift of	r contrit	oution fr	om any	of the f	ollowing	persons	37		
	_												Yes	No
	(i) A pe belo	rson who w, the gov	directly or indirectly erning body of the s	controls, either alone or upported organization?	togethe	r with p	ersons c	describe	d ın (ıı)	and (III)	11 g (i)		
	(ii) A fai	mily memb	er of a person desc	ribed in (i) above?							11 g (ii)		
	(iii) A 35	% controll	ed entity of a persoi	n described in (i) or (ii) a	bove?						11 g (iii)		
h	F	Provide th	e following	information about	the supported organization	on(s).						,	ш	
	((i) Name of s organiza	upported ation	(u) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	Is the zation in i) listed in overning ment?	(v) Did yo the organ column (supp		organiz	s the ration in nn (i) ed in the S ?	(vii) Amoun sur	t of mone	etary
						Yes	No	Yes	No	Yes	No			
(A)														
(B)						 			-					
(C)														
(D)														
(E)														
Total									1	1				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

52-1544030

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.)

<u> </u>	tion A. Public Support			,		,	,			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	2,747,343.	2,631,709.	3,114,443.	2,859,002.	4,063,240.	15,415,737.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge			:			0.			
4	Total. Add lines 1 through 3	2,747,343.	2,631,709.	3,114,443.	2,859,002.	4,063,240.	15,415,737.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,510,324.			
6	Public support. Subtract line 5 from line 4						10,905,413.			
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
7	Amounts from line 4	2,747,343.	2,631,709.	3,114,443.	2,859,002.	4,063,240.	15,415,737.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,078.	14,102.	10,938.		14,985.	58,103.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	20,212		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0.			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	31,654.	38,932.	21,222.	61,221.	18,707.	171,736.			
11	Total support. Add lines 7 through 10						15,645,576.			
12	Gross receipts from related activ	rities, etc (see ins	tructions)	<u> </u>	•	12	0.			
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ırd, fourth, or fıfth t	ax year as a section	in 501(c)(3)	▶ []			
Sec	tion C. Computation of Pu	blic Support P	ercentage			 				
	Public support percentage for 20		- · · · -	ne 11, column (f))		14	69.70%			
15	Public support percentage from	2011 Schedule A,	Part II, line 14			15	84.22%			
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization of qualifies as a put	did not check the plicly supported o	box on line 13, a rganization	nd the line 14 is 3	3-1/3% or more,	check this box			
b	b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17 a	7a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part ed organization	IV how the ►			
	Private foundation. If the organiz	zation did not che	ck a pox on line	ıs, Iba, Ibb, I/a						
BAA					Sch	nedule A (Form 99	90 or 990-EZ) 2012			

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.)

Sec	tion A. Public Support						
_	ndar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b					l T	
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support					,	
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b					 	·-··
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12)				1	-	
14	First five years. If the Form 990 organization, check this box and	stop here		id, third, fourth, c	or fifth tax year as	a section 501(c)(3) ▶ □
	tion C. Computation of Pul						
	Public support percentage for 20		• •	ie 13, column (f))	L	. 15	<u> </u>
	Public support percentage from :					16	%
	tion D. Computation of Inv						
17	Investment income percentage for				ımn (f))	17	%
18	Investment income percentage fi					18	%
	33-1/3% support tests — 2012. If is not more than 33-1/3%, check						
	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%	, check this box a	and stop here. The	e organization qu	ialifies as a public	ly supported organ	-1/3%, and ization ►
20	Private foundation. If the organiz	zation did not che	ck a box on line 1	14, 19a, or 19b, c	heck this box and	see instructions	▶ 🗂

Schequie A	(Form 990 or 990	1-EZ) 2012	THELONIC	OUS MONK	INSTITUT	TE OF JAZ	Z	52-1544030	Page 4
Partiva	Supplement Part II, line (See instruc	al Informati 17a or 17b; tions).	i on. Compl and Part III	ete this pa I, line 12.	art to provid Also compl	de the expla lete this pai	anations re rt for any a	quired by Part dditional inform	II, line 10; nation.
		-						. 	
								_ -	
	·							·	
				-	. -				
									
									
			. 					·	
								·	
_									
	- -								
								· 	
			-						
	- -								
									
								·	
					. – – – –			- 	
			-					· 	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public - Inspection
Employer identification number

