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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No. 1545-0052

2013

Deen to Public Inspection

Department of the Treasury Internal Revenue Service

For calendar year 2013 or tax year beginning , and ending Name of foundation A Employer Identification number THE JAZZBIRD FOUNDATION C/O ROBERT RAVENSCROFT 86-0745156 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number P.O. BOX 3410 480-563-4260 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here CAREFREE, AZ 85377-3410 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization. E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 187,596. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 1,499,267. N/A Contributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 14 STATEMENT 14 Dividends and interest from securities D Net rental income or (loss) 6a Net gain-or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a SCANNED JUN 2 4 2014 0. 7 Capital gain net income (from Part IV*line 2) Net short-term capital gain 9 Income modifications 6 2014 0 10a Gross sales less returns and allowances... Less Cost of goods sold c Gross profit or (loss) 11 Other income 499,281 14 12 Total. Add lines 1 through 11 0. 0 0. Compensation of officers, directors, trustees, etc 254,124. 0. 0. 14 Other employee salaries and wages 9,240. 0. 15 Pension plans, employee benefits 16a Legal fees STMT 2 6,400 0. **b** Accounting fees c Other professional fees Administrative 17 Interest STMT 3 26,687. 0 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings and / 22 Printing and publications STMT 4 46,915. 0. 23 Other expenses 0. **Doerating** 24 Total operating and administrative 343,366. 0. expenses. Add lines 13 through 23 ,127,825. 1,127,825. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 1,471,191 0. 1,127,825. Add lines 24 and 25 27 Subtract line 26 from line 12 28,090 a Excess of revenue over expenses and disbursements 14 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

86-0745156

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| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | | Beginning of year | | End of year | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------|----------------|-----------------------|--|--|--|
| Part II Dalance Sheets column should be for end-of- | year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value | | | |
| 1 Cash - non-interest-bearing | | 112,875. | 140,965. | 140,965. | | | |
| 2 Savings and temporary cash investments | | | | | | | |
| 3 Accounts receivable ► | | | | | | | |
| Less allowance for doubtful accounts | | | | | | | |
| 4 Pledges receivable ► | | | | | | | |
| Less allowance for doubtful accounts | | | | | | | |
| 5 Grants receivable | | | | | | | |
| 6 Receivables due from officers, directors, trustees, | and other | | | | | | |
| disqualified persons | | | | | | | |
| 7 Other notes and loans receivable | | | | | | | |
| Less allowance for doubtful accounts | | | | | | | |
| | | 46,631. | 46,631. | 46,631. | | | |
| 9 Prepaid expenses and deferred charges | ĺ | | | | | | |
| 10a Investments - U.S. and state government obligation | ons | | | | | | |
| b Investments - corporate stock | | | | | | | |
| c Investments - corporate bonds | | | | | | | |
| 11 Investments - land, buildings, and equipment basis | | | | | | | |
| Less accumulated depreciation | | | | | | | |
| 12 Investments - mortgage loans | | | | | | | |
| 13 Investments - other | | | | | | | |
| 14 Land, buildings, and equipment basis | | | | | | | |
| Less accumulated depreciation | | | | | | | |
| 15 Other assets (describe ► |) | | | | | | |
| 16 Total assets (to be completed by all filers - see the | e | | | | | | |
| instructions Also, see page 1, item 1) | | 159,506. | 187,596. | 187,596. | | | |
| 17 Accounts payable and accrued expenses | | | | | | | |
| 18 Grants payable | | | | | | | |
| 9 19 Deferred revenue | | | | | | | |
| 20 Loans from officers, directors, trustees, and other disqualif | led persons | | | | | | |
| 20 Loans from officers, directors, trustees, and other disqualif 21 Mortgages and other notes payable | | | | | | | |
| 22 Other liabilities (describe > |) | | | | | | |
| | | | | | | | |
| 23 Total liabilities (add lines 17 through 22) | | 0. | 0. | | | | |
| Foundations that follow SFAS 117, check here | ▶ □ | | | | | | |
| and complete lines 24 through 26 and lines 30 a | and 31. | | | | | | |
| 24 Unrestricted | | | | | | | |
| 25 Temporarily restricted | | | | | | | |
| 26 Permanently restricted | | | | | | | |
| Foundations that do not follow SFAS 117, check | here 🕨 🗓 | | | | | | |
| and complete lines 27 through 31. | | | | | | | |
| 27 Capital stock, trust principal, or current funds | | 101,201. | 101,201. | | | | |
| Description 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equil 29 Retained earnings, accumulated income, endowm 30 Total net assets or fund balances | pment fund | 0. | 0. | | | | |
| 29 Retained earnings, accumulated income, endowm | ent, or other funds | 58,305. | 86,395. | | | | |
| 30 Total net assets or fund balances | | 159,506. | 187,596. | | | | |
| | | | 105 506 | | | | |
| 31 Total liabilities and net assets/fund balances | | 159,506. | 187,596. | | | | |
| Part III Analysis of Changes in Net A | ssets or Fund B | alances | | | | | |
| Total net assets or fund balances at beginning of year - | Part II, column (a), line | 30 | | | | | |
| (must agree with end-of-year figure reported on prior ye | | | 1 | 159,506. | | | |
| 2 Enter amount from Part I, line 27a | | | 2 | 28,090. | | | |
| 3 Other increases not included in line 2 (itemize) | | | 3 | 0. | | | |
| 4 Add lines 1, 2, and 3 | | | 4 | 187,596. | | | |
| 5 Decreases not included in line 2 (itemize) | | | 5 | 0. | | | |
| 6 Total net assets or fund balances at end of year (line 4 r | minus line 5) - Part II, co | olumn (b), line 30 | 6 | 187,596. | | | |

