

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA
EXEMPT ORGANIZATION TAX RETURNS
FOR THE YEAR ENDED JUNE 30, 2011

Form **990**Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11**B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ 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)

2250 E. BROADWAY BLVD

Room/suite

City or town, state or country, and ZIP + 4

TUCSON AZ 85719**D** Employer identification number94-2681765**E** Telephone number520-770-0800**G** Gross receipts \$ 14,602,151**F** Name and address of principal officer:PAUL LINDSEY2250 E. BROADWAY BLVDTUCSON AZ 85719**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CFSOAZ.ORG/**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1980**M** State of legal domicile: AZ**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO ENCOURAGE CHARITABLE GIVING TO NEEDY ORGANIZATIONS OF SOUTHERN ARIZONA.</u>		
	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)	<u>3</u>	<u>21</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>21</u>
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u>5</u>	<u>27</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>16,808,583</u>	<u>6,717,973</u>
	9 Program service revenue (Part VIII, line 2g)	<u>237,489</u>	<u>201,272</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>7,628,749</u>	<u>1,480,114</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>23,258</u>	<u>5,963</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>24,698,079</u>	<u>8,405,322</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>2,397,547</u>	<u>3,972,786</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>1,182,581</u>	<u>1,189,193</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>87,922</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>2,927,548</u>	<u>2,783,156</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>6,507,676</u>	<u>7,945,135</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>18,190,403</u>	<u>460,187</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>53,384,949</u>	<u>59,597,261</u>
	21 Total liabilities (Part X, line 26)	<u>4,558,442</u>	<u>4,854,298</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>48,826,507</u>	<u>54,742,963</u>

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

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

DAA

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒**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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 6,892,473 including grants of \$ 3,972,786) (Revenue \$ 1,720,144)
THE COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA (CFSA) DISTRIBUTED 672 GRANTS
TOTALING \$3,419,826 FROM 154 FUNDS. ONE HUNDRED FIFTEEN SCHOLARSHIPS,
TOTALING \$349,866 WERE DISTRIBUTED FROM 37 FUNDS.

DURING FISCAL YEAR 2010, 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.

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 ► 6,892,473

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 where 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 term, permanent, 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, and program service activities outside the United States? 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 hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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		<input checked="" type="checkbox"/>
25b 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>
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):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
28c 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		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	36	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	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	27	
b	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
b	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
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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
b	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).		
a	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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	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.		
a	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.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	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	1a 21	
b Enter the number of voting members included in line 1a, above, who are independent	1b 21	
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?	2	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?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 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	15a	X
b Other officers or key employees of the organization	15b	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?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

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 ContractorsCheck 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 (check all that apply)						(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 BOARD CHAIR	0.55	X		X				0	0	0
(2) MEGAN DAVIS 1ST VICE CHAIR	0.55	X		X				0	0	0
(3) DONALD LURIA 2ND VICE CHAIR	0.55	X		X				0	0	0
(4) RICHARD MUNDINGER TREASURER	0.55	X		X				0	0	0
(5) CARRIE BRENNAN SECRETARY	0.55	X		X				0	0	0
(6) NANCY DAVIS MEMBER AT LARGE	0.55	X		X				0	0	0
(7) ROGER VOGEL MEMBER AT LARGE	0.55	X		X				0	0	0
(8) KAREN FRANCIS-BEGAY DIRECTOR	0.55	X						0	0	0
(9) MARY B. BERNAL DIRECTOR	0.55	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) BILL HOLMES DIRECTOR	0.55	X						0	0	0
(13) MARIAN LALONDE DIRECTOR	0.55	X						0	0	0
(14) GERALD T MIRON DIRECTOR	0.55	X						0	0	0
(15) BRADLEY NYSTEDT DIRECTOR	0.55	X						0	0	0
(16) JONATHAN ROTHSCHILD DIRECTOR	0.55	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 (check all that apply)						(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			
(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) WILLIAM VALENZUELA DIRECTOR	0.55	X						0	0	0
(21) BETH WALKUP DIRECTOR	0.55	X						0	0	0
(22) J. CLINTON MABIE PRESIDENT & CEO	40.00			X				96,667	0	19,491
(23) EVAN MENDELSON VP DONOR RELATIONS	40.00			X				62,500	0	6,371
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								159,167		25,862
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								159,167		25,862

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 **0**

- 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
- 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
- 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

	Yes	No
3		X
4		X
5		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.