ינות	ELONIOUS MONK INSTITUTE OF JA2	7.7			52-1544030	
Par			v Similar Funds	or Ac		o if
Par	the organization answered 'Yes'	to Form 990. Part IV. line	6.	UI AC	counts. Complet	. C II
		(a) Donor advised fu		(b) I	Funds and other acc	ounts
1	Total number at end of year	(a) Donor advised to	ilus .	(0)	dida and other acc	ounts
	· ·				-	
2	Aggregate contributions to (during year).					
3	Aggregate grants from (during year) Aggregate value at end of year	· · · · · · · · · · · · · · · · · · ·				
4	Aggregate value at end of year	L				
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the a organization's exclusive legal c	assets held in donor ontrol?	advised	d funds	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?					□No
Par		lete if the organization an	swered 'Yes' to	Form	990 Part IV June	2 7
1 1	Purpose(s) of conservation easements held b			TOTTI	550, 1 art 14, mrt	
•	Preservation of land for public use (e.g.,	·	_ ' ' ' ' '	historia	cally important land	area
	Protection of natural habitat	- Corection of educations	Preservation of a		• •	ai ca
		L	_1 reservation of a	certinea	Thistoric structure	
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation contr	ibution in the form of	a conse	rvation easement on t	he
			ſ		Held at the End of th	ne Tax Year
á	Total number of conservation easements			2 a		
ı	Total acreage restricted by conservation ease	ments		2 b		
	Number of conservation easements on a certi	fied historic structure included in	n (a)	2 c		-
	Number of conservation easements included :	up (c) acquired after 8/17/06, and	d not on a historic			
	structure listed in the National Register	iii (c) acquired after 6/1/700, after	a not on a mistoric	2 d		
3	Number of conservation easements modified, trait tax year ▶	nsferred, released, extinguished, o	r terminated by the of	rganızatı	on during the	
4	Number of states where property subject to conse	ervation easement is located >				
5	Does the organization have a written policy re and enforcement of the conservation easeme	egarding the periodic monitoring nts it holds?	, inspection, handlin	ng of vio	lations, Yes	∏No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conserva	ation easements durir	ng the ye	ear	
7	Amount of expenses incurred in monitoring, insper	ecting, and enforcing conservation	easements during the	e year		
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the req	uirements of section	n 170(h)	(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.					
Par		ections of Art, Historical T wered 'Yes' to Form 990,	reasures, or Ot Part IV, line 8.	her Sir	milar Assets.	
1 8	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	eld for public exhibition, education,	or research in furthe	stateme rance of	ent and balance shee public service, provid	et works of e,
!	If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items.	r SFAS 116 (ASC 958), to repor or public exhibition, education, or r	t in its revenue stat research in furtherand	ement a ce of pub	and balance sheet we blic service, provide th	orks of art, e
	(i) Revenues 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, I amounts required to be reported under SFAS			gaın, pro	ovide the following	
	Revenues included in Form 990, Part VIII, line	, ,			► \$	
	Assets included in Form 990, Part X				▶ \$	