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| Part IV Capital Gains | and Lo | sses for Tax on In | vestmen | t Income | | | | | | | |
|---------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------|------------------|------------------------------------|--------|----------------------------|-----------------------|---------------------------|---------------------------|---------------------------------|-----------------|
| | | nd(s) of property sold (e g or common stock, 200 shs | | | l P | How ac - Purc - Dona | iiase i | c) Date (mo , d | acquired lay, yr) | (d) Date (mo., day | |
| 1a | | | | | | | | | | | |
| b NC | NE | | | | | | | | | | |
| <u>C</u> | | | | | - | | | | | | |
| <u>d</u> | <u> </u> | ······································ | | | - | | | | | | - |
| <u>e</u> | /n r | Depreciation allowed | (n) Cor | st or other basis | | | | (b) G | ain or (loss | <u></u> | |
| (e) Gross sales price | (1) | (or allowable) | , ,,, | expense of sale | | | | | s (f) minus | | |
| <u>a</u> | | | | | | | | | | | |
| <u>b</u> | | | | · | | | | | | | |
| <u>c</u> | | - | | <u>.</u> | | | | | | | |
| e | | | | | | | | | | | |
| Complete only for assets showi | ng gain in d | column (h) and owned by t | the foundation | on 12/31/69 | | | (1) | Gains (C | col (h) gain | minus | |
| (I) F M V as of 12/31/69 | (| j) Adjusted basis as of 12/31/69 | | cess of col (i) col (j), if any | | | col | k), but i Losses | not less tha (from col | n -0-) or (h)) | |
| a | | | | | | | | | | | |
| <u>b</u> | 1 | | | | | | | | | | |
| <u>C</u> | | - | | | | | | | | | |
| <u>d</u> | - | | | | _ | | | | | | |
| <u>e</u> | <u> </u> | | L | | 7 | | - | | | | |
| 2 Capital gain net income or (net ca | apıtal loss) | If gain, also enter If (loss), enter -0- | | | • | 2 | | | | | |
| 3 Net short-term capital gain or (lo if gain, also enter in Part I, line 8, | | | id (6) | | ٦ | | | | | | |
| If (loss), enter -0- in Part I, line 8 | - |) | | | | 3 | | | | | |
| | | ection 4940(e) for | Reduced | Tax on Net | Inv | estm | ent Inco | me | | | |
| (For optional use by domestic privat | e foundatio | ns subject to the section 4 | 1940(a) tax on | net investment in | come | ;) | | | | | - |
| If section 4940(d)(2) applies, leave t | his part bla | ınk | | | | | | | | | |
| | | | | | | | | | | | ₩ |
| Was the foundation liable for the sec | | | | • | riod? | | | | | Yes _ | X No |
| if "Yes," the foundation does not qua1 Enter the appropriate amount in | | | | | ntries | ; | | | | | |
| (a) Base period years | | (b) | | <u> </u> | (c) | | | Τ | Dietel | (d) | - |
| Base period years Calendar year (or tax year beginn | ing in) | Adjusted qualifying dist | tributions | Net value of no | | | use assets | | (col_(b) div | oùtion ratio vided by col (d | 2)) |
| 2012 | | | 3,800. | | | | 1,482. | | | | 5152 |
| 2011 | | | 0,838. | | | | $\frac{1,105}{0.000}$ | | | 9.77 | |
| 2010 | | | 1,300. 9,550. | | | | 9,951. 6,572. | | | 8.57 8.42 | |
| 2009 | _ | | 6,800. | | | | 5,761. | | | 9.32 | |
| | | | 0,000. | | | | <u> </u> | | | 7.52 | 2330 |
| 2 Total of line 1, column (d) | | | | | | | | 2 | | 43.38 | 4394 |
| 3 Average distribution ratio for the | 5-year bas | e period - divide the total o | on line 2 by 5, | or by the number | of ye | ars | | | | | |
| the foundation has been in existe | nce if less | than 5 years | | | | | | 3 | | 8.67 | <u>6879</u> |
| 4 Enter the net value of noncharital | ble-use ass | ets for 2013 from Part X, I | line 5 | | | | | 4 | | 163, | <u>757.</u> |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | | 1,420, | 900. |
| 6 Enter 1% of net investment incor | me (1% of l | Part I, line 27b) | | | | | | 6 | | | 0. |
| 7 Add lines 5 and 6 | ı | | | | | | | 7 | | 1,420, | 900. |
| 8 Enter qualifying distributions from | n Part XII | line 4 | | | | | | 8 | | 1,127, | 825. |
| If line 8 is equal to or greater than | | | 1b, and comp | lete that part usin | g a 19 | % tax r | ate | | · | , <u> </u> | |

