			EXTENDED TO MAY 17, 2021		_			
_	Q	an	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			OMB No. 1545-0047		
Forr (Rev	_	JU uary 2020)	• •	2019				
Depa	rtment o	of the Treasury	Do not enter social security numbers on this form as it is	-	-	Open to Public Inspection		
		enue Service	■ Go to www.irs.gov/Form990 for instructions and the l ar year, or tax year beginning JUL 1, 2019 and endir		UN $30, 2020$	Inspection		
_						tion much or		
	heck if pplicab	le:	forganization		D Employer identifica	nuon number		
	Addre chang Name	ge JAZZ	HOUSTON			_		
		ge Doing b	usiness as		81-401697	5		
	_return Final	Number	and street (or P.O. box if mail is not delivered to street address) Room OX 37268	n/suite	E Telephone number 832-457-2	557		
	⊥return termii ated	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	63,268.		
	Amen		TON, TX 77237	ľ	H(a) Is this a group retu			
	Applie		nd address of principal officer: MICHAEL MCMAHON		for subordinates?			
	pendi		AS C ABOVE		H(b) Are all subordinates included			
<u>і</u> т	- ax-ex	empt status:		527		st. (see instructions)		
			JAZZHOUSTON.ORG		H(c) Group exemption	,		
				l Vear o		State of legal domicile: TX		
	art I							
	1		e the organization's mission or most significant activities: JAZZ HO	USTO	ON PROMOTES '	ГНЕ		
e	'		TION OF JAZZ MUSIC GLOBALLY THROUGH F			CATION,		
Governance	2	Check this bo			· · · · · ·			
/err	2					11		
õ	3		ting members of the governing body (Part VI, line 1a)			0		
	4		lependent voting members of the governing body (Part VI, line 1b)					
Activities &	5		of individuals employed in calendar year 2019 (Part V, line 2a)			0		
ič	6		of volunteers (estimate if necessary)			3		
Act			d business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated	business taxable income from Form 990-T, line 39	<u></u>	7b	0.		
					Prior Year	Current Year		
e	8	Contributions	and grants (Part VIII, line 1h)		49,071.	57,389.		
nue	9	Program servi	ce revenue (Part VIII, line 2g)		164,773.	5,879.		
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
Ē	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		213,844.	63,268.		
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.		
s	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		15,500.	30,000.		
be	b		ing expenses (Part IX, column (D), line 25) 30,000.	-				
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	-	152,152.	74,718.		
		-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		167,652.	104,718.		
	19	-	expenses. Subtract line 18 from line 12		46,192.	-41,450.		
es					inning of Current Year	End of Year		
Net Assets or und Balances	20	Total assets (I	Part X, line 16)		46,141.	5,025.		
Asse	21		(Part X, line 26)		0.	0.		
Vet ,	22		fund balances. Subtract line 21 from line 20	·	46,141.	5,025.		
	art II	Signatur		·	20/2320	5,025.		
			I declare that I have examined this return, including accompanying schedules and s	statemer	nts and to the best of my k	nowledge and belief it is		
			. Declaration of preparer (other than officer) is based on all information of which pr			ווטאויטעטט מווע טפוופו, וג 3		
<u>uu</u> e,	COLLE		. ביטמומומויטו טו טופטמופו נטנופו נוומו טוווטפו או אמצכע טוו מו וווטוווומנוטוו טו אוווכון טו	i upai ti T				