Schedule D (Form 990) 2012 THELO	ONIOUS MO	NK INSTITUTE (F JAZZ orical Treasures. o	52-154	
3 Using the organization's acquisition	· · · · · · · · · · · · · · · · · · ·				
items (check all that apply)		4 □ !			
a Public exhibition		\vdash	or exchange programs		
b Scholarly research c Preservation for future gener	ations	e U Othe	r 		
4 Provide a description of the organiz		ions and explain how the	ey further the organization	's exempt purpose in	
Part XIII 5 During the year, did the organiza	tion solicit or	receive donations of a	irt, historical treasures,	or other similar assets	
to be sold to raise funds rather the Part VI Escrow and Custodial Arr					Yes No
reported an amount of	n Form 990). Part X. line 21.	Zation answered Tes t	0 F01111 990, Fait 1V, III	IE 9, 01
		<u> </u>			
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	in, or other intermediar	y for contributions or ot	her assets not included	☐ Yes ☐ No
b If 'Yes,' explain the arrangement	ın Part XIII a	and complete the follow	ung table	•	☐ 163 ☐ INO
2 ··· · · · · · · · · · · · · · · · · ·		and complete the follow	ang table	[T	Amount
c Beginning balance .				1 c	7 1110 0111
d Additions during the year				1 d	
e Distributions during the year	·			1 e	
f Ending balance				1 f	
2 a Did the organization include an a	mount on Fo	rm 990, Part X, line 21	?		Yes No
b If 'Yes,' explain the arrangement				d in Part XIII	
•		·	•		
Part: V. Endowment Funds. C	omplete-ıf-	the organization a	nswered_Yes' to Fo	rm-990, Part IV.,-Iir	ne 10
	(a) Currer			(d) Three years	(e) Four years
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	e of the curre	nt year end balance (li	ne la column (a)) held		- <u> </u>
a Board designated or quasi-endowm		%	rio rg, colarini (a), nola	45	
b Permanent endowment ►	- %	<u> </u>			
c Temporarily restricted endowmen	nt ►	%			
The percentages in lines 2a, 2b,		d equal 100%			
3a Are there endowment funds not in the		•	are held and administered	t for the	
organization by	possocion	or the organization that	oro riola aria dariii ilotorot	2 101 110	Yes No
(i) unrelated organizations				•	3a(i)
(ii) related organizations		•		•	3a(ii)
b If 'Yes' to 3a(II), are the related of	-	•			3b
4 Describe in Part XIII the intended					
Partivii Land, Buildings, and	<u>Equipment</u>				
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment			101,112.	77,215.	23,897.
e Other			103,450.	14,286.	89,164.
Total. Add lines 1a through 1e (Column	n (d) must ed	qual Form 990, Part X,			113,061.
BAA				Sched	ule D (Form 990) 2012

TEEA3302L 06/07/12

Schedule **D** (Form 990) 2012

SEE PART XIII

under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012 THELONIOUS MONK INSTITUTE OF JAZZ		-154403	0 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemen	<u>ts With Revenue per Re</u>	turn	
1 Total revenue, gains, and other support per audited financial statements		1	4,523,120.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments .	2a 18,688.		
b Donated services and use of facilities .	2b 407,500.		
c Recoveries of prior year grants	2 c	1	
d Other (Describe in Part XIII.)	2 d	1	
e Add lines 2a through 2d		2 e	426,188.
3 Subtract line 2e from line 1	•	3	4,096,932.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		4,030,332.
a Investment expenses not included on Form 990, Part VIII, line 7b.	4-		
·	4 a	ł	
b Other (Describe in Part XIII)	4 b	 	
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	4,096,932.
Part XII Reconciliation of Expenses per Audited Financial Statement	nts With Expenses per	Return	
1 Total expenses and losses per audited financial statements		1	3,921,507.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		1	
a Donated services and use of facilities	2a 407,500.	1	
b Prior year adjustments .	2 b	1	
c Other losses	2 c	1	
d Other (Describe in Part XIII)	2 d	i I	
e Add lines 2a through 2d		2 e	407,500.
3 Subtract line 2e from line 1		3	3,514,007.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ı i i ————		3,314,007.
a Investment expenses not included on Form 990, Part VIII, line 7b.	4a	i I	
b Other (Describe in Part XIII)	4 b	1	
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	3,514,007.
Part XIII Supplemental Information			3,314,007.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Paline 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also com	art III, lines 1a and 4, Part IV	, lines 1b an additional i	nd 2b, Part V,
	protes time part to protitue any		
PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND			
THE ENDOWMENT FUND SUPPORTS THE ORGANIZATION'S JAZZ	Z MASTERS PROGRAM A	AND ASSI	STS_IN_
TEACHING AT UNIVERSITIES AND PUBLIC SCHOOLS			
PART X - FIN 48 FOOTNOTE			
AS OF DECEMBER 31, 2012, THE INSTITUTE HAS NO UNCER	RTAIN TAX POSITIONS	THAT C	IJAT.TFY
no of blockblk 31, 2012, and another has no order			
EUD ELANED DECUCNITATION UD DISCIUSE IN ARE EINVINC	דאן פידאייבאייפ יינו	ייאע ער	יא חכי
FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCE	TUT STATEMENTS. THE	TWV IF	.w.o
CUDITION NO PUNITIONAL DU MUE MAUTIC AUMUCETTES A	DE MILE VENDO ENCOR	DDCD455	ים מי
SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES AS	KE THE YEARS ENDED	DECEMBE	K 31,
2009 THROUGH 2011.			
BAA		Schedule D	(Form 990) 2012

