

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

, and ending

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

SCANNED JUL 0 9 7015

For calendar year 2011 or tax year beginning

Nar	ne of	foundation			· · · · · · · · · · · · · · · · · · ·	A Employer identification	number
d.	чг	JAZZBIRD FOUNDATION				96 0745156	
		nd street (or PO box number if mail is not delivered to street	addraga)		Room/suite	86-0745156	
		BOX 3410	addressy		Hoomvsuite	8 Telephone number 480-563-42	60
		~		_			
		own, state, and ZIP code EFREE, AZ 85377				C If exemption application is p	ending, check here
_		all that apply Initial return	Initial return of a fo	rmer nublic c	harity	D 1. Foreign organizations	check here
		Final return	Amended return	minor public c	inutity	7. Foldight organizations	s, check here
		Address change	Name change			Foreign organizations me 2. check here and attach co	eeting the 85% test,
H C	heck	type of organization X Section 501(c)(3) ex	· · · · · · · · · · · · · · · · · · ·				
$\Box$	_		Other taxable private founda	ition		E If private foundation sta under section 507(b)(1)	
l Fa		rket value of all assets at end of year J Accounting		Accr		, ,,	
		· I —	her (specify)		oa,	F If the foundation is in a under section 507(b)(1)	
,,,,		101,730 . (Part I, colui		basis.)		under section 507 (D)(1)	(IB), Clieck liele
	irt l	Analysis of Revenue and Expenses	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
<u></u>	*** *	(The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a))	expenses per books	INCO		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	1,213,721.			N/A	(Cash basis only)
	2	Check if the foundation is not required to attach Sch. B	_,,,			27/ 22	<b></b>
	3	Interest on savings and temporary	76.		76.		STATEMENT 1
	4	cash investments Dividends and interest from securities	, , , ,		,,,		Daratimina i
	'	Gross rents					
		Net rental income or (loss)					
	١.	Net gain or (loss) from sale of assets not on line 10				·	
ĕ	b	Gross sales price for all					
Revenue	7	assets on line 6a Capital gain net income (from Part IV, line 2)			0.		
æ	8	Net short-term capital gain			<u></u>		
	g	Income modifications	**	.****			
	10a	Gross sales less returns and allowances	······································				
		Less Cost of goods sold	-1444		*	<del></del>	-700
		Gross profit or (loss)	,				<b></b>
	11	Other Income		· · · · · · · · · · · · · · · · · · ·			
	12	Total. Add lines 1 through 11	1,213,797.		76.		
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages	252,555.		0.		0.
	15	Pension plans, employee benefits	11,595.		0.		0.
Ses	I	Legal fees					1
		Accounting fees STMT 2	4,600.		0.		0.
Operating and Administrative Expen	.	Other professional fees			<u>~</u> •		<del>                                     </del>
ě	17	Interest			-		
aţį	18	Taxes STMT 3	20,873.		0.		0.
ist	19	Depreciation and Ventation	· · · · · · · · · · · · · · · · · · ·				
Ē	20	Occupancy Co					
Ad	214	Charles Control of the Control of th	····				
2	225	Rrinting and publications				-	·
ğ	23	Other expenses STMT 4	36,229.	·	0.		0.
aţ.	24	Tot De gun and auministrative					<u> </u>
per	] L	expenses. Add lines 13 through 23	325,852.		0.		0.
Ō	25	Contributions, gifts, grants paid	890,838.		····		890,838.
	1	Total expenses and disbursements.					
		Add lines 24 and 25	1,216,690.		0.		890,838.
	27	Subtract line 26 from line 12		'	- T- T		
	į.	Excess of revenue over expenses and disbursements	<2,893.	>			
		Net investment income (if negative, enter -0-)	-		76.		1
	C	Adjusted net income (if negative, enter -0-)	- ···			N/A	

86-0745156

Form **990-PF** (2011)

Form 990-PF (2011)

THE JAZZBIRD FOUNDATION

955,805.

890,838.

