

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
 benefit trust or private foundation)
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2250 E. BROADWAY BLVD City or town, state or country, and ZIP + 4 TUCSON AZ 85719	D Employer identification number 94-2681765 E Telephone number 520-770-0800 G Gross receipts \$ 21,383,183
F Name and address of principal officer: NANCY DAVIS 2250 E. BROADWAY BLVD TUCSON AZ 85719		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.CFSOAZ.ORG/		L Year of formation: 1980 M State of legal domicile: AZ
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENCOURAGE CHARITABLE GIVING TO NEEDY ORGANIZATIONS OF SOUTHERN ARIZONA.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	30	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
	b Net unrelated business taxable income from Form 990-T, line 34	7b		0
Revenue		Prior Year		Current Year
	8 Contributions and grants (Part VIII, line 1h)	6,717,973	7,130,682	
	9 Program service revenue (Part VIII, line 2g)	201,272	808,304	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,480,114	886,121	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,963	78,856	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,405,322	8,903,963	
Expenses		Prior Year		Current Year
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,972,786	3,745,362	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,189,193	1,085,015	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	5,062	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 231,571			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,783,156	1,407,128	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,945,135	6,242,567	
	19 Revenue less expenses. Subtract line 18 from line 12	460,187	2,661,396	
Net Assets or Fund Balances		Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	59,597,261	59,134,297	
	21 Total liabilities (Part X, line 26)	4,854,298	2,645,524	
	22 Net assets or fund balances. Subtract line 21 from line 20	54,742,963	56,488,773	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer J. CLINTON MABIE Type or print name and title PRESIDENT & CEO	Date
Paid Preparer Use Only	Print/Type preparer's name JULIE S. KLEWER, CPA Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00343046	
	Firm's name ▶ LUDWIG KLEWER & CO. PLLC 4783 E CAMP LOWELL DR Firm's address ▶ TUCSON, AZ 85712	Firm's EIN ▶ 36-4538293 Phone no. 520-545-0500

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO ENCOURAGE CHARITABLE GIVING TO NEEDY ORGANIZATIONS OF SOUTHERN ARIZONA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,237,446 including grants of \$ 3,745,362) (Revenue \$) THE COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA (CFSA) DISTRIBUTED 704 GRANTS TOTALING \$3,366,595 FROM 190 FUNDS. ONE HUNDRED AND TWENTY-ONE SCHOLARSHIPS TOTALING \$378,767 WERE DISTRIBUTED FROM 29 FUNDS. DURING FISCAL YEAR 2011, CFSA REVAMPED ITS UNRESTRICTED GRANTS PROCESS TO BETTER REFLECT THE ORGANIZATION'S MISSION TO MAKE A DIFFERENCE IN THE COMMUNITY. WE FOCUSED ON FUNDING BROAD-IMPACT COMMUNITY COLLABORATIONS ON ISSUES IDENTIFIED BY THE NONPROFIT LEADERSHIP. CFSA COMMITTED TO PROVIDE \$900,000 OVER THREE YEARS TO FOUR PROJECTS INVOLVING OVER 40 ORGANIZATIONS. ADDITIONALLY, CFSA HAS PROVIDED THE ONGOING CAPACITY BUILDING SUPPORT TO INSURE SUSTAINABILITY EVEN AFTER DIRECT FUNDING HAS ENDED. CFSA HAS ALSO IDENTIFIED LITERACY AS A CRITICAL PRIORITY AND PROVIDED THE

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,237,446

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	25		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	AZ
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	THE ORGANIZATION 2250 E. BROADWAY BLVD TUCSON AZ 85719 520-770-0800