THE JAZZBIRD FOUNDATION

| | m 990-PF (2013) C/O ROBERT RAVENSCROFT | | | 7451 | | | Page 4 |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|-------------|----------|-------------|--------|
| P | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or | 494 | 8 - 8 | see ins | trı | ıctio | ns) |
| 1: | a 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) | | | | | | |
| (| Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1 | ,] | | | | 0. |
| | of Part I, line 27b | | | - | | *********** | |
| (| CAll 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 | 2 | | | | 0. |
| 3 | Add lines 1 and 2 | 3 | <u>;</u> | | | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | 5 | <u> </u> | | Ċ | | 0. |
| 6 | Credits/Payments | | 1 | *********** | | | |
| á | a 2013 estimated tax payments and 2012 overpayment credited to 2013 | | | | | | |
| t | Exempt foreign organizations - tax withheld at source | 7 | | | | | |
| (| Tax paid with application for extension of time to file (Form 8868) | 7 | | | | | |
| (| 1 Backup withholding erroneously withheld 6d | 7 | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | 7 7 | , 1 | | | | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | 3 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | , | | | | 0. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | | |
| <u>11</u> | | 11 | | | | | |
| P | art VII-A Statements Regarding Activities | | | | | | |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven | 1e in | | | | Yes | No |
| | any political campaign? | | | 1 | а | | X |
| t | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition | n)? | | 1 | b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish | hed o | r | , , | | | 1 |
| | distributed by the foundation in connection with the activities. | | | | | | |
| C | Did the foundation file Form 1120-POL for this year? | | | 1 | c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | | | |
| | (1) On the foundation ▶ \$ O . (2) On foundation managers ▶ \$ | • | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | _ | | | | | |
| | managers > \$O . | | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | [: | 2 | | X |
| | If "Yes," attach a detailed description of the activities. | | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, | , or | | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | _ 3 | 3] | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4 | a | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | | N/I | A 4 | b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | | 5 | | X |
| | 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 | | | | | | |
| | By language in the governing instrument, or | | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state | te law | | | | | |
| | remain in the governing instrument? | | | 6 | <u>i</u> | <u> X</u> | L |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X | V | | | <u>'</u> | X | |
| _ | _ | | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | | |
| _ | AZ | | | | | | |
| 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 | | | 8 | b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cal | endar | | | | | |
| 4.0 | year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV | 3 (m | m - | _ | | <u> </u> | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | STM: | T ; |) 11 | 0 | X | L |

THE JAZZBIRD FOUNDATION C/O ROBERT RAVENSCROFT

| orm | 990-PF (2013) C/O ROBERT RAVENSCROFT 86-074 | 5156 | | Page 5 |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|---------------|
| | ert VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | v |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | <u>X</u> |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | 10 | | v |
| | If "Yes," attach statement (see instructions) | 12 | Х | <u>X</u> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Λ | |
| | Website address ► N/A N/A N/A N/A N/A | 563 | 12 | 60 |
| 14 | The books are in care of ► ROBERT B. RAVENSCROFT Located at ► P.O. BOX 3410, CAREFREE, AZ Telephone no ► (480) | | -42 | 00 |
| | | 3311 | _ | $\overline{}$ |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | N | /A | ــــا |
| | and enter the amount of tax-exempt interest received or accrued during the year | | Yes | No |
| 10 | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, | 16 | 163 | X |
| | securities, or other financial account in a foreign country? | 10 | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign | | | |
| p. | country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | <u></u> |
| .27 | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | ''' | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days) | | | |
| t | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | v |
| | before the first day of the tax year beginning in 2013? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| | defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| 8 | At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? Yes X No | | | |
| | the state of | | | |
| | If "Yes," list the years \(\sum_{ | | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions) | 2b | | |
| C | : If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| • | ► | | | |
| 38 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | | | |
| t | If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| | May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | |
| | of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2013.) | 3b | | L |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| t | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | ,, |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2013? | 4b | | <u> X</u> |

| OIII 990-PF (2013) C/O ROBERT IGHVEROTT | | | 00 0/101 | | I age O |
|----------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------|------------------------------------------------|----------|---------------------|
| Part VII-B Statements Regarding Activities for Which I | Form 4720 May Be R | lequired (continu | ued) | | |
| 5a During the year did the foundation pay or incur any amount to | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | Ye | s X No | ì | | |
| (2) Influence the outcome of any specific public election (see section 4955), o | or to carry on, directly or indire | ctly, | İ | | |
| any voter registration drive? | | Ye | es X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Ye | es X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio | n described in section | | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Y6 | es X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or fo | or | | | |
| the prevention of cruelty to children or animals? | | | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | der the exceptions described in | n Regulations | | | |
| section 53 4945 or in a current notice regarding disaster assistance (see instru | | | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance check h | | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | | ned | | | |
| expenditure responsibility for the grant? | | /A 🔲 Ye | es 🔲 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? | , , , , , , , , , , , , , , , , , , , | Y6 | es X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | 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? | | es X No | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | N/A | 7b | |
| Part VIII Information About Officers, Directors, Trust | | nagers, Highly | v | | |
| Paid Employees, and Contractors | , | | | | |
| List all officers, directors, trustees, foundation managers and their | compensation. | | | | |
| 440 | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans | (e) E | xpense nt, other |
| (a) Name and address | to position | enter0-) | and deferred compensation | allov | vances |
| ROBERT B. RAVENSCROFT | PRES./DIRECTO | R | | | |
| 9810 E. THOMPSON PEAK PKWY #801 | | | | | |
| SCOTTSDALE, AZ 85255 | 0.00 | 0. | 0. | | 0. |
| GRETCHEN F. RAVENSCROFT | V.P./DIRECTOR | | | | |
| 9810 E. THOMPSON PEAK PKWY #801 | | | | | |
| SCOTTSDALE, AZ 85255 | 0.00 | 0. | 0. | | 0. |
| LORI GEARE | SECR./DIRECTO | R | | | |
| 9810 E. THOMPSON PEAK PKWY #801 | | | | | |
| SCOTTSDALE, AZ 85255 | 0.00 | 0. | 0. | | 0. |
| STEVEN F. BUEL | TREASURER | | | | |
| 3839 NORTH THIRD STREET, #305 | | | | | |
| PHOENIX, AZ 85012 | 0.00 | 0. | 0. | | 0. |
| 2 Compensation of five highest-paid employees (other than those inc | cluded on line 1). If none, | enter "NONE." | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans | (e) E | xpense nt, other |
| (a) Name and address of each employee paid more than \$50,000 | devoted to position | (c) compensation | and deferred compensation | | wances |
| NONE | | | | | |
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| | | _ | | <u> </u> | |
| Total number of other employees paid over \$50,000 | | | | | 0 |