Sign Here	Signature of officer MICHAEL MCMAHON, TREASURER Type or print name and title	Date
Paid Preparer	Print/Type preparer's name THOMAS JONES Firm's name ► MCCONNELL & JONES LLP	Date Check PTIN 06/15/21 self-employed P00181555 Firm's EIN ► 76-0488832
Use Only	Firm's address 4828 LOOP CENTRAL DRIVE SUITE 1000 HOUSTON, TX 77081	Phone no.713-968-1600
May the I	RS discuss this return with the preparer shown above? (see instructions)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	JAZZ HOUSTON	81-4016975	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: JAZZ HOUSTON PROMOTES THE CULTIVATION OF JAZZ MUSIC GLOBA		
	PERFORMANCE, EDUCATION, AND COMMUNITY OUTREACH, AND HONOI		
	HOUSTONIANS AND TEXANS WHO HAVE AND CONTINUE TO BE MAJOR		5
	TO JAZZ THROUGH THE CELEBRATION OF THEIR LEGACIES AND TH		
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	XNo
	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?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, an	ld
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 21,439. including grants of \$) (Revenue)	1 (960.)
4a	(Code:)(Expenses \$)(Revenue = 21,439. including grants of \$) (Revenue = 21,439. (Revenue = 21,439.) (Revenue = 21,43)
	OPPORTINUTY TO PARTICIPATE IN A FULL DAY OF CLINICS AND I		THE
	MUSIC OF DUKE ELLINGTON IS HIGHLIGHTED), ENDING WITH A FU		
	PERFORMANCE/CONCERT.	<u></u>	
4b	(Code:) (Expenses \$ 21,438. including grants of \$) (Revenu	1 (959.)
40	(Code:) (Expenses \$) (Revenue EDUCATIONAL CONCERTS - ORCHESTRA MEMBERS PERFORM AND PROV)
	AND Q&A AROUND JAZZ MUSIC RELATED TOPICS, ARTISTS OR HIS		
4.0	(Code:) (Expenses \$21,439. including grants of \$) (Revenue	<u> </u>	960.)
4c	(Code:) (Expenses \$) (Revenue (Revenu (Revenue (Revenu (Revenue (Revenue (Revenue (Revenue (Revenu(.e\$ <u> </u>)
4d	Other program services (Describe on Schedule O.)	`	
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 64,316.)	
<u>4e</u>	Total program service expenses ► 64,316.	Eorm Q	90 (2019)
032000	2 01-20-20		(2019)
332002	2 01 20 20		

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 Form 990 (2019)
 JAZZ
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
-	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 23
IZd		12a		x
L	Schedule D, Parts XI and XII	IZa		- 23
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	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	44		v
45	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 other assistance to or for any	14b		<u> </u>
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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 Form 990 (2019)
 JAZZ
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 Part IV
 Checklist of Required Schedules (continued)

	· (contract)		Vee	
00	Did the experimetion report more than 0 5,000 of grants or other exciptions to be far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	00		x
04 -	Schedule J	23		
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
		240		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ا م	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		- 23
D	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 repeated on any of the organization's prior Forms 200 at 200 F72. If I/(a line or the organization's prior Forms 200 at 200 F72.			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
00		21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	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?	26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	50	17	I
	Check if Schedule O contains a reasonance or note to any line in this Dort V			
	Check in Schedule O contains a response of note to any line in this Part V		Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34		162	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a34Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
030004			990	l (2019)
3 32004	۵ (۱-20-20 ل	1 UIII		(2019)

Form	990 (2019) JAZZ HOUSTON 81-4016	975	P	age 5								
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
			Yes	No								
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 returns?	2b										
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)											
3a	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?											
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O											
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х								
b	b If "Yes," enter the name of the foreign country >											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х								
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
	any contributions that were not tax deductible as charitable contributions?	6a		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?	7c		X								
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 contract?	7e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g										
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?											
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.											
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
	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											
11	Section 501(c)(12) organizations. Enter:											
a L	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											
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
iza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?	13a										
u	Note: See the instructions for additional information the organization must report on Schedule O.	104										
h	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											
с	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? <i>If "No," provide an explanation on Schedule O</i>	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?	15		Х								
	If "Yes," see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х								
	If "Yes," complete Form 4720, Schedule O.											

Form **990** (2019)