6

7

8

7 Add lines 5 and 6

See the Part VI instructions

Enter 1% of net investment income (1% of Part I, line 27b)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

8 Enter qualifying distributions from Part XII, line 4

	1990-PF(2011) · THE JAZZBIRD FOUNDATION		<u>-0745</u>		1	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see ir	ıstru	ctior	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				-	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	_1				2.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
3	Add lines 1 and 2	3				2.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	ļ			0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	ļ			2.
	Credits/Payments					
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a	4				
	Exempt foreign organizations - tax withheld at source	4				
	Tax paid with application for extension of time to file (Form 8868)	_				
	Backup withholding erroneously withheld 6d	_				_
	Total credits and payments Add lines 6a through 6d	7	<u> </u>			<u>0.</u>
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8	ļ			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	ļ			2.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<u> </u>			
	Enter the amount of line 10 to be Credited to 2012 estimated tax	11				
	rt VII-A Statements Regarding Activities					
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in	[	1	Yes	
_	any political campaign?			1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			15		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ned or		- 1		Ì
	distributed by the foundation in connection with the activities.			. 1		v
	Did the foundation file Form 1120-POL for this year?			10	-	X
u	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation  \$\Bigsim \text{\$0 \cdot (2) On foundation managers} \Bigsim \text{\$\$}\$		i	- 1		
		<u>•</u>		1		
E	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 •				-	ŧ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			,		Х
-	If "Yes," attach a detailed description of the activities.			2		Α_
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	0.5			-	
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	UI		3		Х
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	ŀ	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_	.,	5		Х
-	If "Yes," attach the statement required by General Instruction T.			_		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			i		ŧ
	By language in the governing instrument, or			3		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the sta	te law		. 1		
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					_
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					•
	AZ		<del></del>			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					-
	of each state as required by General Instruction G? If "No," attach explanation SEE STATE	MEN?	r 5	8b		Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	lendar				
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х
10		STMI	r 6	10	X	

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

Form 990-PF (2011) THE JAZZBIRD FOUNDATION	<del> </del>		<u> 36-07451</u>	56 Pa	ge 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	lequired (continu	ied)		
5a During the year did the foundation pay or incur any amount to					_
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Ye:	s X No		
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indire				
any voter registration drive?		Ye:	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	;?	Ye:	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		1		
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye:	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	or	1		
the prevention of cruelty to children or animals?	, .	☐ Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations	İ		
section 53 4945 or in a current notice regarding disaster assistance (see instri	uctions)?	-	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check t	•		▶□ [		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption t		ned			
expenditure responsibility for the grant?		/A Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	☐ Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust	tees, Foundation Ma	nagers, Highly	1		
Faid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their		14.3.00	(4) 0		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exper account, o	ise ther
	to position	enter -0-)	compensation	allowand	es
ROBERT B. RAVENSCROFT	PRES./DIRECTO	PR			
9810 E. THOMPSON PEAK PKWY #801			•		_
SCOTTSDALE, AZ 85255	0.00	0.	0.		0.
GRETCHEN F. RAVENSCROFT	V.P./DIRECTOR	4			
9810 E. THOMPSON PEAK PKWY #801			•		_
SCOTTSDALE, AZ 85255	0.00	0.	0.	<u> </u>	0.
LORI GEARE	SECR./DIRECTO	PK			
9810 E. THOMPSON PEAK PKWY #801	0.00	ا م	•		^
SCOTTSDALE, AZ 85255	0.00	0.	0.		0.
STEVEN F. BUEL	TREASURER				
3839 NORTH THIRD STREET, #305					
PHOENIX, AZ 85012  2 Compensation of five highest-paid employees (other than those in	0.00	0.)	0.	<u> </u>	0.
2 Compensation of five highest-paid employees (other than those in	(b) Title, and average	enter "NONE."	(d) Contributions to	(e) Expe	200
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, c	ther
NONE	devoted to position		compensation	allowand	æs
NONE	-				
	<del>                                     </del>	<del> </del>	<del></del> -		
	-				
		<del>                                     </del>	<del></del>		
	4			Į.	
	<del> </del>				
	-				
		<del> </del>		<del> </del>	
	+				
Total number of other employees paid over \$50,000				i	0
TOTAL HATTION OF OTHER EMPTOYOUS PAID OVER 400,000					

Form 990-PF (2011) THE JAZZBIRD FOUNDATION	86-	-0745156 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundard Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	iter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		-
		<del></del>
The state of the s		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers p	roduced, etc	Lybenses
1 <u>N/A</u>		_
		4
2		-
		-
3		
		1
		1
4		
D. A.W. D.		<u></u>
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year	on keep 4 and 0	A
1 NONE	on lines 1 and 2	Amount
NONE		4
		0.
2		+
	· · · · · · · · · · · · · · · · · · ·	7
		1
All other program-related investments. See instructions		
3 NONE		_
		_[