THE JAZZBIRD FOUNDATION

| Frank Santa | | 44 - 44 | |
|--------------------|-----|---------|--------------|
| Form 990-PF (2013) | C/0 | ROBERT | RAVENSCROFT |
| | | | |

86-0745156

Page 7

| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | on Managers, nigniy | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------|--------------|
| 3 Five highest-paid independent contractors for professional services. If none, enter " | NONE." | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) | Compensation |
| NONE | | - | |
| | | | |
| | | | |
| | | | |
| 20 200 200 200 200 200 200 200 200 200 | | | |
| | | | |
| | | | |
| | <u></u> | - - | |
| | | | |
| 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 statistics number of organizations and other beneficiaries served, conferences convened, research papers produc | al information such as the eed, etc | Ехр | enses |
| 1 _ N/A | | | |
| | |] | |
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| 2 | | | |
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| 3 | | | |
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| 4 | | - | |
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| | | | |
| Part IX-B Summary of Program-Related Investments | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lin | es 1 and 2 | Am | ount |
| 1 NONE | | | |
| | | | 0. |
| 2 | | | 0. |
| | | <u> </u> | |
| | | | |
| All other program-related investments. See instructions | | | |
| 3 NONE | | | |
| | | ļ | _ |
| | | _ | 0. |
| Total. Add lines 1 through 3 | <u> </u> | <u> </u> | 0. |

6

86-0745156 C/O ROBERT RAVENSCROFT Page 8 Form 990-PF (2013) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities 1a 166, b Average of monthly cash balances 1h c Fair market value of all other assets 10 10 166,251 d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 163,757. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 8,188. Minimum investment return. Enter 5% of line 5 6 Part XI | Distributable Amount (see Instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part) 8,188. Minimum investment return from Part X, line 6 Tax on investment income for 2013 from Part VI, line 5 2a Income tax for 2013 (This does not include the tax from Part VI) 2b 2c Add lines 2a and 2b 8,188 3 Distributable amount before adjustments Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 8,188. Add lines 3 and 4 5

Part XII Qualifying Distributions (see instructions)

Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1

Deduction from distributable amount (see instructions)

| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
|---|------------------------------------------------------------------------------------------------------------|----|------------|
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 1,127,825. |
| þ | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 1,127,825. |
| 5 | 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 | 0. |
| R | Adjusted qualifying distributions. Subtract line 5 from line 4 | R | 1,127,825 |

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 4940(e) reduction of tax in those years

Form **990-PF** (2013)

8,188.

Form 990-PF (2013)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2012 | (c) 2012 | (d) 2013 |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|---------------------------------------|
| 1 Distributable amount for 2013 from Part XI, | | | | |
| line 7 | | | | 8,188. |
| 2 Undistributed income, if any, as of the end of 2013 | | | | |
| a Enter amount for 2012 only | | | 0. | |
| b Total for prior years | | | | , , , , , , , , , , , , , , , , , , , |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2013 | | | 1 1 1 | |
| a From 2008 703,036. | | | | |
| b From 2009 725,227. | | | | |
| c From 2010 766,806. | | | | |
| d From 2011 886, 285. | | | | |
| e From 2012 877,726. | | | | |
| f Total of lines 3a through e | 3,959,080. | | | |
| 4 Qualifying distributions for 2013 from | | | | |
| Part XII, line 4 \triangleright \$ 1, 127, 825. | | | | |
| a Applied to 2012, but not more than line 2a | | | 0. | ! ! |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | 1 | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2013 distributable amount | | | | 8,188. |
| e Remaining amount distributed out of corpus | 1,119,637. | | | |
| 5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| | 5,078,717. | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 3/0/0//1/ | | | |
| b Prior years' undistributed income Subtract | | 0. | | |
| line 4b from line 2b 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 2012 Subtract line | | | | |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2013 Subtract | | | | |
| lines 4d and 5 from line 1 This amount must | | | | |
| be distributed in 2014 | | | } } | 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 2008 | | | | |
| not applied on line 5 or line 7 | 703,036. | | | |
| 9 Excess distributions carryover to 2014. | | | | |
| Subtract lines 7 and 8 from line 6a | 4,375,681. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2009 725, 227. | | | | |
| b Excess from 2010 766, 806. | | | | |
| c Excess from 2011 886, 285. | | | | |
| d Excess from 2012 877,726. | | | | |
| e Excess from 2013 1,119,637. | | | l | 1 |

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Form **990-PF** (2013)

N/A

Supplementary Information (continued) 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 N/A CHARITABLE CHANGING LIVES N/A 338 N. 15TH AVE 15,000. PHOENIX, AZ 85007 VILAR CENTER N/A N/A CHARITABLE 68 AVONDALE LN 5,000. BEAVER CREEK, CO 81620 FOUNDATION CHARITABLE N/A VAIL JAZZ FOUNDATION 953 S. FRONTAGE ROAD WEST, SUITE 106 5,000. VAIL, CO 81657 EAGLE RIVER PRESBYTERIAN CHURCH N/A N/A CHARITABLE 455 NOTTINGHAM RANCH ROAD AVON, CO 81620 12,000. VAIL CHRISTIAN CHURCH N/A N/A CHARITABLE 8000 S. KOLB RD 13,900. TUCSON, AZ 85756 CONTINUATION SHEET(S) 3a 1,127,825. Total b Approved for future payment NONE **▶** 3b Total