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL LINDSEY DIRECTOR	0.55	X					0	0	0	
(2) RON BARBER DIRECTOR	0.55	X					0	0	0	
(3) DONALD LURIA DIRECTOR	0.55	X					0	0	0	
(4) RICHARD MUNDINGER TREASURER	0.55	X		X			0	0	0	
(5) CARRIE BRENNAN DIRECTOR	0.55	X					0	0	0	
(6) NANCY DAVIS CHAIR	0.55	X		X			0	0	0	
(7) ROGER VOGEL 1ST VICE CHAIR	0.55	X		X			0	0	0	
(8) KERSTIN BLOCK DIRECTOR	0.55	X					0	0	0	
(9) MARY B. BERNAL 2ND VICE CHAIR	0.55	X		X			0	0	0	
(10) BOB FRIESEN DIRECTOR	0.55	X					0	0	0	
(11) JAMES J GLASSER DIRECTOR	0.55	X					0	0	0	
(12) SCOTT NEELEY DIRECTOR	0.55	X					0	0	0	
(13) MARIAN LALONDE EX-OFFICIO	0.55	X					0	0	0	
(14) BILL HOLMES SECRETARY	0.55	X		X			0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BRADLEY NYSTEDT DIRECTOR	0.55	X					0	0	0	
(16) TONY DABDOUB DIRECTOR	0.55	X					0	0	0	
(17) JIM ROWLEY DIRECTOR	0.55	X					0	0	0	
(18) ROMAN SANDOVAL DIRECTOR	0.55	X					0	0	0	
(19) MICHAEL SULLIVAN DIRECTOR	0.55	X					0	0	0	
(20) DARRYL DOBRAS DIRECTOR	0.55	X					0	0	0	
(21) BETH WALKUP DIRECTOR	0.55	X					0	0	0	
(22) CRAIG WISNOM DIRECTOR	0.55	X					0	0	0	
(23) KEVIN HENRY EX-OFFICIO	0.55	X					0	0	0	
(24) WILLIAM NEUBAUER EX-OFFICIO	0.55	X					0	0	0	
(25) J. CLINTON MABIE PRESIDENT & CEO	40.00			X			144,107	0	29,357	
1b Sub-total							144,107		29,357	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							144,107		29,357	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	68,316				
	d Related organizations	1d					
	e Government grants (contributions)	1e	171,153				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,891,213				
	g Noncash contributions included in lines 1a-1f: \$		42,132				
	h Total. Add lines 1a-1f		7,130,682				
Program Service Revenue	2a MANAGEMENT FEE	Busn. Code 541610	808,304	808,304			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		808,304				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		994,118	994,118			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental exps.					
		c Rental inc. or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps.		12,421,652			
		c Gain or (loss)		-107,997			
		d Net gain or (loss)		-107,997	-107,997		
	8a Gross income from fundraising events (not including \$ 68,316 of contributions reported on line 1c). See Part IV, line 18	a		115,106			
		b Less: direct expenses		57,568			
		c Net income or (loss) from fundraising events		57,538			
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a OTHER REVENUE	900099		21,318	21,318			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			21,318				
12 Total revenue. See instructions.			8,903,963	1,715,743	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,445,380	3,445,380		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	27,500	27,500		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	272,482	272,482		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	145,000	14,500	101,500	29,000
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	742,038	420,149	306,537	15,352
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,908	13,185	12,378	1,345
9 Other employee benefits	92,426	45,289	42,516	4,621
10 Payroll taxes	78,643	38,535	36,176	3,932
11 Fees for services (non-employees):				
a Management	627,539	627,539		
b Legal	7,468		7,468	
c Accounting	84,827		84,827	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	5,062			5,062
f Investment management fees	129,334	129,334		
g Other				
12 Advertising and promotion	184,695	27,704	18,470	138,521
13 Office expenses	236,407	115,839	108,747	11,821
14 Information technology				
15 Royalties				
16 Occupancy	52,267	25,611	24,043	2,613
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,668	10,734	12,267	7,667
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	46,551	16,293	18,621	11,637
b PROGRAM SUBCONTRACTS	7,372	7,372		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,242,567	5,237,446	773,550	231,571
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest bearing	586,283	1	529,199
	2 Savings and temporary cash investments	5,776,547	2	6,143,449
	3 Pledges and grants receivable, net	10,407,067	3	2,318,299
	4 Accounts receivable, net	888,159	4	45,316
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	39,388	9	11,527
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 205,272		
	b Less: accumulated depreciation	10b 167,857	10c	37,415
	11 Investments—publicly traded securities	41,566,615	11	49,785,660
	12 Investments—other securities. See Part IV, line 11	229,377	12	229,377
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	36,484	15	34,055
16 Total assets. Add lines 1 through 15 (must equal line 34)	59,597,261	16	59,134,297	
Liabilities	17 Accounts payable and accrued expenses	113,430	17	102,875
	18 Grants payable	643,503	18	216,264
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,097,365	25	2,326,385
	26 Total liabilities. Add lines 17 through 25	4,854,298	26	2,645,524
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	38,566,781	27	16,292,195
	28 Temporarily restricted net assets	2,828,045	28	4,475,295
	29 Permanently restricted net assets	13,348,137	29	35,721,283
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	54,742,963	33	56,488,773	
34 Total liabilities and net assets/fund balances	59,597,261	34	59,134,297	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,903,963
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,242,567
3	Revenue less expenses. Subtract line 2 from line 1	3	2,661,396
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,742,963
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-915,586
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	56,488,773

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Public Charity Status and Public Support

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,630,141	4,943,855	16,808,583	6,717,973	7,130,681	42,231,233
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,630,141	4,943,855	16,808,583	6,717,973	7,130,681	42,231,233
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,487,350
6 Public support. Subtract line 5 from line 4						33,743,883

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6,630,141	4,943,855	16,808,583	6,717,973	7,130,681	42,231,233
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,563,108	1,334,755	966,661	1,225,357	994,118	6,083,999
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						48,315,232
12 Gross receipts from related activities, etc. (see instructions)					12	1,938,846

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	69.84%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	67.96%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule of Contributors

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

2011

Name of the organization

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For 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.

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, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization 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), 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 COMMUNITY FOUNDATION FOR	Employer identification number 94-2681765
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANONYMOUS 2250 E. BROADWAY BLVD TUCSON AZ 85719	\$ 1,441,053	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ANONYMOUS 2250 E. BROADWAY BLVD TUCSON AZ 85719	\$ 375,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ANONYMOUS 2250 E. BROADWAY BLVD. TUCSON AZ 85719	\$ 380,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ANONYMOUS 2250 E. BROADWAY BLVD. TUCSON AZ 85719	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ANONYMOUS 2250 E. BROADWAY BLVD TUCSON AZ 85719	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ANONYMOUS 2250 E. BROADWAY BLVD. TUCSON AZ 85719	\$ 310,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization COMMUNITY FOUNDATION FOR	Employer identification number 94-2681765
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ANONYMOUS 2250 E. BROADWAY BLVD. TUCSON AZ 85719	\$ 1,945,575	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	ARIZONA DEPT OF HEALTH SERVICES 150 N. 18TH AVE. SUITE 110 TUCSON AZ 85007	\$ 171,153	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number

94-2681765

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIV, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	36,038,452	24,653,373	21,707,167		
b Contributions	673,400	1,131,536	1,651,047		
c Net investment earnings, gains, and losses	-109,175	3,625,617	2,692,520		
d Grants or scholarships					
e Other expenditures for facilities and programs	-1,455,242	1,298,538	1,397,361		
f Administrative expenses					
g End of year balance	35,146,895	28,111,988	24,653,373		

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ %
 - b Permanent endowment ▶ 93.52 %
 - c Temporarily restricted endowment ▶ 6.48 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		37,536	121	37,415
e Other		167,736	167,736	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				37,415

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	▶	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO OTHER AGENCIES	2,326,385	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 2,326,385	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

ENDOWMENT FUNDS HAVE BEEN ESTABLISHED FOR VARIOUS BOARD-DESIGNATED AND DONOR RESTRICTED PURPOSES.