Form **990-PF** (2011)

Total. Add lines 1 through 3

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 1 Average monthly fair market value of securities 1a 92,492. Average of monthly cash balances 1b c Fair market value of all other assets 1c 92,492. d Total (add lines 1a, b, and c) 1đ Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 2 92,492. Subtract line 2 from line 1d 3 1,387. Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 91,105. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 5 4,555. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here and do not complete this part ) 4,555. Minimum investment return from Part X. line 6 2. Tax on investment income for 2011 from Part VI, line 5 Income tax for 2011 (This does not include the tax from Part VI) b Add lines 2a and 2b 2c C 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 4 4,553. Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 6 4,553 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 890,838. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 890,838. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b 5 890,838. Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2011)

4940(e) reduction of tax in those years

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	00.000	Tours prior to 2010	2010	2011
line 7				4,553.
2 Undistributed income, if any, as of the end of 2011			· · ·	1/333.
a Enter amount for 2010 only			0.	
b Total for prior years				
		0.	-	
3 Excess distributions carryover, if any, to 2011	· , , · · · , · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,	
a From 2006 847,716.			,	
b From 2007 893, 085.				
c From 2008 703, 036.				
d From 2009 725, 227.				
e From 2010 766, 806.				
f Total of lines 3a through e	3,935,870.			
4 Qualifying distributions for 2011 from				······································
Part XII, line 4 ►\$ 890,838.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior	<del>, .,</del>	<del></del>		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	ŕ	-	
d Applied to 2011 distributable amount		<del>1 </del>	,, <u>,</u> , , , , ,	4,553.
e Remaining amount distributed out of corpus	886,285.			1/333.
5 Excess distributions carryover applied to 2011	0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.
(If an amount appears in column (d), the same amount must be shown in column (a))			-	-
6 Enter the net total of each column as indicated below:		•		-
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,822,155.		<u>-</u>	
b Prior years' undistributed income. Subtract				`
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012		;		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	847,716.		-	
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	3,974,439.		1	
10 Analysis of line 9.				
a Excess from 2007 893, 085.	<u></u>		1	
b Excess from 2008 703,036.	]		1	
c Excess from 2009 725,227.	_		1	
d Excess from 2010 766, 806.	_			ŧ.
<u>e Excess from 2011</u> 886, 285.			<u> </u>	

	ZBIRD FOUND			86-07	745156 Page 10
Part XIV Private Operating F	oundations (see ins	tructions and Part VI	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2011, enter the date of t	he ruling	<b>&gt;</b>		
b Check box to indicate whether the found	lation is a private operatin	g foundation described	in section	4942(j)(3) or 4	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed	<u>'</u>				
h 85% of line 2a			,		<del> </del>
c Qualifying distributions from Part XII,					
line 4 for each year listed				1	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
•	<del></del>		<del> </del>	<del> </del>	<del> </del>
e Qualifying distributions made directly					
for active conduct of exempt activities					1
Subtract line 2d from line 2c  3 Complete 3a, b, or c for the			<del> </del>	<u> </u>	<del> </del>
alternative test relied upon					
a "Assets" alternative test - enter	· ·				
(1) Value of all assets	<del></del>		<del> </del>		<del> </del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on			•		
securities loans (section					
512(a)(5)), or royalties)			<del>-  </del>		<del> </del>
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)			<del> </del>	<del>-</del>	<del></del>
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	1: (0 1	<u> </u>	16.11	1 105 000	<del></del>
Part XV Supplementary Info			if the foundatio	n had \$5,000 or m	iore in assets
		ucuons.)	<del></del>		
1 Information Regarding Foundation	<del>-</del>				
a List any managers of the foundation where year (but only if they have contributed in the contributed in			tributions received by th	ie foundation before the cl	ose of any tax
· · · · · · · · · · · · · · · · · · ·	ilote than \$5,000) (See S	ection 507 (d)(2).)			
SEE STATEMENT 7					
b List any managers of the foundation when other entity) of which the foundation has			(or an equally large por	tion of the ownership of a	partnership or
NONE					
2 Information Regarding Contribut					
Check here <b>X</b> if the foundation the foundation makes gifts, grants, etc					
a The name, address, and telephone num	<del></del>	<del></del>		,,, o, w	<u> </u>
N/A	ion or the person to who	m applications should be	o dadiossa		
b The form in which applications should N/A	be submitted and informa	tion and materials they s	should include	<del></del>	<del></del>
c Any submission deadlines				<del></del>	
N/A d Any restrictions or limitations on award	ls such as hy neographic	al areas, charitable fields	kinds of institutions of	r other factors	
N/A	is, such as by yavytapine	ui aivas, Gilaillable 118105	, กแบจ บา เหวนนนนบทร, 0	i odioi iactuis	
123601 12-02-11			<del>,</del>	<del>-</del> ,	Form <b>990-PF</b> (2011)