Form 990-PF (2013)

| Enter gross amounts unless otherwise indicated | Unrelated b | usiness income | Excluded t | by section 512, 513, or 514 | (e) |
|--------------------------------------------------------------|-----------------|---------------------------------------|------------------------|---------------------------------------|-----------------------------------|
| • | (a) Business | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue | code | | COGE | | |
| ab | | <u> </u> | | | |
| | ľ | | | | ••- |
| | 1 | | - | | |
| | 1 | | | | |
| f | _ | | | | |
| g Fees and contracts from government agencies | _ | ··· | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | ******* | , | | | |
| investments | | | | | 14 |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate | | | | | 77 |
| a Debt-financed property | <u> </u> | | | | |
| b Not debt-financed property | | | | <u></u> | |
| 6 Net rental income or (loss) from personal | | **** | | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | · · · · · · · · · · · · · · · · · · · | | | |
| 1 Other revenue | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| d | | | | | |
| R | | | | | |
| 2 Subtotal Add columns (b), (d), and (e) | | 0 | | 0. | 14 |
| 3 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 14 |
| See worksheet in line 13 instructions to verify calculations | s) | | | | |
| Part XVI-B Relationship of Activitie | _ | nplishment of E | Exempt P | urposes | |
| Line No. Explain below how each activity for which | | | -A contribute | d importantly to the accom | plishment of |
| the foundation's exempt purposes (other t | | | A M T O NI C | | |
| FUNDS DONATED TO OTHE | ER 501(C)(| 3) ORGANIZ | ATIONS | <u> </u> | |
| | | | | | |
| | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | - |
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C/O ROBERT RAVENSCROFT

86-0745156 Page 13

| omii 990 | -PF (& | (13) C/O K | ODERT RAV | PIADCIO | <u> </u> | | 00 07 | 13130 | r a | ye io |
|----------------|------------------|-------------------------------------------------------------------|---------------------------|-----------------------------------------|------------------------------------------------------------------|-------------------------|----------------------------------|-----------------------------------------------------|--------|----------|
| Part) | (VII | Information Re Exempt Organi | - | sfers To a | and Transactions a | and Relations | hips With Nonch | aritable | | |
| 1 Did | the org | anization directly or indir | rectly engage in any o | of the followin | g with any other organizati | on described in sect | ion 501(c) of | <u>\</u> | es / | No |
| | | | | | 7, relating to political organ | | | | | |
| a Tra | nsfers 1 | rom the reporting founda | ation to a noncharitat | ole exempt or | ganization of | | | | | |
| (1) | Cash | | | | | | | 1a(1) | | <u>X</u> |
| (2) | Other | assets | | | | | | 1a(2) | | X |
| b Oth | er trans | sactions | | | | | | | 1 | |
| (1) | Sales | of assets to a noncharitat | ble exempt organizat | ion | | | | 1b(1) | | <u>X</u> |
| (2) | Purch | ases of assets from a nor | ncharitable exempt o | rganization | | | | 1b(2) | | <u>X</u> |
| (3) | Renta | l of facilities, equipment, o | or other assets | | | | | 1b(3) | | <u>X</u> |
| (4) | Reimb | oursement arrangements | | | | | | 1b(4) | | <u>X</u> |
| (5) | Loans | or loan guarantees | | | | | | 1b(5) | | <u>X</u> |
| (6) | Perfor | mance of services or me | mbership or fundrais | sing solicitatio | ns | | | 1b(6) | | X |
| | | facilities, equipment, mai | | | | | | 10 | | <u>X</u> |
| | | | | | dule Column (b) should al | | | | ts, | |
| | | | | | ed less than fair market val | ue in any transaction | n or sharing arrangement | , show in | | |
| | | the value of the goods, o | | | | | | | | |
| a) Line n | | (b) Amount involved | (c) Name of | | exempt organization | (d) Description | n of transfers, transactions, ar | nd shanng arra | ngeme | nts |
| | | | | N/A | | | | | | |
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| | | idation directly or indirect 501(c) of the Code (other | | | or more tax-exempt organ tion 527? | izations described | | Yes | X |] No |
| b f" | /es," c <u>o</u> | mplete the following sche | | | | - | | - | | |
| | | (a) Name of org | anization | | (b) Type of organization | ļ | (c) Description of relatio | nship | | |
| | | <u> N/A</u> | | | | | | | | |
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| | r | | | | <u> </u> | <u> </u> | | | | |
| Sign Here | | penalties of penuint, declare lilef, it is true, correct, and con | nplete Seclaration of pre | s return, includir eparer (other tha | ng accompanying schedules and in taxpayer) is based on all infon | mation of which prepare | er has any knowledge | May the IRS direturn with the shown below (so X Yes | prepar | er |
| | Sign | ature of office or trustee | M | | Date | Trtle | L | | | |
| | | Print/Type preparer's na | ame | Preparer's s | ignature | Date | Check if PTI | V | | |
| | | | | 0- | √ 0 | 101 | self- employed | | | |
| Paid | | STEVE BUEL | | | JOU T | 6/9/14 | | 012017 | | |
| Prepa Use (| | Firm's name ► DEN | | ICH & | CO., LTD. | | Firm's EIN ▶ 86- | 067026 | 0 | |
| | | Firm's address ▶ 38 | 39 N. 3RD | STREE | T. SUITE 30 |)5 | | | | |
| | | | OENIX, AZ | | | | Phone no 602 | 265-59 | 00 | |