PART X - FIN 48 FOOTNOTE

AS OF JUNE 30 2012, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT ARE POTENTIALLY MATERIAL.

Part XIV Supplemental Information (continued)

PART XIV - SUPPLEMENTAL FINANCIAL INFORMATION

DURING THE YEAR ENDED JUNE 30, 2012, THE ORGANIZATION'S MANAGEMENT
COMPLETED A REVIEW OF ALL DONOR FUND AGREEMENTS AND MADE A NET ASSET
RECLASSIFICATION AS SHOWN IN THE ENDOWMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				GENERAL SUPPORT	272,482				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) Yes No

Schedule F (Form 990) 2011

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>FOLKLORICO</u>	<u>CATS IN THE CAN</u>	<u>NONE</u>	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	99,092	84,330	183,422	
	2	Less: Charitable contributions	59,806	8,510	68,316	
	3	Gross income (line 1 minus line 2)	39,286	75,820	115,106	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	53,448	4,120	57,568	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				57,568
	11	Net income summary. Combine line 3, column (d), and line 10				57,538

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? 9a Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
**COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA**

Employer identification number
94-2681765

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	88 CRIME, INC 32 N. STONE AVENUE, SUITE 1400 TUCSON AZ 85701-1412	86-0407186		75,386				GENERAL SUPPORT
(2)	AMERICAN RED CROSS, SOUTHERN ARIZONA 2916 E. BROADWAY BLVD. TUCSON AZ 85716	86-0098908		20,500				GENERAL SUPPORT
(3)	ARIZONA SONORA DESERT MUSEUM, INC. 2021 N. KINNEY ROAD TUCSON AZ 85743-9719	86-0111675		5,250				GENERAL SUPPORT
(4)	ARIZONA CHILDREN ASSOCIATION 2700 S. 8TH AVENUE TUCSON AZ 85713	86-0096772		44,600				GENERAL SUPPORT
(5)	CASA DE LOS NINOS 1101 N. 4TH AVENUE TUCSON AZ 85705-7467	86-0314595		13,750				GENERAL SUPPORT
(6)	COMMUNITY FOOD BANK, INC. P.O. BOX 26727 TUCSON AZ 85726-6727	51-0192519		42,623				GENERAL SUPPORT
(7)	EL PASO COMMUNITY FOUNDATION P.O. BOX 272 EL PASO TX 79943-0272	74-1839536		120,000				GENERAL SUPPORT
(8)	HABITAT FOR HUMANITY TUCSON 3501 N. MOUNTAIN AVE TUCSON AZ 85719	94-2725100		16,319				GENERAL SUPPORT
(9)	HANDI-DOGS, INC. 75 S. MONTEGO DRIVE TUCSON AZ 85710-3797	95-3247091		22,489				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
**COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA**

Employer identification number
94-2681765

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HUMANE SOCIETY OF SOUTHERN ARIZONA 3450 N. KELVIN BOULEVARD TUCSON AZ 85716-1326	86-0112798		7,497				GENERAL SUPPORT
(2)	INTERNATIONAL SONORAN DESERT ALLIAN 401 W. ESPERANZA AVE. AJO AZ 85321	86-0778917		34,792				GENERAL SUPPORT
(3)	LOFT CINEMA, INC. 3233 E. SPEEDWAY BOULEVARD TUCSON AZ 85716	46-0477843		28,000				GENERAL SUPPORT
(4)	MCINTOSH COUNTY ACADEMY 8945 U.S. HIGHWAY 17 DARIEN GA 31305	58-6000286		8,000				GENERAL SUPPORT
(5)	PATRONATO SAN XAVIER P.O. BOX 522 TUCSON AZ 85702	74-2354509		10,000				GENERAL SUPPORT
(6)	TUCSON FESTIVAL OF BOOKS 5633 E. GRANT RD. TUCSON AZ 85712	26-2145432		5,250				GENERAL SUPPORT
(7)	UNITED WAY OF TUCSON AND SOUTHERN A 330 N. COMMERCE PARK LOOP, STE 200 TUCSON AZ 85745	86-0098932		93,205				GENERAL SUPPORT
(8)	UNIVERSITY OF ARIZONA FOUNDATION P.O. BOX 210109 TUCSON AZ 85721-0109	86-6050388		219,744				GENERAL SUPPORT
(9)	YOUTH ON THEIR OWN 1660 N ALVERNON WAY TUCSON AZ 85712	86-0644388		127,210				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
**COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA**