86-0745156 Form 990-PF (2011) THE JAZZBIRD FOUNDATION Page 11 Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year CHARITABLE TRUTH IN ACTION MINISTRIES N/A N/A P.O. BOX 7009 ALBERT LEA, MN 56007 20,000. LAKESHORE MUSIC N/A N/A CHARITABLE 1982 E. OXFORD DRIVE 80,000. TEMPE, AZ 85283-2366 FOSTER EDUCATION ARIZONA STATE UNIVERSITY N/A N/A 350 E. LEMON ST 53,000. TEMPE, AZ 85281 ASCENTION LUTHERN CHURCH N/A N/A CHARITABLE 7100 N. MOCKINGBIRD LN 40,000. PARADISE VALLEY, AZ 85253 CLAREMONT SCHOOL OF THEOLOGY FOSTER EDUCATION N/A N/A 1325 N. COLLEGE AVE. CLAREMENT, CA 91711 21,500. SEE CONTINUATION SHEET(S) **▶** 3a 890,838. Total b Approved for future payment NONE

Total

#### Part XVI-A **Analysis of Income-Producing Activities**

nter aross	amounts unless otherwise indicated	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(e)
•	n service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
•		Code		wide.		
				<del>                                     </del>		
_				<u> </u>		
; —						
n Fees	and contracts from government agencies			<u> </u>		
	rship dues and assessments		-			
	on savings and temporary cash			<b></b>		<del></del>
investm						76.
4 Dividen	ds and interest from securities					
5 Net rent	tal income or (loss) from real estate	"				
a Deb	t-financed property					
b Not	debt-financed property					
6 Net rent	tal income or (loss) from personal					
propert	y					i
	ivestment income					
8 Gain or	(loss) from sales of assets other					
than inv	ventory					
9 Net inco	ome or (loss) from special events					
O Gross p	rofit or (loss) from sales of inventory					
1 Other re	evenue		j			
a						
b				<u> </u>		
c				<u> </u>		
d	40.00			<u> </u>	,,,,	
e		<del>, , ,</del>		ļ.,		
	Add columns (b), (d), and (e)		0.	<u> </u>	0.	76.
	Add line 12, columns (b), (d), and (e)				13	76.
See works	sheet in line 13 instructions to verify calculations )					
Part X	VI-B Relationship of Activities to	o the Acc	omplishment of E	kemp	ot Purposes	
Line No.	Explain below how each activity for which incor	ma ic raportad	up column (a) of Part VVI-	oontr	hutad importantly to the secon	nalishment of
■ T	the foundation's exempt purposes (other than			COMU	buted importantly to the accor	iipiisianeiit oi
3	FUNDS DONATED TO OTHER			TIC	ONS	
		002(0)	(0) 01(012)12			
		••••				
					· · · · · ·	
			· • • • • • • • • • • • • • • • • • • •		<del></del>	
		•				" <u> </u>
					, <u>.</u>	
				_		
		<del></del>				
123621						Form <b>990-PF</b> (2011)