Two open controls and the complete if the organization asserted Yes' to Form 990, Part IV, line 21 or 22. Cancel Information on Grants and Assistance Cancel Information on Grants and Organizations Cancel Information on Grants Cancel Informati	SCHEDULE I Form 990)	•	Grants and Ot Governments, a	Other Assistance to Organizations, and Individuals in the United States	to Organi n the Unit	zations, led State	Se		2012 ·
NUCUES WAS INSTITUTE OF JAZZ Care and Information on Grants and Assistance Care and Information on Grants and Care and Information on Grants and Care and Information in the United States Care and Care	epartment of the Treasury Iternal Revenue Service	ວິ	emplete if the organizat	ion answered 'Yes' to F. Attach to Form 99	orm 990, Part 0.	IV, line 21 o	r22.		Open to Public Inspection
Section of Grants and Assistance Section 2016	lame of the organization	INSTITUTE OF				:		Employer identific 52-154403	ation number 0
State organization maintain records to substantiate the amount of the grants or assistance, and set the organization part to set to candidate grants or assistance. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Form 990, Part IV, line 2 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Form 990, Part IV, line 2 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Form 990, Part IV, line 2 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Form 990, Part IV, line 2 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Form 990, Part IV, line 2 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Form 990, Part IV, line 2 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Form 990, Part IV, line 2 for any recipient that received more than \$5,000. Part II can be given any recipient and the line I table. Form 990, Part IV, line 2 for any recipient that received more than \$5,000. Part II can be given any recipient and recip	:1	formation on Grants and Ass	sistance						
Grants and Other Assistance to Governments and Organizations in the United States. Form 990, Part IV, line 21 for any recipient that receded more than \$5,000. Part II can be duplicated if additional states of growth that receded more than \$5,000. Part IV, line 21 for any recipient that receded more than \$5,000. Part IV, line 21 for any recipient that receded more than \$5,000. Part IV, line 21 for any recipient that receded more than \$5,000. Part IV, line 21 for any recipient that receded more than \$5,000. Part IV, line 21 for any recipient that receded more than \$5,000. Part IV, line 21 for any recipient that receded more than \$5,000. Part IV, line 21 for any recipient that receded more than \$5,000. Part IV, line 21 for any recipient that receded more than \$5,000. Part IV, line 21 for any recipient that receded more than \$5,000. Part IV, line 21 for any recipient that receded more than \$5,000. Part IV, line 21 for any recipient that receded more than \$5,000. Part IV, line 21 for any recipient that the II table.	1 Does the organizati the selection crites	ion maintain records to substantiate the	e amount of the grants or stance?	r assistance, the grantees'	eligibility for th	te grants or a	ssistance, and		X Yes No
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"		the organization's procedures for mon	itoring the use of grant fu	ands in the United States.		SEE PART	ΔI		_
1 (a) Num and potential or generation (b) EIN (c) picc section (d) Annount of cash groat (e) Annount of	\vdash	J Other Assistance to Gover Part IV, line 21 for any recipi	nments and Organ lent that received n	izations in the Unit nore than \$5,000. P	ed States.	Complete e duplicate	of the organizated if additional	lion answered 'Y space is needed	es' to I.
			(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of a assistan		f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	(L								
	(2)				<u> </u>				
	(3)	9 k 9 k 1 1 1 1 1 1 1 1							
	(4)								
		!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!							
	$ar{\omega}$				_				
Enter total number of other organizations listed in the line 1 table									
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	į į								
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	. — — — — — — .								
Enter total number of other organizations listed in the line 1 table		r of section 501(c)(3) and governme	ent organizations listed	in the line 1 table	<u> </u>				
	- 1.	er of other organizations listed in the	line 1 table					•	0

Page 2 Schedule I (Form 990) (2012) SCHOLARSHIP TO STUDY WITH AT | Ranks and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance SCHOLARSHIP TO STUDY JAZZ PROFESIONALS Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other 52-1544030 (e) Method of valuation (book, FMV, appraisal, other) THE ORGANIZATION RETAINS ALL DOCUMENTATION REGARDING THE PAYMENT OF SCHOLARSHIPS AND GRANTS. THE RECIPIENTS ARE MONITORED REGULARLY TO ENSURE COMPLIANCE AND ELIGIBILITY. (d) Amount of non-cash assistance PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. 75,548 69,885 (c) Amount of cash grant THELONIOUS MONK INSTITUTE OF JAZZ (b) Number of recipients 2 COMPETITION SCHOLARSHIP additional information. (a) Type of grant or assistance 1 UCLA SCHOLARSHIP Schedule I (Form 990) (2012) BAA