Employer identification number
94-2681765

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE AZ 85280	86-6051042		34,000				GENERAL SUPPORT
(2)	THE CHRISTINA TAYLOR GREEN MEMORIAL PO BOX 65000 TUCSON AZ 85728	45-1559425		117,849				GENERAL SUPPORT
(3)	LITERACY CONNECTS 2850 E. SPEEDWAY TUCSON AZ 85716	23-7047508		13,095				GENERAL SUPPORT
(4)	LITERACY FOR LIFE 2850 E. BROADWAY BLVD. TUCSON AZ 85719	86-0586324		144,212				GENERAL SUPPORT
(5)	TUCSON SYMPHONY SOCIETY 2175 N. 6TH AVE TUCSON AZ 85705	86-0107538		13,632				GENERAL SUPPORT
(6)	PIMA COMMUNITY COLLEGE FOUNDATION 4905C E. BROADWAY BLVD. #252 TUCSON AZ 85709	86-0345089		38,974				GENERAL SUPPORT
(7)	NORTHERN AZ UNIVERSITY SCHOLARSHIPS PO BOX 4108 FLAGSTAFF AZ 86011	74-2579628		13,000				GENERAL SUPPORT
(8)	BOYS AND GIRLS CLUB OF TUCSON PO BOX 40217 TUCSON AZ 85717	86-0172257		11,832				GENERAL SUPPORT
(9)	EDUCATIONAL ENRICHMENT FOUNDATION 3809 E. 3RD STREET TUCSON AZ 85716	74-2354578		19,383				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	TUCSON JEWISH COMMUNITY CENTER 3800 E. RIVER ROAD TUCSON AZ 85718	86-0183578		6,950				GENERAL SUPPORT
(2)	SOUTHERN AZ AIDS FOUNDATION 375 S. EUCLID AVE. TUCSON AZ 85719	86-0864100		8,050				GENERAL SUPPORT
(3)	HOPE ANIMAL SHELTER 2011 E. 12TH STREET TUCSON AZ 85719	03-0561855		11,000				GENERAL SUPPORT
(4)	SOMALI BANTU ASSOC OF TUCSON 4500 E. SPEEDWAY STE 12 TUCSON AZ 85712	20-2747617		14,032				GENERAL SUPPORT
(5)	RINCON CONGREGATIONAL UNITED CHURCH 122 N CRAYCROFT ROAD TUCSON AZ 85711	86-6007256		7,095				GENERAL SUPPORT
(6)	HOMICIDE SURVIVORS, INC. 32 N. STONE AVE. SUITE 1408 TUCSON AZ 85701	86-0889964		131,582				GENERAL SUPPORT
(7)	WESLEYAN UNIVERSITY 237 HIGH STREET MIDDLETOWN CT 06459	06-0646959		6,500				GENERAL SUPPORT
(8)	CIRCLES OF PEACE 404 CRAWFORD STREET NOGALES AZ 85621	20-3452166		6,500				GENERAL SUPPORT
(9)	CASA DE LA LUZ 400 W MAGEE RD TUCSON AZ 85704	86-1004321		20,000				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
**COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA**

Employer identification number
94-2681765

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SAN MIGUEL CASA INC. 220 N ZAPATA HWY #11 LAREDO TX 78043	74-2837551		15,000				GENERAL SUPPORT
(2)	CASAS ADOBES BAPTIST CHURCH 10801 N LA CHOLLA BLVD. TUCSON AZ 85742	86-0314386		76,453				GENERAL SUPPORT
(3)	SOUTHERN BAPTIST FOUNDATION 901 COMMERCE STREET SUITE 600 NASHVILLE TN 37203	62-0508097		38,227				GENERAL SUPPORT
(4)	INTERNATIONAL MISSION BOARD PO BOX 6767 RICHMOND VA 23230	54-0213930		42,049				GENERAL SUPPORT
(5)	AWANA CLUBS INTERNATIONAL 1 E. BODE ROAD STREAMWOOD IL 60107	36-2428692		22,936				GENERAL SUPPORT
(6)	NORTH AMERICAN MISSION BOARD PO BOX 116543 ATLANTA GA 30368	58-2379481		19,113				GENERAL SUPPORT
(7)	BAPTIST MEDICAL & DENTAL MISSION 11 PLAZA DRIVE HATTIESBURG MS 39402	64-0811705		15,291				GENERAL SUPPORT
(8)	UNIVERSITY MEDICAL CENTER FNDN PO BOX 245128 TUCSON AZ 85724	86-0572438		51,000				GENERAL SUPPORT
(9)	BAYLOR UNIVERSITY 1 BEAR PLACE #97026 WACO TX 76798	74-1159753		57,340				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WOMEN'S MISSIONARY UNION FNDN 100 MISSIONARY RIDGE BIRMINGHAM AL 35242	63-1138772		15,291				GENERAL SUPPORT
(2)	TUCSON PIMA ARTS COUNCIL 100 N. STONE AVE, SUITE 303 TUCSON AZ 85701	86-0465675		21,851				GENERAL SUPPORT
(3)	THE SALVATION ARMY TUCSON 1001 N. RICHEY BLVD. TUCSON AZ 85716	94-1156347		13,479				GENERAL SUPPORT
(4)	UNIVERSITY OF ARIZONA FNDN 1052 N. HIGHLAND AVE TUCSON AZ 85721			10,000				GENERAL SUPPORT
(5)	UNIVERSITY OF TEXAS- EL PASO 1100 N. STANTON SUITE 201 EL PASO TX 79902	74-6000813		25,000				GENERAL SUPPORT
(6)	PEOPLE FOR THE AMERICAN WAY FNDN 1101 15TH STREET NW SUITE 600 WASHINGTON DC 20005	13-3065716		10,000				GENERAL SUPPORT
(7)	PRIMAVERA FOUNDATION, INC. 151 W. 40TH STREET TUCSON AZ 85713	86-0733182		46,923				GENERAL SUPPORT
(8)	NATURE CONSERVANCY OF ARIZONA 1510 E. FT. LOWELL RD. TUCSON AZ 85719	53-0242652		8,750				GENERAL SUPPORT
(9)	SERENTIY BAPTIST CHURCH 15501 W AJO WAY TUCSON AZ 85735	86-0470457		15,291				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
**COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA**