Part )	XVII	Information Re	•	fers To a	nd Tran	sactions a	nd Relationsh	nips With Nonch	aritable		10 10
1 Did	the oras	Exempt Organi enization directly or indirectly		f the following	with any of	her organization	n described in section	on 501/c) of	Y	es	No
	-	ther than section 501(c)						511 50 1(0) 01	-	-	
		om the reporting founda	· · ·			pontiour organi					
	Cash								1a(1)	- 1	X
	Other a	ssets							1a(2)	$\neg \uparrow$	X
b Oth	er transa	actions									
(1)	Sales o	of assets to a noncharital	ble exempt organizati	on					15(1)		<u>X</u>
(2)	Purcha	ses of assets from a nor	ncharitable exempt or	rganization					1b(2)		<u>X</u>
(3)	Rental	of facilities, equipment,	or other assets						1b(3)		<u>X</u>
(4)	Reimbi	ursement arrangements							1b(4)	_	<u>X</u>
(5)	Loans	or Ioan guarantees							1b(5)	$\dashv$	<u>X</u>
(6)	Perfor	nance of services or me	mbership or fundrais	ing solicitation	18				1b(6)	_	<u>X</u>
	-	facilities, equipment, ma	=		-				10		<u> </u>
		er to any of the above is		-						S,	
		given by the reporting for			d less than	fair market valu	e in any transaction	or sharing arrangemen	t, show in		
	<del></del>	the value of the goods, b) Amount involved		noncharitable	evernet ora	anization	(d) 0t	of transfers, transactions, a			
<b>(a)</b> ⊔ne r	10	b) Amount involved	(c) Name of	N/A	exempt org	anization	(u) Description	or transiers, transactions, a	ino snanng arrain	gemer	its
	<del></del>		-	N/A		<del></del>					
	1										
	-						<del>                                     </del>				
		<del></del>						<del>-</del>			
							_				
			ļ								
			<u> </u>				1	· .			
		dation directly or indirec	•			-exempt organi	zations described			v	٦
		501(c) of the Code (othe		(3)) or in secti	ion 5277	-			Yes	\\\\\\	No
<u> b</u> if	Yes," co	mplete the following sch (a) Name of org		-	(h) Type o	f organization	T	(c) Description of relation	nnehin		
		N/A	yamzauon		(b) type o	i organization_	<b></b>	(c) Description of relati	onsnip	-	
								·			
								<del></del>			
							·				
		· · · · · · · · · · · · · · · · · · ·				· · · ·					
		penalties of penuty, I declare							May the IRS dis	CUSS 1	this
Sign	and be	lief, it is true, correct, and co	mplete Declaration of pre	eparer (other than	n taxpayer) is	based on all inform	nation of which prepare	r has any knowledge	return with the	prepar	rer
Here					~ \C	118/12	our	er	X Yes		No
	Sign	ature of officer or truster	e v		Date	<u> </u>	Title				
		Print/Type preparer's n	ame	Preparer's si	gnature		Date	Check if PT	IN		
				Sta	$\triangle$	4	AY 3 1 2012	setf- employed			
Paid		STEVE BUEI		مكرر	<u> </u>		ALL DI COIL		2012017		
-	oarer	Firm's name DEN	NNIS, SCHM	ITCH &	co.,	LTD.		Firm's EIN ► 86-	-06/026	O	
use	Only	Firm's address ► 38	330 N 3DD	STREE	<u>m c</u>	UITE 30	5				
			HOENIX, AZ			OTIE 30	, ,	Phone no 602	2 265-5	<b>9</b> 0	0
			MU	<u> </u>				11/10/10/10 002	<u>.                                    </u>		

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No 1545-0047

2011

**Employer identification number** 

	THE JAZZBIRD FOUNDATION	86-0745156
Organization type (chec	ck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m complete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 1	501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contribut	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or ed of cruelty to children or animals. Complete Parts I, II, and III.	- · · · · · · · · · · · · · · · · · · ·
contributions t If this box is cl purpose. Do n	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not to necked, enter here the total contributions that were received during the year for an exclusive of complete any of the parts unless the <b>General Rule</b> applies to this organization because itable, etc., contributions of \$5,000 or more during the year.	otal to more than \$1,000. ely religious, charitable, etc.,
Caution. An organizati	on that is not covered by the General Rule and/or the Special Rules does not file 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) (2011)

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 Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

#### THE JAZZBIRD FOUNDATION

86-0745156

Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT & GRETCHEN RAVENSCROFT  9810 E. THOMPSON PEAK PKWY #801  SCOTTSDALE, AZ 85255	* 1,213,721.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

#### THE JAZZBIRD FOUNDATION

86-0745156

Part II	Noncash Property (see instructions) Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(2)			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 s	