932005 01-20-20

	Check if Schedule O contains a response or note to any line in this Part VI					X							
Sec	tion A. Governing Body and Management												
					Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	11	1									
	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 on Schedule O.												
h	Enter the number of voting members included on line 1a, above, who are independent	1b		bl									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	·		-									
2				2	x								
3													
3				3		x							
			filod?	4		X							
	 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 												
5				5		X X							
6 7-	Did the organization have members or stockholders?			6		+^							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_									
	more members of the governing body?			<u>7a</u>									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s												
	persons other than the governing body?			7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year												
а	The governing body?			<u>8a</u>									
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 rea	ched a	t the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)										
					Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10;	1	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such ch												
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10)								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11	X								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.												
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13												
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?												
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			12	<u>x</u>								
Ŭ	in Schedule O how this was done	,		120	x								
13	Did the organization have a written whistleblower policy?			13		X							
10	Did the organization have a written document retention and destruction policy?			14		- 23							
14				14	A								
15	Did the process for determining compensation of the following persons include a review and approva	ai by inc	dependent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v							
	The organization's CEO, Executive Director, or top management official			15									
b	Other officers or key employees of the organization			15)	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 arranger	nent w	ith a										
	taxable entity during the year?			16	1	<u> </u>							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	's										
	exempt status with respect to such arrangements?			16)								
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (Section 501(c)(3	s onl	/) avail	able							
	for public inspection. Indicate how you made these available. Check all that apply.												
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule (O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd fina	ncial								
	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	t records										
	MICHAEL MCMAHON - 832-457-2557												
	$\mathbf{F} \cdot \mathbf{U} \cdot \mathbf{D} \mathbf{U} \mathbf{A} \mathbf{J} / \mathbf{Z} \mathbf{U} \mathbf{U}$, $\mathbf{\Pi} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U}$, $\mathbf{I} \mathbf{A} \mathbf{J} / \mathbf{Z} \mathbf{U}$												
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JAZZ HOUSTON

Form 990 (2019)

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Page **6**

81-4016975

Form 990	2019) JAZZ HOUSTON	81-4016975	Page 7									
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated												
Employees, and Independent Contractors												
	Check if Schedule O contains a response or note to any line in this Part VII											
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees												
1a Compl	ete 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.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per		not c	Pos heck	more	l than o s both		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	list any hours for related organizations below line)	stee or director				Highest compensated shared sha	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) REGINA G DEADRICK	7.00									
PRESIDENT		Х		X				0.	0.	0.
(2) VINCENT GARDNER	2.00	_								
DIRECTOR		Х						0.	0.	0.
(3) BELINDA MUNRO GARDNER	5.00	_								
VP OF OPERATIONS		Х		X				0.	0.	0.
(4) MICHAEL MCMAHON	5.00	-								
TREASURER		Х		X				0.	0.	0.
(5) THOMAS JONES	1.00	-								
DIRECTOR		Х						0.	0.	0.
(6) DONALD NAYLOR JR	1.00	-								
DIRECTOR		Х						0.	0.	0.
(7) ROBERT MORGAN	2.00									
DIRECTOR		Х						0.	0.	0.
(8) LACELIA HUDSON	2.00									
DIRECTOR		Х						0.	0.	0.
(9) FRANK WILSON	1.00	-								
DIRECTOR		Х						0.	0.	0.
(10) TYM TOMBAR	1.00	-								
DIRECTOR		Х						0.	0.	0.
(11) ANDERSON BYNAM	1.00	-								
DIRECTOR		Х						0.	0.	0.
		-								
		┣								
		-								
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Form 990 (2019) JAZZ HOUS									81-40)169	975	P	age 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	y Employees, and Highest Compensated Emp (C) (D) ge Position (do not check more than one Reportable						(D)	<u>s (continued)</u> (E) Reportable		Es	(F) stimate	ed	
	hours per week (list any hours for related organizations below line)	box,	unles	ss per	son is recto	Highest compensated Isruer s of the standard standard standard semployee	n an	compensation from the organization (W-2/1099-MISC)	compensatio from related organization (W-2/1099-MIS	on d s	an com fr org and	nount other pensa om th anizat d relat	of tion e ion ed
			_	0	×	1.0							
										\square			
										$ \rightarrow $			
										-+			
										-+			
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)			<u></u>		<u></u>			0.		0.			0.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;		<u> </u>	0
3 Did the organization list any former officer,	-			•	-		Ŭ		2		3	Yes	No X
 line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	e co	mpe	ensat	tion	and	oth	er compensation from th	ne organization		4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue compen	Isatio	on fr	om a	any	unre	elate	ed organization or individ	lual for services		5		x
Section B. Independent Contractors 1 Complete this table for your five highest contractors											ion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng wi	ith c	or wi	thin	the organization's tax yeta (B)	ear.		(0	;)	
Name and business	address	NC	ONE	2				Description of s	ervices	Co	ompe	nsatio	n
2 Total number of independent contractors (ir \$100,000 of compensation from the organized statement of the organized statement of the statemen	•	ot lin	nitec	d to t	thos C		ted	above) who received mo	ore than			000	