Employer identification number
94-2681765

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BIG BROTHERS BIG SISTERS TUCSON 160 ALAMEDA STREET TUCSON AZ 85701	86-0188050		12,442				GENERAL SUPPORT
(2)	NATIONAL PARTNERSHIP FOR WOMEN 1875 CONNECTICUT AVE NW SUITE 650 WASHINGTON DC 20009	23-7124915		20,000				GENERAL SUPPORT
(3)	TUCSON BOTANICAL GARDENS 2150 N. ALVERNON WAY TUCSON AZ 85712	23-7037310		26,000				GENERAL SUPPORT
(4)	ARIZONA SOUTHERN BAPTIST CONVENTION 2240 N. HAYDEN RD. STE 100 SCOTTSDALE AZ 85257	86-0123683		15,291				GENERAL SUPPORT
(5)	TUCSON NURSERY SCHOOLS 2385 S. PLUMER AVE TUCSON AZ 85713	86-0096796		20,000				GENERAL SUPPORT
(6)	HIGHER GROUND A RESOURCE CENTER 2400 W DREXEL ROAD TUCSON AZ 85746	27-3585869		20,000				GENERAL SUPPORT
(7)	GREEN VALLEY ASSISTANCE SERVICES 250 E. CONTINENTAL ROAD STE 102 GREEN VALLEY AZ 85614	94-2783969		26,964				GENERAL SUPPORT
(8)	SOUTHERN ARIZONA MENTAL HEALTH CORP 2502 N. DODGE BLVD. STE 190 TUCSON AZ 85716	86-0806975		56,576				GENERAL SUPPORT
(9)	PARENT AID-CHILD ABUSE PREVENTION 2580 E. 22ND STREET TUCSON AZ 85713	74-2591577		8,367				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
**COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA**

Employer identification number
94-2681765

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ▶

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	OUR FAMILY SERVICES 2590 N. ALVERNON WAY TUCSON AZ 85712	94-2598560		15,000				GENERAL SUPPORT
(2)	CHILD AND FAMILY RESOURCES 2800 E BROADWAY BLVD TUCSON AZ 85716	86-0251984		15,000				GENERAL SUPPORT
(3)	TUCSON AUDOBON SOCIETY 300 E. UNIVERSITY AVE. #120 TUCSON AZ 85705	86-6053779		12,930				GENERAL SUPPORT
(4)	OPENING MINDS THROUGHT THE ARTS FND 3208 E. FT. LOWELL RD STE 106 TUCSON AZ 85716	20-0184741		20,000				GENERAL SUPPORT
(5)	TUCSON WALDORF EDUCATION ASSOC 3349 E. PRESIDIO RD. TUCSON AZ 85716	86-0729122		177,048				GENERAL SUPPORT
(6)	ST. ALBANS EPISCOPAL CHURCH 3738 OLD SABINO CANYON RD TUCSON AZ 85750	86-0360308		14,000				GENERAL SUPPORT
(7)	JEWISH FEDERATION OF SOUTHERN AZ 3822 E. RIVER RD SUITE 100 TUCSON AZ 85718	86-0096795		21,800				GENERAL SUPPORT
(8)	TU NIDITO CHILDREN & FAMILY SERVICE 3922 N MOUNTAIN AVE TUCSON AZ 85711	86-0769031		15,000				GENERAL SUPPORT
(9)	MAKE WAY FOR BOOKS 3955 E. FT. LOWELL, SUITE 114 TUCSON AZ 85712	31-1583036		75,000				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
**COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA**

Employer identification number
94-2681765

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ITZABOUTIME INC 402 S. STAR AVE TUCSON AZ 85719	86-0689768		7,200				GENERAL SUPPORT
(2)	WINGSPAN 430 EAST 7TH STREET TUCSON AZ 85705	74-2553722		18,000				GENERAL SUPPORT
(3)	S. AZ COMMUNITY DIAPER BANK 4500 E SPEEDWAY BLVD STE 75 TUCSON AZ 85712	43-1990345		10,000				GENERAL SUPPORT
(4)	UNITARIAN UNIVERSALIST CHURCH TUCSON 4831 E. 22ND STREET TUCSON AZ 85711	86-6006433		6,063				GENERAL SUPPORT
(5)	BOY SCOUTS OF AMERICA-CATALINA 5049 E BROADWAY BLVD. STE 200 TUCSON AZ 85711	86-0107516		38,477				GENERAL SUPPORT
(6)	YWCA OF TUCSON 525 N BONITA AVE TUCSON AZ 85745	86-0098937		24,654				GENERAL SUPPORT
(7)	BOYS AND GIRLS CLUB OF SANTA CRUZ 590 N TYLER AVE NOGALES AZ 85621	86-0671818		15,319				GENERAL SUPPORT
(8)	STEP STUDENT EXPEDITION PROGRAM 6336 N ORACLE RD STE 326 TUCSON AZ 85704	22-3879050		20,000				GENERAL SUPPORT
(9)	JUNIOR ACHIEVEMENT OF ARIZONA 6339 E SPEEDWAY BLVD. STE 109 TUCSON AZ 85710	86-0184349		15,000				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
**COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA**