Name of organization

Employer identification number

	ZZBIRD FOUNDATION		86-0745156				
ert III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	ne following line entry. For organization c, contributions of <b>\$1,000 or less</b> for t	(7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year (Enter this information once)				
No.	Ose duplicate copies of Fart in it addition						
rom art 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	nd ZIP + 4	Relationship of transferor to transferee				
n) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
) No. rom 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	nd ZIP + 4	Relationship of transferor to transferee				
-) No							
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				

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
CORAL RIDGE MINISTRIES	N/A	N/A	CHARITABLE	
P.O. BOX 1920				
FT LAUDERDALE, FL 33302		+	·	20,000.
CRYSTAL CATHEDRAL	N/A	N/A	CHARITABLE	
P.O. BOX 100				
GARDEN GROVE, CA 928420100	<del> </del>			40,000.
FIRST LUTHERAN CHURCH	N/A	N/A	CHARITABLE	
1420 3RD AVE. SAN DIEGO, CA 92101				10.000
SAN DIEGO, CA 92101			-	10,000.
FRANK L. WRIGHT SCHOOL OF	N/A	N/A	FOSTER EDUCATION	
ARCHITECTURE				
TALIESEN WEST, P.O. BOX 4430 SCOTTSDALE, AZ 85261				10.000
SCOTTSDABE, AE 03201				10,000.
GARRETT SEMINAR	N/A	N/A	CHARITABLE	
2121 SHERIDAN ROAD EVANSTON, IL 60201				80,000.
				50,000.
GLOBAL HEALTH MINISTRIES FOUNDATION 7831 HICKORY STREET NE	N/A	N/A	CHARITY	
MINNEAPOLIS, MN 554322500				20,800.
GROSSGRAIN	N/A	N/A	CHARITY	
				80,000.
JAZZ IN ARIZONA	N/A	N/A	CHARITABLE	
P.O. BOX 9651				
SCOTTSDALE, AZ 852529651				20,000.
JUAN CARLOS ORTIZ MINISTRIES	N/A	N/A	CHARITABLE	
27 KERNVILLE				
IRVINE, CA 926022457				80,000.
LUIS PALAU EVANGELISTIC ASSOC.	N/A	N/A	CHARITY	
P.O. BOX 50				
PORTLAND, OR 97207  Total from continuation sheets	<u> </u>	<del></del>		40,000. 676,338.
. 5-21 - 5-11 45-11-1122-1011 0110045	<del></del>		· · · · · · · · · · · · · · · · · · ·	0/0,330.

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual.	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager	status of	contribution	Amount
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or substantial contributor	recipient		
MAJESTY FOUNDATION	N/A	FOUNDATION	CHARITY	96,000
MAYO CLINIC 13400 EAST SHEA BLVD. SCOTTSDALE, AZ 85259	N/A	N/A	CHARITABLE	40,000
MINDEN OPERA HOUSE 322 E. 5TH ST MINDEN, NE 68959	N/A	N/A	CHARITABLE	40,000
NATIONAL RIGHT TO WORK LEGAL DEFENSE FUND 8001 BRADDOCK ROAD	N/A	N/A	CHARITABLE	
SPRINGFIELD, VA 22160				10,000
NEW HOPE CONVENANT CHURCH 8217 W. COUNTRY GABLES DR.	N/A	N/A	CHARITABLE	40,000
PEORIA, AZ 853800700				10,000
SPIRIT IN THE DESERT 7415 E. ELBOW BEND ROAD	N/A	N/A	CHARITABLE	40,000
CAREFREE, AZ 85377				40,000
ST LUKES EPISCOPAL CHURCH 2895 HIGHWAY 179	N/A	N/A	CHARITABLE	
SEDONA, AZ 86336				9,538
Total from continuation sheets				

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH IN	VESTMENTS	STATEMENT 1	
SOURCE				AMOUNT	
NORTHERN TRUST			_	76.	
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	76.	
FORM 990-PF	ACCOUNTING FEES		STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
TAX PREPARATION	4,600.	0.		0.	
TO FORM 990-PF, PG 1, LN 16B	4,600.	0.		0.	
FORM 990-PF	TAXES		STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
EMPLOYER PAYROLL TAX	20,873.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	20,873.	0.		0.	
FORM 990-PF	OTHER EXPENSES			STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
HEALTH INSURANCE ADP FEES UTILITIES	33,216. 2,523. 490.	0. 0. 0.		0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	36,229.	0.		<del></del>	