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	<u>1 990 (</u>					81-4016	975 Page 9
Pa	rt VII						
		Check if Schedule O contains a response or n	note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d f g h	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$	13,804. 43,585.	57,389.			
Program Service Revenue	b c d e f	All other program service revenue	900099	5,879.	5,879.		
Other Revenue	g 3 4 5	Total. Add lines 2a-2f Investment income (including dividends, interest, income similar amounts) Income from investment of tax-exempt bond procetor Royalties (i) Real	and	5,879.			
	c d	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss) (i) Securities					
	c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)					
	b	Gross income from fundraising events (not including \$ 13,804. of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	0.				
	9 a b	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9b	····· >	0.			
	10 a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory	▶ ►				
Miscellaneous Revenue			usiness Code				
	e 12 9 01-20-	Total. Add lines 11a-11d Total revenue. See instructions		63,268.	5,879.	0.	0 • Form 990 (2019)

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JAZZ HOUSTON Part IX Statement of Functional Expenses

	Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and demostic revenuents. Cas Dart IV/ line Of				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
0	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
0	trustees, and key employees				
6	Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7					
/ 8	Other salaries and wages Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9					
	Other employee benefits				
0 1	Payroll taxes Fees for services (nonemployees):				
	Management				
a h					
b					
-	Accounting				
d	Lobbying	30,000.			30,000
e 4	Professional fundraising services. See Part IV, line 17	50,000.			50,000
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	53,481.	43,079.	10,402.	
~	column (A) amount, list line 11g expenses on Sch 0.)	55,401.	43,0730	10,402.	
2	Advertising and promotion				
3	Office expenses	1,258.	1,258.		
4	Information technology	1,230.	1,230.		
5	Royalties				
6 7					
7					
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0					
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,688.	2,688.		
3	Insurance	4,000.	4,000.		
1	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) PROGRAM EVENTS	17,291.	17,291.		
a h		11,471.	11,491.		
b					
C d					
d					
	All other expenses	104,718.	61 216	10 400	20 000
5	Total functional expenses. Add lines 1 through 24e	104,/10.	64,316.	10,402.	30,000
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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2000031

	1 990 (2 rt X	2019) JAZZ HOUSTON Balance Sheet		81-4	1016975 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	46,141.	1	5,025.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1 1 1 1 1	16	5,025.
	17	Accounts payable and accrued expenses		17	-
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
6	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow FASB ASC 958, check here 🕨 🗴			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	46,141.	27	5,025.
Bala	28	Net assets with donor restrictions		28	
рс		Organizations that do not follow FASB ASC 958, check here			
Бu		and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	46,141.	32	5,025.
Z	33	Total liabilities and net assets/fund balances	46,141.	33	5,025.

Form 990 (2019)

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Form	1 990 (2019) JAZZ HOUSTON	81-401	6975	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,26	
2	Total expenses (must equal Part IX, column (A), line 25)	2	104		
3	Revenue less expenses. Subtract line 2 from line 1	3	-41		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46	5,14	41.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		3:	34.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5	5,02	25.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	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	0.			
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				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	aan /	

Form **990** (2019)

932012 01-20-20

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047			
2019			
Open to Public Inspection			