Employer identification number
94-2681765

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JOBPATH 655 N ALVERNON WAY STE 205 TUCSON AZ 85711			9,144				GENERAL SUPPORT
(2)	SAN MIGUEL CRISTO REY HIGH SCHOOL 6601 S SAN FERNANDO AVE TUCSON AZ 85756	48-1270906		50,000				GENERAL SUPPORT
(3)	RODEL CHARITABLE FNDN OF ARIZONA 6720 N SCOTTSDALE RD STE 310 SCOTTSDALE AZ 85253	86-0941890		35,000				GENERAL SUPPORT
(4)	GOSPEL RESCUE MISSION 707 W MIRACLE MILE TUCSON AZ 85705	86-6054088		11,500				GENERAL SUPPORT
(5)	CASA DE ESPERANZA INC 780 S PARK CENTRE AVE GREEN VALLEY AZ 85614	86-0603592		70,860				GENERAL SUPPORT
(6)	CHRIST CLINIC/CHRIST KITCHEN 914 W CARLISLE AVE SPOKANE WA 99205	91-1435174		140,000				GENERAL SUPPORT
(7)	FTC INTERNATIONAL 220 N ZAPATA LAREDO TX 78043	20-0793506		10,000				GENERAL SUPPORT
(8)	TUCSON MEET YOURSELF PO BOX 42044 TUCSON AZ 85733	51-0195434		14,000				GENERAL SUPPORT
(9)	TUCSON WILDLIFE CENTER PO BOX 18320 TUCSON AZ 85731	86-1001344		10,000				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
**COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA**

Employer identification number
94-2681765

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BISBEE COALITION FOR THE HOMELESS PO BOX 5393 BISBEE AZ 85603	86-0782752		73,296				GENERAL SUPPORT
(2)	IMAGO DEL MIDDLE SCHOOL PO BOX 3056 TUCSON AZ 85702	86-1155866		15,085				GENERAL SUPPORT
(3)	DESERT DOVE FARM PO BOX 31615 TUCSON AZ 85751	86-1014572		10,000				GENERAL SUPPORT
(4)	CHILD EVANGELISM FELLOWSHIP PO BOX 348 WARRENTON MO 63383	38-6091187		26,759				GENERAL SUPPORT
(5)	TOUCH POINT CONNECTION PO BOX 36960 TUCSON AZ 85740	26-1530589		10,000				GENERAL SUPPORT
(6)	NOGALES EDUCATIONAL FOUNDATION PO BOX 6094 NOGALES AZ 85628	86-0777254		6,000				GENERAL SUPPORT
(7)	ST. ANDREWS CHILDREN'S CLINIC INC PO BOX 67 GREEN VALLEY AZ 85622	86-0684094		9,113				GENERAL SUPPORT
(8)	PASSAGES- EDUCATION AND SUPPORT PO BOX 89055 TUCSON AZ 85752	26-2011754		15,000				GENERAL SUPPORT
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 GENERAL SUPPORT	3	27,500			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART IV - ADDITIONAL INFORMATION

PRIOR TO THE DISTRIBUTION OF FUNDS, ORGANIZATIONS ARE REVIEWED TO ENSURE THAT THEIR CHARITABLE STATUS IS CURRENT THROUGH IRS PUBLICATIONS. AT THE REQUEST OF THE DONOR, AND WITHIN THE GUIDELINES OF THE IRS, GRANTS ARE FURTHER MONITORED TO ENSURE THAT GRANTS FULFILL THE RECOMMENDATIONS AND/OR INTENTIONS OF THE DONOR.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Employer identification number

94-2681765

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
J. CLINTON MABIE	(i)	144,107	0	0	5,800	23,557	173,464	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**Open To Public
Inspection**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA**

Employer identification number
94-2681765

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FOLKLORICO SPLY)	X	1	23,326	
26 Other ▶ (SUPPLIES)	X	1	18,806	
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number
94-2681765

FORM 990, PART I, LINE 6

DURING THE YEAR CFSA HAD ONE VOLUNTEER WHO PERFORMED ADMINISTRATIVE TASKS
INCLUDING FILNG AND ANSWERING PHONES IN THE ADMINISTRATIVE OFFICES.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

FUNDING AND ADMINISTRATIVE SUPPORT FOR THE DEVELOPMENT OF THE LITERACY FOR
LIFE COALITION (LLC). THROUGH THE WORK OF LLC, SEVERAL LITERACY
ORGANIZATIONS ARE MERGING TO FORM A STRONGER, MORE INTEGRATED APPROACH TO
LITERACY SERVICES, AWARENESS AND ADVOCACY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS
ANNUALLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AVAILABLE BY REQUEST.

FORM 990, PART XI - ADDITIONAL INFORMATION

LINE 5, INCLUDES UNREALIZED LOSS OF \$692,986

LINE 5, PRIOR YEAR ORO VALLEY NET ASSET - DUE TO OTHER AGENCIES \$222,600

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization	COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA	Employer identification number	94-2681765
--------------------------	--	--------------------------------	------------

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ZUCKERMAN COMMUNITY OUTREACH FDD 2250 E BROADWAY BOULEVARD 20-3617544 TUCSON AZ 85719	CHARITABLE	AZ	501(C)	11A	N/A		X
(2) THE HOWARD V. MOORE FOUNDATION 2250 E BROADWAY BOULEVARD 20-3983894 TUCSON AZ 85719	CHARITABLE	AZ	501(C)	11A	N/A		X
(3) SYCAMORE CANYON CONSERVATION FDN 2250 E BROADWAY BOULEVARD 20-5391377 TUCSON AZ 85719	CONSERVATI	AZ	501(C)	11A	N/A		X
(4) THE WILLIAM E. HALL FOUNDATION 2250 E BROADWAY BOULEVARD 13-6105057 TUCSON AZ 85719	CHARITABLE	AZ	501(C)	11A	N/A		X
(5) WOMEN'S FOUNDATION OF SOUTHERN AZ 2250 E BROADWAY BOULEVARD 31-1660702 TUCSON AZ 85719	CHARITABLE	AZ	501(C)	7	N/A		X