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. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Employer identification number

| | THE JAZZBIRD FOUNDATION C/O ROBERT RAVENSCROFT | 86-0745156 | | | | | | | |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|--|--|--|--|--|--|
| Organization type (chec | | | | | | | | | |
| ilers of: Section: | | | | | | | | | |
| Form 990 or 990-EZ | | | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not 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 | | | | | | | | |
| Note. Only a section 501 General Rule X For an organiza | In is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule and Special Rule and Rule and Sp | | | | | | | | |
| Special Rules | | | | | | | | | |
| 509(a)(1) and 1 | 01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 70(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 contribution | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | | | |
| contributions for If this box is chi purpose. Do no | 01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one control use exclusively for religious, charitable, etc., purposes, but these contributions did not to ecked, enter here the total contributions that were received during the year for an exclusive to complete any of the parts unless the General Rule applies to this organization because it able, etc., contributions of \$5,000 or more during the year | tal to more than \$1,000. ely religious, charitable, etc., | | | | | | | |
| Caution. An organizatio | n 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), | | | | | | | |

certify that it does not 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) (2013)

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

Name of organization
THE JAZZBIRD FOUNDATION
C/O ROBERT RAVENSCROFT

Employer identification number

86-0745156

| Part I | Contributors | (see instructions). | Use duplicate copies | of Part I r | f additional space is needed. |
|--------|--------------|---------------------|----------------------|-------------|-------------------------------|
|--------|--------------|---------------------|----------------------|-------------|-------------------------------|

| N TOTAL | | <u> </u> | |
|------------|--------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------|
| (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 | \$1,499,267. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Omplete Part II for noncash contributions.) |

Name of organization
THE JAZZBIRD FOUNDATION
C/O ROBERT RAVENSCROFT

Employer identification number

86-0745156

| Part II | Noncash Property | (see instructions). Use duplicate copies of Part II if additional space is needed. |
|---------|------------------|------------------------------------------------------------------------------------|
|---------|------------------|------------------------------------------------------------------------------------|

| A | (commence of the commence of t | | |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number THE JAZZBIRD FOUNDATION C/O ROBERT RAVENSCROFT 86-0745156 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| FORM 990-PF I | NTEREST | ON SAV | INGS | AND TE | EMPO | RARY | CASH | II. | NVESTMENTS | STATEMEN' | r 1 |
|---------------------------------------------------------------|---------|--------|------|-----------------------------------|--------------------|-------|----------------------|----------------|------------------------------|----------------------------|----------------|
| SOURCE | | | | | (A) /ENU BOO | | NET | | (B) NVESTMENT NCOME | (C) ADJUSTI NET INCO | |
| NORTHERN TRUST | ı | | • | | | 14. | | | 14. | | |
| TOTAL TO PART | I, LINE | 3 | : | | <u>-</u> | 14. | | | 14. | | |
| FORM 990-PF | | | | ACCOUNT | ING | FEE | 5 | | | STATEMENT | г 2 |
| DESCRIPTION | | | | (A) PENSES R BOOKS | | ET II | 3) NVEST INCOM | | (C) ADJUSTED NET INCOM | | FABLE |
| TAX PREPARATIO | N | | | 6,400 | | | | 0. | _ | | 0. |
| TO FORM 990-PF | , PG 1, | LN 16E | 3 | 6,400 | - = = | | | 0. | | | 0. |
| FORM 990-PF | | | | T <i>I</i> | AXES | | | | | STATEMENT | г 3 |
| DESCRIPTION | | | | (A) PENSES R BOOKS | | ET Î | 3) NVEST INCOM | | (C) ADJUSTED NET INCOM | | LABTE |
| EMPLOYER PAYRO | LL TAX | | | 26,687 | 7. | | | 0. | | | 0. |
| TO FORM 990-PF | , PG 1, | LN 18 | | 26,687 | - - - = = | | | 0. | | | 0. |
| FORM 990-PF | | | | OTHER | EXP | ENSE | 5 | | | STATEMENT | г 4 |
| DESCRIPTION | | | | (A) PENSES R BOOKS | | ET Î1 | 3) NVEST INCOM | | (C) ADJUSTED NET INCOM | | PABLE |
| HEALTH INSURAN ADP FEES LIFE/DISABILIT MISCELLANEOUS | Y INSUR | INCE | | 41,039 3,554 1,199 1,123 | ·) • | | | 0. 0. 0. | | | 0. 0. 0. |
| TO FORM 990-PF | , PG 1, | LN 23 | | 46,915 | · - | | | 0. | | | 0. |
| | | | | | _ = | | | _ | = | ====== | |