က

ß

9

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THELONIOUS MONK INSTITUTE OF JAZZ

Employer identification number

52-1544030

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
t	of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization. Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nongualified retirement plan?	4a 4b		X
-	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	1.0		Λ
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
á	The organization?	5 a		X
1	Any related organization?	5 b		Х
	If 'Yes' to line 5a or 5b, describe in Part III		Ī	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
	The organization?	6a		X
ı	Any related organization?	6 b		Х
	If 'Yes' to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?			
	If 'Yes,' describe in Part III	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Page 2

52-1544030

THELONIOUS MONK INSTITUTE OF JAZZ Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

			:					
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	and otner deferred compensation	Denemis	columns(b)(l)-(U)	deferred in prior Form 990
THOMAS CARTER	Θ	298,700.	0		[0	21, 612.	<u>320,312</u> .	0
1 PRESIDENT	(ii)		0	0.	0	0.	.0	
	Θ			1 1 1 1 1 1 1	- 	1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	€			:				
	ε		 				1 1 1 1 1 1 1 1 1 1	
3	€							
	ε	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1					1 1 1 1 1 1
4								
u	€ (1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1		
n								
	Ξ		 		1 1 1	1 1 1 1 1 1 1	1 1 1 1 1 1 1	
9	€							
	ε		 	1 1 1 1 1 1 1	 	1 1 1	 	1 1 1 1 1
7	€							
	Ξ		 	1 1	 	 		
8	€							
	Θ		 	 	 	 	 	
6	⊜							
	Ξ			 	 	 	 	
10	Ξ							
	Ξ		 	 		 		
11	Ξ							
	Ξ	- 	 	-I -I I I	 			1 1 1 1 1
12	€							
	<u> </u>		 	 	 	 	 	
13	€							
	Ξ			 	 	1 1 1	 	
14	€							
	Θ;	1 1 1 1 1	 	 - 	1 1 1 1 1 1			
15				!				
	<u>e</u> (- 	1 1 1 1 1 1 1		 - -	
	E			:				
ВАА			TEEA4102L 12/11/12				Schedule J	Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 THELONIOUS MONK INSTITUTE OF JAZZ Partill Supplemental Information	52-1544030 Page 3	. ge 3
· نـ ا	nes 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for	,
		1
		!
		!
]
		† 1
		I I
		! !
		1
		I I
		1
] !
		ļ
BAA TEEA4103L 12/11/12	Schedule J (Form 990) 2012	2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

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

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

THELONIOUS MONK INSTITUTE OF JAZZ	52-1544030
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
JAZZ IN THE CLASSROOM - THE INSTITUTE PRESENTS JAZZ IN THE (CLASSROOM PROGRAMS IN
PUBLIC SCHOOLS AROUND THE WORLD, EXPOSING YOUNG PEOPLE TO THE	HE CULTURAL RICHNESS OF
JAZZ. MASTER CLASSES, WORKSHOPS AND CONCERTS ARE PRESENTED	BY LEADING JAZZ MUSICIANS
AND EDUCATORS TO HELP STUDENTS WITH THEIR MUSICAL INSTRUMENT	r TRAINING, FOSTER A SENSE
OF CREATIVITY AND SELF-ESTEEM, AND PROVIDE ROLE MODELS.	
JAZZ IN THE CLASSROOM BRINGS MUSIC EDUCATORS AND MAJOR JAZZ	ARTISTS INTO PUBLIC
SCHOOLS IN WASHINGTON, D.C. AND OTHER CITIES TO TEACH AND ME	ENTOR STUDENTS. THESE
YOUNG PEOPLE PERFORM THEIR JAZZ REPERTOIRE AT HIGH-PROFILE (COMMUNITY FUNCTIONS. THE
BEBOP TO HIP-HOP PROGRAM INTRODUCES STUDENTS TO THE HISTORIC	CAL INFLUENCES OF BOTH
JAZZ AND HIP-HOP. STUDENTS COMPOSE AND PERFORM PIECES COMB	INING THE BEST OF BOTH ART
FORMS, AND ARE INTRODUCED TO THE LATEST RECORDING TECHNOLOG	IES AND SOFTWARE. THE
PERFORMING ARTS HIGH SCHOOLS JAZZ PROGRAM PROVIDES INTENSIVE	E INSTRUCTION TO ADVANCED
JAZZ BAND STUDENTS AT THE DUKE ELLINGTON SCHOOL OF THE ARTS	IN WASHINGTON, D.C. AND
OTHER PUBLIC PERFORMING ARTS HIGH SCHOOLS.	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
THELONIOUS MONK INSTITUTE OF JAZZ PERFORMANCE - IN SEPTEMBER	R 1995, THE INSTITUTE
ESTABLISHED A TWO-YEAR, ACCREDITED, COLLEGE LEVEL PROGRAM FO	OR GIFTED YOUNG MUSICIANS
TO STUDY ON A FULL-TIME BASIS. THE PROGRAM OFFERS A MASTERS	S DEGREE IN JAZZ
PERFORMANCE. THE STUDENTS SELECTED FOR THE PROGRAM STUDY TO	JITION-FREE WITH FULL
ROOM AND BOARD STIPENDS PROVIDED.	
CURRICULUM - TO PROVIDE AN ONGOING EDUCATION ABOUT JAZZ FOR	OUR NATION'S STUDENTS,
THE THELONIOUS MONK INSTITUTE HAS DEVELOPED JAZZ IN AMERICA	: THE NATIONAL JAZZ
CURRICULUM (WWW.JAZZINAMERICA.ORG), AN INTERNET-BASED JAZZ (CURRICULUM FOR 5TH, 8TH,