(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 in 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	145,206			
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,150,841			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,421,926			
	g Noncash contributions included in lines 1a-1f: \$		46,749			
	h Total. Add lines 1a-1f		6,717,973			
	Program Service Revenue	2a MANAGEMENT FEE	Busn. Code 541610	201,272	201,272	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			201,272			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		1,225,357	1,225,357	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6a Gross Rents					
	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	6,376,914 3,682			
	b Less: cost or other basis & sales exps.		6,125,839			
	c Gain or (loss)		251,075 3,682			
	d Net gain or (loss)		254,757	254,757		
	8a Gross income from fundraising events (not including \$ 145,206 of contributions reported on line 1c). See Part IV, line 18	a	38,195			
	b Less: direct expenses	b	70,990			
	c Net income or (loss) from fundraising events		-32,795			
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a OTHER REVENUE	900099	38,758	38,758			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		38,758				
12 Total revenue. See instructions.		8,405,322	1,720,144	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).

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	3,833,975	3,833,975		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	41,000	41,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	97,811	97,811		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	215,000	99,500	72,000	43,500
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	23,513		23,513	
7 Other salaries and wages	749,864	384,805	359,140	5,919
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	121,291	59,432	55,794	6,065
10 Payroll taxes	79,525	38,967	36,582	3,976
11 Fees for services (non-employees):				
a Management				
b Legal	811		811	
c Accounting	110,185		110,185	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	361,453	297,206	62,347	1,900
12 Advertising and promotion	206,849	101,356	95,151	10,342
13 Office expenses	267,614	131,131	123,102	13,381
14 Information technology				
15 Royalties				
16 Occupancy				
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	31,019	15,199	14,269	1,551
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROGRAM SUBCONTRACTS	1,702,638	1,702,638		
b INVESTMENT FEES	76,833	76,833		
c OTHER EXPENSES	25,754	12,620	11,846	1,288
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	7,945,135	6,892,473	964,740	87,922
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	1,057,521	1	586,283
	2 Savings and temporary cash investments	5,235,007	2	5,776,547
	3 Pledges and grants receivable, net	871,852	3	10,407,067
	4 Accounts receivable, net	10,299,854	4	888,159
	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	9,126	9	39,388
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 204,530		
	b Less: accumulated depreciation	10b 137,189		
		93,310	10c	67,341
	11 Investments—publicly traded securities	1,926,410	11	41,566,615
	12 Investments—other securities. See Part IV, line 11	33,139,308	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	752,561	15	36,484	
16 Total assets. Add lines 1 through 15 (must equal line 34)	53,384,949	16	59,597,261	
Liabilities	17 Accounts payable and accrued expenses	66,235	17	113,430
	18 Grants payable	638,036	18	643,503
	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. Complete Part X of Schedule D	3,854,171	25	4,097,365
	26 Total liabilities. Add lines 17 through 25	4,558,442	26	4,854,298
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	34,648,556	27	38,566,781
	28 Temporarily restricted net assets	1,568,744	28	2,828,045
	29 Permanently restricted net assets	12,609,207	29	13,348,137
	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	48,826,507	33	54,742,963
	34 Total liabilities and net assets/fund balances	53,384,949	34	59,597,261

Part XI Reconciliation of Net AssetsCheck 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	8,405,322
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,945,135
3	Revenue less expenses. Subtract line 2 from line 1	3	460,187
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,826,507
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,456,269
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	54,742,963

Part XII Financial Statements and ReportingCheck 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
b Were the organization's financial statements audited by an independent accountant?	X	
c 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
b 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.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