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 8B

STATEMENT

EXPLANATION

THE STATE OF ARIZONA DOES NOT REQUIRE A COPY OF THE FORM 990-PF BE FILED WITH ANY GOVERNMENT OFFICIAL.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT 6

NAME OF CONTRIBUTOR

ADDRESS

ROBERT B. & GRETCHEN F. RAVENSCROFT 9810 E. THOMPSON PEAK PKWY #801

SCOTTSDALE, AZ 85255

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 7

NAME OF MANAGER

ROBERT B. RAVENSCROFT GRETCHEN F. RAVENSCROFT

#### Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No 1545-1709

If you ar	re filing for an Automatic 3-Month Extension, complet	e only Par	rt I and check this box		•	<b>►</b> [X]	
If you ar	re filing for an Additional (Not Automatic) 3-Month Ext	ension, c	<mark>omplete only Part II</mark> (on page 2 of t	his form)			
Do not co	mplete Part II unless you have already been granted a	ın automat	tic 3-month extension on a previous	ly filed For	m 8868		
lectronic	filing (e-file). You can electronically file Form 8868 if you	ou need a	3-month automatic extension of time	ne to file (6	months for a corp	poration	
equired to	o file Form 990-T), or an additional (not automatic) 3 mor	nth extens	ion of time. You can electronically fi	le Form 88	68 to request an	extension	
f time to f	file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for T	ransfers A	ssociated With C	ertain	
Personal E	Benefit Contracts, which must be sent to the IRS in paper	er format (	(see instructions) For more details o	n the elec	tronic filing of this	form,	
nsit www.	irs.gov/efile and click on e-file for Charities & Nonprofits.		· · · · · · · · · · · · · · · · · · ·				
Part I	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies ne	eded).			
Corporat	tion required to file Form 990-T and requesting an autor	natic 6-mo	nth extension - check this box and o	complete			
Part I only					•	▶ □	
	orporations (including 1120-C filers), partnerships, REMi me tax returns	ICs, and tr	rusts must use Form 7004 to reques	t an extens	sion of time		
Type or	Name of exempt organization or other filer, see instruc	ctions		Employer identification number (EIN) or			
orint	THE JAZZBIRD FOUNDATION				X 86-0745156		
tue date for ilmg your				Social sec	Social security number (SSN)		
eturn See nstructions	City, town or post office, state, and ZIP code For a for SCOTTSDALE, AZ 85255		ress, see instructions				
			· · · · · · · · · · · · · · · · · · ·				
Enter the I	Return code for the return that this application is for (file	a separat	te application for each return)			0 4	
Application	on	Return	Application			Return	
s For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990	BL	02	Form 1041-A			08	
Form 990	EZ	01	Form 4720			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)	06	Form 8870			12	
	ROBERT B. RAVE						
	ooks are in the care of $\triangleright$ 9810 E. THOMPSO	ON PE		TTSDA	LE, AZ 85	255	
	one No ► (480) 563-4260		FAX No. >				
	organization does not have an office or place of business				i		
	s for a Group Return, enter the organization's four digit	-					
box 🕨 L	If it is for part of the group, check this box				ers the extension	ıs for.	
1 1 rec	quest an automatic 3-month (6 months for a corporation	· ·	•		_		
		it organiza	tion return for the organization nam	ed above	The extension		
_	or the organization's return for:						
	x calendar year 2011 or		ad a salina				
<b>&gt;</b> 1	tax year beginning	, an	ia enaing		_		
a lf +h	ne tax year entered in line 1 is for less than 12 months, o	hock rose	on. Initial return	Final retur	_		
2 If th	Change in accounting period	HICCH I Cas	ion midal return	rina retui	11		
سنا	Change in accounting period						
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
	nonrefundable credits. See instructions  3a \$			0.			
_	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
	imated tax payments made. Include any prior year over	-		3b	\$	0.	
	ance due. Subtract line 3b from line 3a Include your pa			1			
	using EFTPS (Electronic Federal Tax Payment System)	=	·	3c	\$	_ 0.	
	If you are going to make an electronic fund withdrawal			orm 8879	EO for payment in		
	or Privacy Act and Paperwork Reduction Act Notice.	-				(Rev. 1-2012)	