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT 5

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

NAME OF MANAGER

ROBERT B. RAVENSCROFT GRETCHEN F. RAVENSCROFT

| Part XV Supplementary Informatio 3 Grants and Contributions Paid During the | | | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------|----------------------------------|-----------------------|
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipioni | | - |
| PHOENIX RESCUE MISSION | N/A | N/A | CHARITABLE | |
| 1801 S. 35TH AVE | | | | |
| PHOENIX, AZ 85009 | | | | 30,000. |
| | | | | |
| ARIZONA STATE UNIVERSITY | N/A | N/A | FOSTER EDUCATION | |
| 350 E. LEMON ST | | | | |
| TEMPE, AZ 85281 | | | | 53,000. |
| | | | | |
| ASCENTION LUTHERN CHURCH | N/A | N/A | CHARITABLE | |
| 7100 N. MOCKINGBIRD LN PARADISE VALLEY, AZ 85253 | | | | 40,000. |
| PARADISE VALUEI, NE 63233 | | | | 20,000 |
| CLAREMONT SCHOOL OF THEOLOGY | N/A | N/A | FOSTER EDUCATION | |
| 1325 N. COLLEGE AVE. | | [,, | | |
| CLAREMENT, CA 91711 | | | | 16,125. |
| | | | | |
| FIRST LUTHERAN CHURCH | N/A | N/A | CHARITABLE | |
| 1420 3RD AVE. | | | | |
| SAN DIEGO, CA 92101 | | | | 18,000. |
| FRANK L. WRIGHT SCHOOL OF | N/A | N/A | FOSTER EDUCATION | |
| ARCHITECTURE | | | | |
| TALIESEN WEST, P.O. BOX 4430 | | | | |
| SCOTTSDALE, AZ 85261 | | | | 25,000. |
| | | | | |
| GARRETT SEMINAR | N/A | N/A | CHARITABLE | |
| 2121 SHERIDAN ROAD EVANSTON, IL 60201 | | | | 80,000. |
| EVANSION, II 00201 | - | - | | 33,000. |
| GLOBAL HEALTH MINISTRIES FOUNDATION | N/A | N/A | CHARITY | |
| 7831 HICKORY STREET NE | N/A | F/ A | | |
| MINNEAPOLIS, MN 554322500 | | | | 20,800. |
| | | | | |
| | | | | |
| GROSSGRAIN | N/A | N/A | CHARITY | 84,000. |
| | | | | |
| JAZZ IN ARIZONA | N/A | N/A | CHARITABLE | |
| P.O. BOX 9651 | | | | |
| SCOTTSDALE, AZ 852529651 Total from continuation sheets | | 1 | | 40,000. 1,076,925. |
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| Part XV Supplementary Information | | | | т |
|-----------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the | | 1 | · | |
| 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 | | |
| | | | | |
| JUAN CARLOS ORTIZ MINISTRIES | N/A | N/A | CHARITABLE | |
| 27 KERNVILLE | | | | |
| IRVINE, CA 926022457 | | | | 127,000. |
| | | | | |
| LAKESHORE MUSIC | N/A | N/A | CHARITABLE | |
| 1982 E. OXFORD DRIVE | N/A | | | |
| TEMPE, AZ 85283-2366 | | | | 80,000. |
| | | | | |
| LEADING THE WAY | N/A | N/A | CHARITABLE | |
| P.O. BOX 20100 | N/A | N/A | CHRITADD | |
| ATLANTA, GA 30325 | | | | 6,000. |
| | | | | |
| | | | | |
| LUIS PALAU EVANGELISTIC ASSOC. | N/A | N/A | CHARITY | |
| P.O. BOX 50 PORTLAND, OR 97207 | | | | 80,000. |
| TONEBURD, ON STREET | | | | |
| | | | | |
| | | 7017777 77 | 0112 D T MV | |
| MAJESTY FOUNDATION | N/A | FOUNDATION | CHARITY | 96,000. |
| | - | | | |
| | | | | |
| MAYO CLINIC | N/A | N/A | CHARITABLE | |
| 13400 EAST SHEA BLVD. SCOTTSDALE, AZ 85259 | | | | 40,000. |
| SCOTTSDALE, AZ 63239 | | | | 10,000. |
| | | | | |
| MINDEN OPERA HOUSE | N/A | N/A | CHARITABLE | |
| 322 E. 5TH ST | | | | 40,000. |
| MINDEN, NE 68959 | | - | | 40,000. |
| NATIONAL RIGHT TO WORK LEGAL DEFENSE | N/A | N/A | CHARITABLE | |
| FUND | | | | |
| 8001 BRADDOCK ROAD | | | | 10.000 |
| SPRINGFIELD, VA 22160 | | | | 10,000. |
| | | | | |
| NEW HOPE CONVENANT CHURCH | N/A | N/A | CHARITABLE | |
| 8217 W. COUNTRY GABLES DR. | | | | |
| PEORIA, AZ 853800700 | | | | 20,000. |
| | | | | |
| SIGMA ALPHA EPSILON | N/A | N/A | CHARITABLE | |
| 1856 SHERIDAN RD | | | | |
| EVANSTON, IL 60201-3837 | | | | 1,000. |
| Total from continuation sheets | | | | <u> </u> |