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) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,107,871	6,630,141	4,943,855	16,808,583	6,717,973	42,208,423
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	7,107,871	6,630,141	4,943,855	16,808,583	6,717,973	42,208,423
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)						7,652,009
6 Public support. Subtract line 5 from line 4						34,556,414

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	7,107,871	6,630,141	4,943,855	16,808,583	6,717,973	42,208,423
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,546,569	1,563,108	1,334,755	966,661	1,225,357	8,636,450
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						50,844,873
12 Gross receipts from related activities, etc. (see instructions)					12	1,503,582
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	67.96 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	66.67 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2009. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

OMB No. 1545-0047

2010

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

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, aggregate 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 aggregate 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 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)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JEANNE C. HARRY FAMILY TRUST 3710 S. DODGE BLVD. TUCSON AZ 85713-5422	\$ 431,006	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ANONYMOUS 157 N. SIERRA VISTA DRIVE TUCSON AZ 85719	\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	EMILY L. MESCHTER 205 EAST 63RD STREET #8G NEW YORK NY 10065-7424	\$ 252,094	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE SAFEWAY FOUNDATION 5918 STONERIDGE MALL ROAD PLEASANTON CA 94588	\$ 237,508	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	VENTANA CHARITABLE FOUNDATION 77 EAST WALTON STREET #28C CHICAGO IL 60611	\$ 165,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ARIZONA DEPARTMENT OF HEALTH SERVICE 150 N 18TH AVENUE, SUITE 110 PHOENIX AZ 85745	\$ 1,759,857	Person <input checked="" 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, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

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.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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 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	24,653,373	21,707,167	26,248,495		
b Contributions	1,131,536	1,651,047	138,207		
c Net investment earnings, gains, and losses	3,625,617	2,692,520	-3,810,261		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,298,538	1,397,361	869,274		
f Administrative expenses					
g End of year balance	28,111,988	24,653,373	21,707,167		

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 47.77 %

b Permanent endowment ▶ 47.48 %

c Term endowment ▶ 4.75 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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 investment	(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	29,713	7,823
e Other		166,994	107,476	59,518
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				67,341

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) Amount
(1) Federal income taxes	
(2) DUE TO OTHER AGENCIES	4,097,365
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,097,365

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 - LIABILITY UNDER FIN 48 FOOTNOTE

AS OF JUNE 30, 2011, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT ARE POTENTIALLY MATERIAL. THE FOUNDATION'S FORM 990'S, RETURN OF

Part XIV Supplemental Information (continued)

ORGANIZATION EXEMPT FROM INCOME TAX, FOR FISCAL YEARS 2008, 2009 AND 2010
ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY
WERE FILED.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

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 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds 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) 2010

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	97,811				
(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, 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

Part V Supplemental Information

Complete this part to provide the information required in Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Area with horizontal dotted lines for supplemental information.

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

2010

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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 <u>CATS IN THE CAN</u> (event type)	(b) Event #2 <u>FOLKLORICO</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	101,622	81,779		183,401
2 Less: Charitable contributions	82,847	62,359		145,206
3 Gross income (line 1 minus line 2)	18,775	19,420		38,195
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	25,467			25,467
6 Rent/facility costs		750		750
7 Food and beverages		19,743		19,743
8 Entertainment				
9 Other direct expenses	6,477	18,553		25,030
10 Direct expense summary. Add lines 4 through 9 in column (d)				70,990
11 Net income summary. Combine line 3, column (d), and line 10				-32,795

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:

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

**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

2010

**Open to Public
Inspection**

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?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☒ Yes ☐ No