Name of the organization	Employer identification number
- · ·	Employer identification number 52-1544030
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
AND 11TH GRADE PUBLIC SCHOOL STUDENTS ACROSS THE UNITED STATES.	THE CURRICULUM FOR
EACH GRADE LEVEL PRESENTS A HISTORICAL OVERVIEW, EXAMINES CHARA	CTERISTICS OF VARIOUS
JAZZ STYLES, HIGHLIGHTS CONTRIBUTIONS OF IMPORTANT PERFORMERS A	ND COMPOSERS, AND,
MOST IMPORTANTLY, EXPLORES THE SOCIAL, ECONOMIC, AND POLITICAL	CONTEXTS WITHIN WHICH
JAZZ EVOLVED. IN ADDITION TO THE LESSON PLANS, THE CURRICULUM	WEB_SITE_INCLUDES_A
TEACHER'S MANUAL, ASSESSMENTS, AND A COMPREHENSIVE JAZZ RESOURCE I	IBRARY. ALL OF THE
MATERIALS CAN BE ACCESSED, DOWNLOADED, AND PRINTED FREE OF CHAR	GE. THE CURRICULUM IS
COMMENSURATE WITH NATIONAL, STATE, AND DISTRICT STUDENT LEARNIN	G STANDARDS IN
AMERICAN HISTORY AND ARTS EDUCATION.	
OTHER EDUCATION PROGRAMS - THE INSTITUTE OFFERS ADDITIONAL EDUC	ATIONAL AND CULTURAL
PROGRAMS IN THE UNITED STATES AND ABROAD FOR THE ADVANCEMENT OF	_JAZZ. THESE
PROGRAMS ARE ADMINISTERED OUT OF THE WASHINGTON, D.C. OFFICE.	SINCE 1995, THE
INSTITUTE HAS PRESENTED A SERIES OF INTERNATIONAL TOURS, EXPOSI	NG PEOPLE OUTSIDE OF
THE UNITED STATES TO JAZZ. THESE TOURS, MANY OF WHICH HAVE BEE	N SPONSORED BY THE
U.S. DEPARTMENT OF STATE, HAVE REACHED MORE THAN ONE MILLION PE	OPLE OF ALL AGES AND
BACKGROUNDS_IN_INDIA, CHINA, THAILAND, SEVEN AFRICAN NATIONS, T	HE CARIBBEAN,
ARGENTINA, CHILE, PERU, EGYPT, JAPAN, VIETNAM, AND MANY OTHER C	OUNTRIES. THE
INSTITUTE HAS ALSO PRODUCED A SERIES OF TELEVISIONS AND RADIO S	PECIALS, INTRODUCING
MILLIONS OF PEOPLE TO THE RICH HISTORY OF JAZZ. IN RECENT YEAR	S, THE INSTITUTE HAS
PARTNERED WITH BLACK ENTERTAINMENT TELEVISION, NATIONAL PUBLIC	RADIO, AND THE PUBLIC
BROADCASTING SYSTEM, IN ASSOCIATION WITH WETA-TV IN WASHINGTON,	D.C.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
A COPY OF THE RETURN IS PROVIDED TO EACH BOARD MEMBER DURING TH	E REVIEW OF THE AUDIT
AND TAX RETURN BY AN OFFICER OF THE ORGANIZATION.	