Intern	al Rever	nue Service		Go to www.irs.go	ov/Form990 for instruction	ons and th	ne latest in	nformation.		Inspection	
Nan	ne of t	the organizati								identification numb	Je
_				HOUSTON						1-4016975	_
Ра	art I	Reason	for Public C	Charity Status	(All organizations must co	omplete th	is part.) Se	ee instruction:	3.		
The	organ	ization is not a	a private found	ation because it is:	(For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associati	on of churches described	l in sectio	on 170(b)(⁻	1)(A)(i).			
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).			
4		A medical res	search organiz	ation operated in co	onjunction with a hospital	described	l in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and stat	:e:								
5		An organizat	ion operated fo	or the benefit of a co	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	ate, or local gov	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).			
7	X			-	antial part of its support f				ne general i	oublic described in	
		-		omplete Part II.)		U					
8)(1)(A)(vi). (Complete Par	t II.)					
9	\square				d in section 170(b)(1)(A)(ed in coniı	unction with a	land-grant	college	
-		-	-		culture (see instructions).		-		-	-	
		university:	or a normana g	frank bollogo or agin			name, eny	, and state of	the conege		
10			ion that norma	Ily receives: (1) mor	e than 33 1/3% of its sup	oort from (contributio	ns members	nin fees an	d aross receipts from	
10					ect to certain exceptions,						
					e (less section 511 tax) fro					-	п
						in pusities	sses acqui	red by the ori	Janization a	ater June 30, 1975.	
44				mplete Part III.)	aivaly to tost for public or	fatu Caa	anation Fl	O(a)(4)			
11		-	-	-	sively to test for public sa	•					
12		-	-	-	sively for the benefit of, to	-			•		
				-	ed in section 509(a)(1) c					Jneck the box in	
_		-	-		of supporting organization		-		-		
а					supervised, or controlled	•	-				
			-		egularly appoint or elect a	majority o	of the direc	ctors or truste	es of the su	ipporting	
		¬ -		complete Part IV, S							
b				-	d or controlled in connec			•		-	
			-		ganization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		organizatio	on(s). You mus	t complete Part IV	, Sections A and C.						
С			-		ng organization operated				ly integrate	ed with,	
	_	_ its support	ed organizatio	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.			
d		Type III no	on-functionally	integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	ted organiz	zation(s)	
		that is not	functionally int	egrated. The organi	ization generally must sat	isfy a distr	ibution red	quirement and	l an attentiv	/eness	
		requiremer	nt (see instructi	ions). You must co	mplete Part IV, Sections	A and D,	and Part	v .			
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally	y integrated, or	Type III non-functio	onally integrated supporti	ng organiz	ation.				
f	Ente	er the number	of supported of	organizations							
g				about the support							
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the org in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other	
		organizatior	ו		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructio	ns
											_
											_
											-
Tota											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

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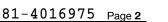
932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 JAZZ HOUSTON Part II Support Schedule for Organizations De

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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 49,071.57,389.106 2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 57,389.106 3 The value of services or facilities furnished by a governmental unit to the organization without charge 49,071.57,389.106 4 Total. Add lines 1 through 3 49,071.57,389.106 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) 49,071.57,389.106 6 Public support. Subtract line 5 from line 4. 106 Section B. Total Support 102015 (b) 2016 (c) 2017 (d) 2018 (e) 2019	Total
membership fees received. (Do not include any "unusual grants.") 49,071. 57,389. 106 2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 57,389. 106 3 The value of services or facilities furnished by a governmental unit to the organization without charge 49,071. 57,389. 106 4 Total. Add lines 1 through 3 49,071. 57,389. 106 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) 106 6 Public support. Subtract line 6 from line 4. 106 Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) 7 Amounts from line 4 49,071. 57,389. 106 106	5,460.
include any "unusual grants.") 49,071. 57,389. 106 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 106 3 The value of services or facilities furnished by a governmental unit to the organization without charge 49,071. 57,389. 106 4 Total. Add lines 1 through 3 49,071. 57,389. 106 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) 106 6 Public support. Subtract line 5 from line 4. 106 Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) 7 Amounts from line 4 106 106 106 106	5,460.
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or expended on its behalf	
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 4 Total. Add lines 1 through 3 49,071.57,389.106 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) 6 6 Public support. Subtract line 5 from line 4. 106 Section B. Total Support 7 Amounts from line 4 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) 7 Amounts from line 4 106	
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the organization without charge 4 4 Total. Add lines 1 through 3 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) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) 7 Amounts from line 4	
4 Total. Add lines 1 through 3 49,071. 57,389. 106 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) 106 6 Public support. Subtract line 5 from line 4. 106 Section B. Total Support 106 7 Amounts from line 4 1015 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f)	
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column (f) 6 Public support. Subtract line 5 from line 4. 106 6 Public support. Subtract line 5 from line 4. 106 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f 7 Amounts from line 4 49,071. 57,389. 106	,460.
6 Public support. Subtract line 5 from line 4. 106 Section B. Total Support 106 Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f 7 Amounts from line 4 49,071. 57,389. 106	,460.
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f 7 Amounts from line 4 49,071.57,389.106	,460.
Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f 7 Amounts from line 4 49,071.57,389.106	
7 Amounts from line 4	
	Total
	,460.
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources	
9 Net income from unrelated business	
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 VI.)	
	,460.
	,652.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)	00 %
15 Public support percentage from 2018 Schedule A, Part II, line 14 15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	► X
b 33 1/3% support test - 2018. 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	
17a 10% -facts-and-circumstances test - 2019. 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 VI how the organization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	_
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	
organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	