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)	100 CLUB OF ARIZONA 5033 N. 19TH AVE., SUITE 123 PHOENIX AZ 85015	23-7172077		9,000				GENERAL SUPPORT
(2)	88 CRIME, INC 32 N. STONE AVENUE, SUITE 1400 TUCSON AZ 85701-1412	86-0407186		5,294				GENERAL SUPPORT
(3)	AMERICAN ENDOWMENT FOUNDATION P.O. BOX 911 HUDSON OH 44236-5911	34-1747398		60,736				GENERAL SUPPORT
(4)	AMERICAN RED CROSS, SOUTHERN ARIZON 2916 E. BROADWAY BLVD. TUCSON AZ 85716	86-0098908		20,000				GENERAL SUPPORT
(5)	AMPHITHEATER PUBLIC SCHOOLS FOUNDAT 701 W. WETMORE ROAD TUCSON AZ 85705	86-0472926		70,000				GENERAL SUPPORT
(6)	ARIZONA DIRECT CARE WORKER ASSOCIAT 3003 S. COUNTRY CLUB ROAD, SUITE 22 TUCSON AZ 85713	26-1332504		10,000				GENERAL SUPPORT
(7)	ARIZONA FRIENDS OF CHAMBER MUSIC P.O. BOX 40845 TUCSON AZ 85717-0845	86-0683043		5,977				GENERAL SUPPORT
(8)	ARIZONA SONORA DESERT MUSEUM, INC. 2021 N. KINNEY ROAD TUCSON AZ 85743-9719	86-0111675		10,000				GENERAL SUPPORT
(9)	ARIZONA THEATRE COMPANY P.O. BOX 1631 TUCSON AZ 85702-1631	86-0211777		25,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

DAA

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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		25,977				GENERAL SUPPORT
(2)	IMMACULATE HEART HIGH SCHOOL 625 E. MAGEE ROAD TUCSON AZ 85704-7298	86-0135568		15,000				GENERAL SUPPORT
(3)	INTERNATIONAL GUIDING EYES, INC. 13445 GLENOAKS BOULEVARD SYLMAR CA 91342	95-1586088		6,000				GENERAL SUPPORT
(4)	INTERNATIONAL SONORAN DESERT ALLIAN 401 W. ESPERANZA AVE. AJ0 AZ 85321	86-0778917		136,929				GENERAL SUPPORT
(5)	ITZABOUTIME, INC. 402 S. STAR AVENUE TUCSON AZ 85719-6138	86-0689767		10,000				GENERAL SUPPORT
(6)	JEWISH FEDERATION OF SOUTHERN ARIZO 3822 E. RIVER ROAD, SUITE 100 TUCSON AZ 85718-6665	86-0096795		6,800				GENERAL SUPPORT
(7)	JUNIOR ACHIEVEMENT OF ARIZONA, INC. 6339 E. SPEEDWAY, SUITE 109 TUCSON AZ 85710	86-0184349		20,000				GENERAL SUPPORT
(8)	LEE & BEULAH MOOR CHILDRENS HOME 1100 CLIFF DRIVE EL PASO TX 79902	74-1329373		10,000				GENERAL SUPPORT
(9)	LITERACY VOLUNTEERS OF TUCSON 2850 E. SPEEDWAY BLVD. TUCSON AZ 85716	23-7047508		140,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

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

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OMB No. 1545-0047

2010

Open to Public
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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?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☐ Yes ☐ No

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. ▶

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(1)	EL RIO HEALTH CENTER FOUNDATION, INC. 839 W. CONGRESS STREET TUCSON AZ 85745	86-0816675		7,000				GENERAL SUPPORT
(2)	EMERGE - CENTER AGAINST DOMESTIC ABUSE 2545 E. ADAMS STREET TUCSON AZ 85716	86-0312162		42,013				GENERAL SUPPORT
(3)	FOOD BANK OF THE ROCKIES 10700 E. 45TH AVENUE DENVER CO 80239-3007	84-0772672		9,000				GENERAL SUPPORT
(4)	GOODWILL INDUSTRIES OF SOUTHERN ARIZONA 1940 E. SILVERLAKE, SUITE 405 TUCSON AZ 85713	86-0223401		7,227				GENERAL SUPPORT
(5)	HABITAT FOR HUMANITY TUCSON 621 W. LESTER STREET TUCSON AZ 85705	94-2725100		10,000				GENERAL SUPPORT
(6)	HANDI-DOGS, INC. 75 S. MONTEGO DRIVE TUCSON AZ 85710-3797	95-3247091		20,991				GENERAL SUPPORT
(7)	HARMONY FOUNDATION, INC. P.O. BOX 1989 ESTES PARK CO 80517-1989	84-0594732		7,500				GENERAL SUPPORT
(8)	HIGH DESERT HUMANE SOCIETY P.O. BOX 1973 SILVER CITY NM 88062-1973	85-0232045		10,000				GENERAL SUPPORT
(9)	HOMICIDE SURVIVORS, INC. 32 N. STONE AVENUE, SUITE 1408 TUCSON AZ 85701	86-0889964		83,107				GENERAL SUPPORT