Schedule O (Form 990 or 990-EZ) 2012	Page 2
Name of the organization	Employer identification number
THELONIOUS MONK INSTITUTE OF JAZZ	52-1544030
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	ENT OF CONFLICTS
ALL CONFLICTS OF INTEREST ARE TO BE IMMEDIATELY DISCLOSED VIA	VERBAL AND WRITTEN
COMMUNICATION.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE
GUIDESTAR HOSTS A COPY OF THE 990 OR CAN BE MADE AVAILABLE UPON	J RECUIEST
GOIDESTAN NOSIS A COLL OL THE 350 ON ONE DE MADE AVAILABLE OLOR	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	· ~
	·

	•	
20	1	2

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

THEL	ONIOUS	MONK	INSTITUTE	OF 1477
INEL	.OIYIOO3	MON	1142111016	Ur JMLL

52-1544030

PART II	LINE	10 - O	THER	INCOME
1 711 11.		10 - O		

NATURE AND SOURCE		2012			2011		2010		2009		2008	
OTHER INCOME	COTAL	\$ \$	18,707. 18,707.	\$ \$	61,221.	\$ \$	21,222.	\$ \$	38,932. 38,932.	5	31,654. 31,654.	

Form **8868**

(Rev January 2013)

Form 990-T (trust other than above)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of Internal Reven	the Treasury nue Service	►File a se	parate appli	plication for each return.			
• If you a	are filing for an	Automatic 3-Month Extension, co	mplete only	Part I and check this box		► X	
• If you a	are filing for an a	Additional (Not Automatic) 3-Mon	th Extensio	n, complete only Part II (on page 2 of this	s form)	نت	
Do not cor	mplete Part II un	less you have already been grante	ed an autom	natic 3-month extention on a previously fil-	ed Form 8868		
request an Associated	n required to file extension of time I With Certain Pe	Form 990-T), or an additional (no to file any of the forms listed in Part	t automatic I or Part II v nust be sent	d a 3-month automatic extension of time 3-month extension of time. You can electivith the exception of Form 8870, Information to the IRS in paper format (see instruction Charities & Nonprofits.)	ctronically file Form	8868 to	
Part I	Automatic	3-Month Extension of Time	Only sul	bmit original (no copies needed).			
A corporati	ion required to f	ile Form 990-T and requesting an	automatic 6	-month extension — check this box and co	omplete Part I only	▶ □	
	orporations (incl			nd trusts must use Form 7004 to request a	an extension of time	e to file	
	Name of exempt	organization or other filer, see instructions		Enter filer's identify			
Type or print	or					Employer identification number (EIN) or 52–1544030	
File by the due date for filing your 5225 WISCONSIN AVENUE NW #605					Social security numb	oer (SSN)	
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions WASHINGTON, DC 20015						
Enter the F	Rēturn codē for t	he return that this application is fo	or-(file-a sep	parate-application for each return) —		-01	
Application Is For			Return Code	Application Is For		Return Code	
Form 990 or	r Form 990-EZ		01	Form 990-T (corporation)		07	
Form 990-E	3L		02				
Form 4720 ((ındıvıdual)		03	Form 4720		09	
Form 990-F	PF .		04	Form 5227		10	
Form 990-T (section 401(a) or 408(a) trust)			05	Form 6069		11	

● The books are in the care of ► <u>THOMAS CARTER</u>			
Telephone No ► (202) 364-7272 FAX No ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If check this box If it is for part of the group, check this box If and attach a list with the nare the extension is for	this is	s for the whole nd EINs of all	► [group, members
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
until 8/15, 20 13 _, to file the exempt organization return for the organization named above The extension is for the organization's return for ► X calendar year 20 12 or ► tax year beginning, 20, and ending, 20			
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final Change in accounting period	al retu	ırn	
3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3 c	\$	0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E payment instructions	O for		

06

Form 8870