Schedule A (Form 990 or 990-EZ) 2019



Schedule A (Form 990 or 990-EZ) 2019 JAZZ HOUSTON Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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	ction A. Public Support		-		-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
74	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) org	janization,
	check this box and stop here	<u></u>					>
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the						ine 17 is not
	more than 33 1/3%, check this box ar	-	-				▶∟
b	33 1/3% support tests - 2018. If the	•					·
	line 18 is not more than 33 1/3%, che						tion
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t			····· >
93202	3 09-25-19		15	:	Sch	nedule A (Form	n 990 or 990-EZ) 2019

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Yes No

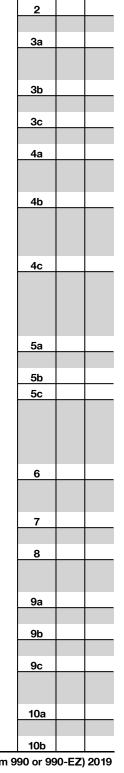
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
932025	1 09-25-19 Schedule A (Form 9	90 or 99	0-EZ)	2019

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	other Type III non-functionally integrated supporting organizations must co	<u>mplete Se</u>	ctions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990 EZ) 2019 JAZZ HOUSTON Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Schedule A (Form 990 or 990-EZ) 2019

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instructions).

Schedule A (Form 990 or 990-EZ) 2019 4	JAZZ	HOUSTON
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2001	rt V Type III Non-Functionally Integrated 509((continued)	Current Voor			
	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer						
2		Amounts paid to perform activity that directly furthers exempt purposes of supported					
~	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
<u>6</u> 7	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	le organization is responsive					
_	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
0	Line 8 amount divided by line 9 amount	<i>w</i>	(11)	<i>(</i>)			
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
с	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
с	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 JAZZ HOUSTON

Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par (See instructions.)	4b 4c 5a 6 9a 9b	9c 11a 11b and 11c	Part IV Section B lin	es 1 and 2 [.] Part IV Section C

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

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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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

JAZZ HOUSTON

Employer identification number

81-4016975

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 DONNA DODSON X Person Payroll P. O. BOX 37268 5,000. Noncash \$ (Complete Part II for HOUSTON, TX 77237 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 THE MUNDY FAMILY FOUNDATION X Person Payroll P. O. BOX 37268 25,000. Noncash \$ (Complete Part II for HOUSTON, TX 77237 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 HOUSTON CIVIC EVENTS, INC. X Person Payroll P. O. BOX 37268 10,000. Noncash \$ (Complete Part II for HOUSTON, TX 77237 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 TYM TOMBAR X Person Payroll P. O. BOX 37268 5,000. Noncash \$ (Complete Part II for HOUSTON, TX 77237 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 MARION MUNDY X Person Payroll P. O. BOX 37268 5,000. Noncash (Complete Part II for HOUSTON, TX 77237 noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

JAZZ HOUSTON

Employer identification number

81-4016975

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ 923453 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 23

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Name of or	ganization		Employer identification number
JAZZ H	IOUSTON		81-4016975
Part III	from any one contributor. Complete columns (a) through (e) and the following line entri- charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ess for the year. (Enter this info. once.) \$
(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, a	and 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
-	Transferee's name, address, a	(e) Transfer of gift and 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
	Transferee's name, address, a	(e) Transfer of gift	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
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
923454 11-06-	-19		Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

12000615 783345 200000383.2100

SCHEDULE G	SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047						OMB No. 1545-0047	
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2019	
Department of the Treasury	Attach to Form 900 or Form 900 EZ							Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr				on.		Inspection
Name of the organizatior	Name of the organizationEmployer identification numberJAZZ HOUSTON81-4016975							
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
	complete this par	τ. sed funds through any of the followin	a activ	ities	Check all that apply			
a Mail solicitations e X Solicitation of non-government grants								
	email solicitations			-	-			
c Phone solici d In-person so		g X Special	fundra	using	events			
•		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,		
• • •		art VII) or entity in connection with p			-		X Ye	
compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agree	ments under which tr	ne tur	idraiser is to b	e
	· · ·		(iii)	Did		(v)	Amount paid	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
KAREN LEE & CO - 18			Yes	No				
CREST, HOUSTON, TX	77008	DEVELOPMENT CONSULTANT		X	13,804.		30,000	-16,196.
Tatal				•	13,804.		30,000.	-16,196.
		on is registered or licensed to solicit o	contrib	utions	,	it is e	,	,
or licensing.	-							-
TX								
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form §	990 or	990-E	Z. 9	Schee	dule G (Form	990 or 990-EZ) 2019