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3 Enter total number of other organizations

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Schedule I (Form 990) (2010)

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Employer identification number

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- 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. ☐

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(1)	CULTURAL DATA PROJECT-PEW CHARITABLE 2005 MARKET STREET, SUITE 1700 PHILADELPHIA PA 19103	56-2307147		15,000				GENERAL SUPPORT
(2)	DENVER RESCUE MISSION P.O. BOX 5206 DENVER CO 80217-5206	84-6038762		7,000				GENERAL SUPPORT
(3)	DEVEREUX ARIZONA 6141 E. GRANT ROAD TUCSON AZ 85712	23-1390618		10,000				GENERAL SUPPORT
(4)	DIRECT CARE ALLIANCE 4 WEST 43RD ST., ROOM 611 NEW YORK NY 10036	26-0116549		10,000				GENERAL SUPPORT
(5)	DOERNBECHER CHILDRENS HOSPITAL FOUNDATION 1121 S.W. SALMON PORTLAND OR 97205-2021	93-0579589		8,000				GENERAL SUPPORT
(6)	DOUGLAS SENIOR CITIZENS, INC. 340 1ST STREET WEST DOUGLAS WY 82633	83-0222671		10,000				GENERAL SUPPORT
(7)	EASTERN ARIZONA COLLEGE FOUNDATION P.O. BOX 769 THATCHER AZ 85552-0769	23-7031373		50,000				GENERAL SUPPORT
(8)	EL PASO CENTER FOR CHILDREN, INC. 2200 N. STEVENS ST. EL PASO TX 79930	74-1695944		10,000				GENERAL SUPPORT
(9)	EL PASO COMMUNITY FOUNDATION P.O. BOX 272 EL PASO TX 79943-0272	74-1839536		20,000				GENERAL SUPPORT

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Schedule I (Form 990) (2010)

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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☐ Yes ☐ No

Part II

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(1)	ARIZONAS CHILDREN ASSOCIATION, SOUTH 2700 S. 8TH AVENUE TUCSON AZ 85713	86-0743705		15,000				GENERAL SUPPORT
(2)	ASSISTANCE LEAGUE OF TUCSON, INC. 1307 N. ALVERNON WAY TUCSON AZ 85712	86-6057789		10,000				GENERAL SUPPORT
(3)	BISBEE COALITION FOR THE HOMELESS P.O. BOX 5393 BISBEE AZ 85603-5393	86-0782752		80,138				GENERAL SUPPORT
(4)	BOYS & GIRLS CLUB OF SANTA CRUZ COUNTY 590 N. TYLER AVENUE NOGALES AZ 85621	86-0671818		15,925				GENERAL SUPPORT
(5)	CARONDELET FOUNDATION 120 N. TUCSON BLVD. TUCSON AZ 85716	86-0749574		71,876				GENERAL SUPPORT
(6)	CASA DE LOS NINOS 1101 N. 4TH AVENUE TUCSON AZ 85705-7467	86-0314595		25,000				GENERAL SUPPORT
(7)	CHELAN-DOUGLAS COUNTY CASA-GAL PROGRAM P.O. BOX 2027 WENATCHEE WA 98807-2027	91-1643408		8,000				GENERAL SUPPORT
(8)	COMMUNITY FOOD BANK, INC. P.O. BOX 26727 TUCSON AZ 85726-6727	51-0192519		37,009				GENERAL SUPPORT
(9)	CROSSROADS MISSION 944 S. ARIZONA AVENUE YUMA AZ 85364	86-6052435		12,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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94-2681765