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE MELODY S. ROBIDOUX FOUNDATION 2033 E SPEEDWAY BOULEVARD # 102 86-0667916 TUCSON AZ 85719	CHARITABLE	AZ	501(C)	11A	N/A		X
(2) CFSA PROPERTIES, INC. 2250 E BROADWAY BOULEVARD 86-0742820 TUCSON AZ 85719	PROP MNGMT	AZ	501(C)	11A	N/A		X
(3) THE THOMAS R. BROWN FAMILY FDN PO BOX 31930 86-0933380 TUCSON AZ 85751	CHARITABLE	AZ	501(C)	11A	N/A		X
(4) KNISELY FAMILY FOUNDATION 8360 E BROOKWOOD DRIVE 86-0952581 TUCSON AZ 85750	CHARITABLE	AZ	501(C)	11A	N/A		X
(5) WORTH AND DOT HOWARD FOUNDATION 3191 N 29TH PLACE 86-0984133 PHOENIX AZ 85016	CHARITABLE	AZ	501(C)	11A	N/A		X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)	X	
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)	X	
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THOMAS R. BROWN FAMILY FOUNDATION	C	75,000	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

99

For the calendar year 2011 or fiscal year beginning 07/01/2011 and ending 06/30/2012.

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Business telephone number 520-770-0800	Please Type or Print	Name COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA Number and street or PO Box 2250 E. BROADWAY BLVD City or town, state and ZIP code TUCSON AZ 85719	Employer identification number (EIN) 94-2681765 AZ transaction privilege tax number
--	---	--	---

Check box if: This is a first return Name change Address change

A Date Arizona operations began 06/04/1980

B Nature of Arizona activities SEE STATEMENT 1

C Check federal form filed: 990 990-EZ Other (specify) _____

Attach a copy of the organization's federal return.

CHECK BOX IF: Return filed under extension.

3-mos. Fed 82 C 6-mos. AZ - Fed 82 F

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Sources of Income	1 Gross sales or receipts from business activities	1	923,410	00		
	2 Less: Cost of goods sold or of operations - attach itemized statement <u>STMT 2</u>	2	57,568	00		
	3 Gross profit from bus. activities - subtract line 2 from line 1	3	865,842	00	<input type="checkbox"/> 81	<input type="checkbox"/> 66
	4 Interest	4	5,522	00		
	5 Dividends	5	988,596	00		
	6 Rents and royalties	6		00		
	7 Gain or (loss) from sales of assets, excluding inventory items	7	-107,997	00		
	8 Dues, assessments, etc., from members	8		00		
	9 Dues, assessments, etc., from affiliated organizations	9		00		
	10 Contributions, gifts, grants, etc., received	10	7,130,682	00		
	11 Other income - attach itemized statement <u>SEE STATEMENT 3</u>	11	21,318	00		
	12 Total income - add lines 3 through 11	12			8,903,963	00
Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	13	145,000	00		
	14 Salaries and wages - other than amounts included on line 2	14	742,038	00		
	15 Interest	15		00		
	16 Taxes	16	78,643	00		
	17 Rent expense	17	52,267	00		
	18 Depreciation - attach schedule <u>SEE STATEMENT 4</u>	18	30,668	00		
	19 Miscellaneous expenses - attach itemized statement <u>SEE STMT 5</u>	19	1,329,255	00		
	20 Total expenses - add lines 13 through 19	20			2,377,871	00
Disbursements From Current Income for the Organization's Exempt Purposes	21 Dues, assessments, etc., to affiliated corporations	21		00		
	22 Contributions, gifts, grants, etc., paid	22	3,745,362	00		
	23 Benefit payments to or for members or their dependents:					
	a. Death, sickness, hospitalization, disability, or pension benefits	23a	26,908	00		
	b. Other benefits	23b	92,426	00		
	24 Dividends and other distributions to members, shareholders, or depositors	24		00		
	25 Other	25		00		
	26 Total - add lines 21 through 25	26			3,864,696	00
Disbursements From Principal for the Organization's Exempt Purposes	27 Dues, assessments, etc., to affiliated corporations	27		00		
	28 Contributions, gifts, grants, etc., paid	28		00		
	29 Benefit payments to or for members or their dependents:					
	a. Death, sickness, hospitalization, disability, or pension benefits	29a		00		
	b. Other benefits	29b		00		
	30 Dividends and other distributions to members, shareholders, or depositors	30		00		
	31 Other	31		00		
	32 Total - add lines 27 through 31	32				00
Other	33 Other disbursements not itemized above - attach schedule <u>SEE STATEMENT 6</u>	33			915,586	00
Accumulation of Income	34 Accumulation of income in current year - line 12 less the sum of lines 20, 26, 32, and 33	34			1,745,810	00
	35 Accumulation of income at beginning of year	35			54,742,963	00
	36 Accumulation of income at end of year - add lines 34 and 35	36			56,488,773	00
Penalty	37 Penalty for late filing or incomplete filing. See instructions	37				00

THE EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. ARS § 42-1125(K).

Schedule A - Balance Sheet

NOTE: Amounts used in attached schedules and in this column should be end of year amounts.