		e G (Form 990 or 990-EZ) 2019 JAZZ HOU				4016975 Page 2
Pa	rt I					
		of fundraising event contributions and gro	ss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ne			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
(0	5	Noncash prizes				
oensea	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ū	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	
D	11					
Ра	rt I		nswered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(L) Dull tabe/instant		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue		-		Singo, progressive singe		
Re	4					
		Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	<u> </u>			
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7 f	from line 1, column (d)			
_						
		ter the state(s) in which the organization conduct				
		he organization licensed to conduct gaming act				Yes No
D	IT "	No," explain:				
10a	We	ere any of the organization's gaming licenses rev	oked, suspended, or te	rminated during the tax v	/ear?	Yes No
		Yes," explain:				
		· · · · · · · · · · · · · · · · · · ·				
93208	32 09	-11-19			Schedule G (For	rm 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 JAZZ HOUSTON	81-4	01697	5 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	s 🗌 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Ye	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	an outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	3:		
	Name			
	Address 🕨			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		. 🗌 Ye	s 🗌 No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	unt		
	of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Ye:	s 🗌 No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			
	organization's own exempt activities during the tax year 🕨 💲			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Par	t III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
0000		G (Eerro	000 ~~ 0	00-57) 0040
9320	83 09-11-19 Schedule 27	a (rorm	1 990 OF 9	90-EZ) 2019

S	Schedule G (Form 990 or 990-EZ)

932084 04-01-19

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. EX 2019 Open to Public Inspection Employer identification number

OMB No. 1545-0047

JAZZ HOUSTON

81-4016975

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND COMMUNITY OUTREACH, AND HONORS HOUSTONIANS AND TEXANS WHO HAVE AND

CONTINUE TO BE MAJOR CONTRIBUTORS TO JAZZ THROUGH THE CELEBRATION OF

THEIR LEGACIES AND THE PERFORMANCE OF THEIR WORKS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF THEIR WORKS.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS BELINDA M. GARDNER AND VINCENT GARDNER ARE MARRIED SPOUSES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 DOCUMENT FILED FOR 2019 WAS PRESENTED TO THE BOARD OF DIRECTORS FOR

APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

WITH THE ANNUAL SIGNING OF THE DOCUMENT, MEMBERS ARE REQUESTED TO PROVIDE

NOTIFICATION OF APPOINTMENTS TO OTHER BOARDS, JOB TITLE CHANGES OR

EMPLOYMENT CHANGES, NEW BUSINESS OPPORTUNITIES, ETC.

FORM 990, PART VI, SECTION C, LINE 19:

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MUSICIANS:

PROGRAM SERVICE EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 33,075.

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization JAZZ HOUSTON	Page 2 Employer identification number 81-4016975
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	33,075.
BANK FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	399.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	399.
ADMINISTRATIVE SERVICES:	
PROGRAM SERVICE EXPENSES	10,004.
MANAGEMENT AND GENERAL EXPENSES	10,003.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,007.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	53,481.
932212 09-06-19 Sch 30	edule O (Form 990 or 990-EZ) (2019)

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	or Name of exempt organization or other filer, see instructions. JAZZ HOUSTON			Taxpayer identification number (TIN) $81 - 4016975$		
print						
File by the due date filing your return. Se instructio	Number, street, and room or suite no. If a P.O. box, PO BOX 37268					
	HOUSTON, TX 77237					
Enter the Return Code for the return that this application is for (file a separate application for each return)						
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above) MICHAEL MCMAHON		06	Form 8870			12
Telephone No. ▶ 832-457-2557 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 this is for the whole group, check this box • If this is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ □ calendar year or ▼ tax year beginning JUL 1, 2019 , and ending JUN 30, 2020 2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return						
	a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.
	b If this application is for Forms 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.			3b	\$	0.
 Balance due. Subtract line 3b from line 3a. Include your j 					₩	<u> </u>
	sing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.
	n: If you are going to make an electronic funds withdrawa	al (direct del	bit) with this Form 8868, see Form 84		d Form 88	

923841 12-30-19