Part I General Information on Grants and Assistance

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☐ Yes ☐ No

Part II

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(1)	LOFT CINEMA, INC. 3233 E. SPEEDWAY BOULEVARD TUCSON AZ 85716	46-0477843		12,500				GENERAL SUPPORT
(2)	MAKE WAY FOR BOOKS 3955 E. FORT LOWELL, SUITE 114 TUCSON AZ 85712	31-1583036		50,000				GENERAL SUPPORT
(3)	MARIPOSA COMMUNITY HEALTH CENTER 1852 N. MASTICK WAY NOGALES AZ 85621	86-0524321		12,000				GENERAL SUPPORT
(4)	MCINTOSH COUNTY ACADEMY 8945 U.S. HIGHWAY 17 DARIEN GA 31305	58-6000286		8,000				GENERAL SUPPORT
(5)	MEDIA MATTERS FOR AMERICA 455 MASSACHUSETTS AVE. NW, SUITE 60 WASHINGTON DC 20001	47-0928008		21,000				GENERAL SUPPORT
(6)	MESA VERDE PARENT TEACHERS ORGANIZA 1661 W. SAGE TUCSON AZ 85704	86-1043125		50,000				GENERAL SUPPORT
(7)	NATIONAL PARTNERSHIP FOR WOMEN & FA 1875 CONNECTICUT AVENUE, NW, SUITE WASHINGTON DC 20009	23-7124915		10,000				GENERAL SUPPORT
(8)	NEW BEGINNINGS FOR WOMEN & CHILDREN 2590 N. ALVERNON WAY TUCSON AZ 85712	86-0597073		20,000				GENERAL SUPPORT
(9)	NOURISH P.O. BOX 35552 TUCSON AZ 85740	27-4148401		6,000				GENERAL SUPPORT

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DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

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

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Part I General Information on Grants and Assistance

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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)	OPENING MINDS THROUGH THE ARTS FOUNDATION 3208 E. FORT LOWELL RD, SUITE 106 TUCSON AZ 85716	20-0184741		45,000				GENERAL SUPPORT
(2)	OPPORTUNITY CENTER FOR THE HOMELESS P.O. BOX 63 EL PASO TX 79941-0063	74-2634199		10,000				GENERAL SUPPORT
(3)	OREGON FOOD BANK, INC. P.O. BOX 55370 PORTLAND OR 97238-5370	93-0785786		9,000				GENERAL SUPPORT
(4)	PARENT AID - CHILD ABUSE PREVENTION 2580 E. 22ND STREET TUCSON AZ 85713	74-2591577		8,367				GENERAL SUPPORT
(5)	PATRONATO SAN XAVIER P.O. BOX 522 TUCSON AZ 85702	74-2354509		10,000				GENERAL SUPPORT
(6)	PEAK WELLNESS CENTER, INC. P.O. BOX 1005 CHEYENNE WY 82003-1005	83-0199695		7,500				GENERAL SUPPORT
(7)	PEOPLE FOR THE AMERICAN WAY FOUNDATION 1101 15TH STREET NW, SUITE 600 WASHINGTON DC 20005	13-3065716		10,000				GENERAL SUPPORT
(8)	PLANNED PARENTHOOD ARIZONA, INC. 2255 N. WYATT DRIVE TUCSON AZ 85712	86-0146520		25,000				GENERAL SUPPORT
(9)	PRIMAVERA FOUNDATION, INC. 151 W. 40TH STREET TUCSON AZ 85713	86-0733182		75,344				GENERAL SUPPORT

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**SCHEDULE I
(Form 990)**

Department of the Treasury
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**Grants and Other Assistance to Organizations,
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☐ Yes ☐ No