(a)
Beginning of year

(b)
End of year

Assets

A1	Cash		6,362,830	00	A1	6,672,648	00
A2a	Accounts receivable	A2a	2,363,615	00			
b	Less: allowance for doubtful accounts	A2b		00			
c	Line A2a less line A2b. Enter difference in column (b)		11,295,226	00	A2c	2,363,615	00
A3a	Other notes and loans receivable - attach schedule	A3a		00			
b	Less: allowance for doubtful accounts	A3b		00			
c	Line A3a less line A3b. Enter difference in column (b)			00	A3c		00
A4	Inventories			00	A4		00
A5	Investments (securities) - attach schedule	SEE STATEMENT 7	991,261	00	A5	3,941,647	00
A6	Investments (other) - attach schedule	SEE STATEMENT 8	40,804,731	00	A6	46,073,390	00
A7a	Land, buildings, and equipment; basis	A7a	205,272	00			
b	Less: accumulated depreciation - attach schedule	A7b	167,857	00			
c	Line A7a less line A7b. Enter difference in column (b)	SEE STMT 9	67,341	00	A7c	37,415	00
A8	Other assets - describe	SEE STATEMENT 10	75,872	00	A8	45,582	00
A9	Total assets - add lines A1 through A8		59,597,261	00	A9	59,134,297	00

Liabilities

A10	Accounts payable and accrued expenses		113,430	00	A10	102,875	00
A11	Mortgages and other notes payable - attach schedule			00	A11		00
A12	Other liabilities - describe	SEE STATEMENT 11	4,740,868	00	A12	2,542,649	00
A13	Total liabilities - add lines A10 through A12		4,854,298	00	A13	2,645,524	00

Net Assets

A14	Capital stock or trust principal			00	A14		00
A15	Paid-in or capital surplus			00	A15		00
A16	Retained earnings or accumulated income		54,742,963	00	A16	56,488,773	00
A17	Total net assets - add lines A14 through A16		54,742,963	00	A17	56,488,773	00
A18	Total liabilities and net assets - add lines A13 and A17		59,597,261	00	A18	59,134,297	00

Certification Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here _____ | _____ PRESIDENT & CEO
 Officer's signature Date Title
 J. CLINTON MABIE

Paid Preparer's Use Only _____ | _____ P00343046
 Preparer's signature Date Preparer's EIN, PTIN or SSN
 LUDWIG KLEWER & CO. PLLC 36-4538293
 Firm's name (or preparer's, if self-employed) Firm's EIN or SSN
 4783 E CAMP LOWELL DR
 TUCSON, AZ 85712 520-545-0500
 Firm's address Zip code Firm's telephone number

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153

Statement 1 - Form 99 - Nature of Arizona Activities

Description
PROVIDE GRANTS TO NON-PROFITS.

Statement 2 - Form 99 - Cost of Goods Sold or of Operations

Description	Amount
PROVIDE GRANTS TO NON-PROFITS.	4,120
PROVIDE GRANTS TO NON-PROFITS.	53,448
TOTAL	<u>57,568</u>

Statement 3 - Form 99 - Other Income

Description	Amount
OTHER REVENUE	21,318
TOTAL	<u>21,318</u>

Statement 4 - Form 99 - Depreciation, Amortization and Depletion

Description	Amount
DEPRECIATION	30,668
TOTAL	<u>30,668</u>

Statement 5 - Form 99 - Miscellaneous Expenses

Description	Amount
ADVERTISING AND PROMOTION	184,695
OFFICE EXPENSES	236,407
ACCOUNTING	84,827
LEGAL	7,468
OTHER EXPENSES	46,551
PROGRAM SUBCONTRACTS	7,372
PROFESSIONAL FUNDRAISING FEES	5,062
INVESTMENT FEES	129,334
MANAGEMENT	627,539
TOTAL	<u>1,329,255</u>

Statement 6 - Form 99 - Other Disbursements Not Itemized Above

Description	Amount
UNREALIZED LOSS	692,986
PRIOR YEAR ORO VALLEY NET ASSETS	222,600
TOTAL	<u>915,586</u>

Statement 7 - Form 99, Schedule A - Investments in Securities

Description	Beginning of Year	End of Year
TREASURY BONDS	\$ 140,258	\$ 155,933
CORPORATE BONDS		601,335
GOVERNMENT BONDS		450,674
COMMON STOCK	851,003	2,733,705
TOTAL	<u>\$ 991,261</u>	<u>\$ 3,941,647</u>

Statement 8 - Form 99, Schedule A - Other Investments

Description	Beginning of Year	End of Year
MUTUAL FUNDS	\$ 40,575,354	\$ 45,844,013
INTEREST IN TRUST	229,377	229,377
TOTAL	<u>\$ 40,804,731</u>	<u>\$ 46,073,390</u>

Statement 9 - Form 99, Schedule A - Land, Buildings, and Equipment

Description	Beginning of Year	End of Year
BUILDINGS, EQUIPMENT	\$ 204,530	\$ 205,272
LESS: ACCUMULATED DEPRECIATION	-137,189	-167,857
TOTAL	<u>\$ 67,341</u>	<u>\$ 37,415</u>

Statement 10 - Form 99, Schedule A - Other Assets

Description	Beginning of Year	End of Year
OTHER ASSETS	\$ 36,484	\$ 34,055
INTANGIBLE ASSETS		
PREPAID EXPENSES	39,388	11,527
TOTAL	<u>\$ 75,872</u>	<u>\$ 45,582</u>

Statement 11 - Form 99, Schedule A - Other Liabilities

Description	Beginning of Year	End of Year
GRANTS PAYABLE	\$ 643,503	\$ 216,264
DUE TO OTHER AGENCIES	4,097,365	2,326,385
TOTAL	<u>\$ 4,740,868</u>	<u>\$ 2,542,649</u>