| Part XV Supplementary Information 3 Grants and Contributions Paid During the | | | | |
|------------------------------------------------------------------------------|---------------------------------------------------------|----------------------|----------------------------------|----------|
| ` Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| | | | | |
| SPIRIT IN THE DESERT | N/A | N/A | CHARITABLE | |
| 7415 E. ELBOW BEND ROAD CAREFREE, AZ 85377 | | | | 40,000 |
| CHADINAL, AB 03377 | | <u> </u> | \ | 20,000 |
| THIRD AVENUE CHARITABLE ORGANIZATION | N/A | N/A | CHARITABLE | |
| 1420 3RD AVE. | | | | |
| SAN DIEGO, CA 92101 | | | | 2,000 |
| | | | | |
| ARRL (NATL ASSOC FOR AMETUER RADIO) | N/A | N/A | CHARITABLE | |
| 225 MAIN STREET NEWINGTON, CT 06111-1494 | | | | 20,000 |
| | | | | |
| ROUNDUP RIVER RANCH | N/A | N/A | CHARITABLE | |
| 10 W BEAVER CREEK BLVD #250 | | [,, | | |
| AVON, CO 81620 | | | | 105,000. |
| | | | | |
| AMERICAN RED CROSS | N/A | N/A | CHARITABLE | |
| 3321 E. ATLANTA AVE PHOENIX, AZ 85040 | | | | 1,000. |
| | | | | |
| YOUNG AMERICAN FOUNDATION | N/A | FOUNDATION | CHARITABLE | |
| 110 ELDEN STREET | | | | |
| HERNDON, VA 20170 | | | | 1,000. |
| | | | | |
| THE WILLIAMS INSTITUTE 6615 N SCOTTSDALE ROAD, SUITE 250 | N/A | N/A | CHARITABLE | |
| SCOTTSDALE, AZ 85250 | | | | 1,000. |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| Total from continuation sheets | | | | |

Form **8868**

(Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

| • If you a | are filing for an Automatic 3-Month Extension, complete | te only Pa | rt I and check this box | | > | · [X] |
|--------------------------|-----------------------------------------------------------------------------------|-------------|---------------------------------------|-------------------|---------------------|--------------|
| • If you a | are filing for an Additional (Not Automatic) 3-Month Ex | tension, c | complete only Part II (on page 2 of | this form). | | |
| Do not d | omplete Part II unless you have already been granted a | an automa | itic 3-month extension on a previous | ly filed For | m 8868. | |
| Electron | ic filing (e-file). You can electronically file Form 8868 if y | ou need a | a 3-month automatic extension of tin | ne to file (6 | months for a corp | oration |
| | to file Form 990-T), or an additional (not automatic) 3-mo | | | | | |
| | file any of the forms listed in Part I or Part II with the exc | | | | | |
| | Benefit Contracts, which must be sent to the IRS in pap | | | | | |
| | rrs.gov/efile and click on e-file for Charities & Nonprofits | | , | | | |
| Part I | Automatic 3-Month Extension of Time | | submit original (no copies ne | eded). | | |
| | ation required to file Form 990-T and requesting an autor | | | | | |
| Part I onl | • | | | • | • | . 🗀 |
| | , corporations (including 1120-C filers), partnerships, REM | IICs and t | rusts must use Form 7004 to reques | t an extens | sion of time | |
| | ome tax returns. | ,,00, | | | r's identifying nur | mber |
| | | otione | | | identification num | |
| Type or | Name of exempt organization or other filer, see instru THE JAZZBIRD FOUNDATION | CHOHS. | | Lilibioyei | identification num | Der (Elly Ol |
| print | C/O ROBERT RAVENSCROFT | | | • | 86-074515 | 56 |
| File by the | | | | Carrelana | | |
| due date for filing your | Number, street, and room or suite no. If a P.O. box, s | ee instruc | tions. | Social sec | curity number (SSN | 4) |
| retum See | P.O. BOX 3410 | | | | | |
| instructions | City, town or post office, state, and ZIP code. For a for CAREFREE, AZ 85377-3410 | oreign add | ress, see instructions. | | | |
| | | | | | | |
| Enter the | Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 4 |
| Applicat | on | Return | Application | | | Return |
| Is For | | Code | Is For | | Code | |
| | or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 990 | | 02 | Form 1041-A | | | 08 |
| | 20 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990 | | 03 | Form 5227 | | | 10 |
| | · · · · · · · · · · · · · · · · · · · | 05 | Form 6069 | | | 11 |
| | 0-T (sec. 401(a) or 408(a) trust) | 06 | Form 8870 | | | 12 |
| Form 990 | OFT (trust other than above) ROBERT B. RAVE | | | | | |
| • Th. h | ooks are in the care of ▶ P.O. BOX 3410 | | | | | |
| | none No. ► (480) 563-4260 | CIHO | Fax No. ▶ | | | |
| | organization does not have an office or place of business | a ia tha Ur | | | | |
| | _ | | | lf this is for | the whole group, | check this |
| | is for a Group Return, enter the organization's four digit | _ | | | | |
| box ▶ | . If it is for part of the group, check this box | | | | is the extension is | <u> </u> |
| 1 re | quest an automatic 3-month (6 months for a corporation | | | | The extension | |
| | | ot organiza | tion return for the organization name | ed above. | THE EXTERISION | |
| | or the organization's return for: | | | | | |
| | X calendar year 2013 or | | al a calus s | | | |
| - | tax year beginning | , an | d ending | | - ' | |
| | | | | | | |
| 2 If ti | ne tax year entered in line 1 is for less than 12 months, o | heck reas | on: Initial return | Fınal returr | ı | |
| | Change in accounting period | | | - - | | |
| 3a If t | nis application is for Forms 990-BL, 990-PF, 990-T, 4720 | , or 6069, | enter the tentative tax, less any | | • | 0 |
| | nrefundable credits. See instructions. | | | 3a | \$ | 0. |
| | nis application is for Forms 990-PF, 990-T, 4720, or 6069 | | | | _ | ^ |
| | imated tax payments made. Include any prior year overp | | | 3b | \$ | 0. |
| | lance due. Subtract line 3b from line 3a. Include your pa | | | | | ^ |
| | using EFTPS (Electronic Federal Tax Payment System). | | | 3c | \$ | 0. |
| Caution. | If you are going to make an electronic funds withdrawal | (direct de | bit) with this Form 8868, see Form 8 | 8453-EO an | d Form 8879-EO fr | or payment |

instructions.