Part II

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(1)	PRO NEIGHBORHOODS/UNITED WAY OF TUCSON 738 N. 5TH AVENUE TUCSON AZ 85705	86-0098932		35,700				GENERAL SUPPORT
(2)	READING SEED, INC. 1920 E. SILVERLAKE ROAD, SUITE 207 TUCSON AZ 85713	20-5669676		81,750				GENERAL SUPPORT
(3)	RINCON CONGREGATIONAL UNITED CHURCH 122 N. CRAYCROFT ROAD TUCSON AZ 85711-3238	86-6007256		5,794				GENERAL SUPPORT
(4)	RODEL CHARITABLE FOUNDATION OF ARIZ 2201 E. CAMELBACK ROAD, STUITE 202 PHOENIX AZ 85016	86-0941890		83,300				GENERAL SUPPORT
(5)	SAN MIGUEL CRISTO REY HIGH SCHOOL 6601 S. SAN FERNANDO ROAD TUCSON AZ 85756-6644	48-1270906		50,000				GENERAL SUPPORT
(6)	SENIOR CITIZENS FOUNDATION OF DOUGL 312 N. 6TH STREET DOUGLAS WY 82633	83-0255422		6,000				GENERAL SUPPORT
(7)	SHARMOORE CHILDRENS PRODUCTIONS 5833 E. SOUTH WILSHIRE TUCSON AZ 85711	20-2006366		17,000				GENERAL SUPPORT
(8)	SOUTHERN ARIZONA COMMUNITY DIAPER B 4500 E. SPEEDWAY BLVD., SUITE 75 TUCSON AZ 85712	43-1990345		10,000				GENERAL SUPPORT
(9)	ST. ANDREWS CHILDRENS CLINIC, INC. P.O. BOX 67 GREEN VALLEY AZ 85622-0067	86-0684094		5,414				GENERAL SUPPORT

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DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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(1)	ST. LUKES IN THE DESERT, INC. 615 E. ADAMS STREET TUCSON AZ 85705-6714	86-0098924		10,000				GENERAL SUPPORT
(2)	TEEN OUTREACH PREGNANCY SERVICES 3024 E. FT. LOWELL ROAD TUCSON AZ 85716	86-1005133		10,000				GENERAL SUPPORT
(3)	THE BISBEE FOUNDATION, INC. P.O. DRAWER BK BISBEE AZ 85603	86-0560258		8,300				GENERAL SUPPORT
(4)	THE SALVATION ARMY - TUCSON 1001 N. RICHEY BOULEVARD TUCSON AZ 85716	94-1156347		10,000				GENERAL SUPPORT
(5)	THERAPEUTIC RANCH FOR ANIMALS AND K 3230 N. CRAYCROFT TUCSON AZ 85712	20-4737638		30,000				GENERAL SUPPORT
(6)	TOUCH POINT CONNECTION, INC. P.O. BOX 36960 TUCSON AZ 85740-6960	26-1530589		15,000				GENERAL SUPPORT
(7)	TUCSON AUDUBON SOCIETY 300 E. UNIVERSITY AVENUE, #120 TUCSON AZ 85705	86-6053779		17,505				GENERAL SUPPORT
(8)	TUCSON BOTANICAL GARDENS 2150 N. ALVERNON WAY TUCSON AZ 85712	23-7037310		31,000				GENERAL SUPPORT
(9)	TUCSON MEET YOURSELF P.O. BOX 42044 TUCSON AZ 85733-2044	51-0195434		7,000				GENERAL SUPPORT

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Department of the Treasury
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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 MUSEUM OF ART 140 N. MAIN AVENUE TUCSON AZ 85701-8290	86-6006371		10,000				GENERAL SUPPORT
(2)	TUCSON PIMA ARTS COUNCIL 100 N. STONE AVENUE, SUITE 303 TUCSON AZ 85701	86-0465675		85,000				GENERAL SUPPORT
(3)	TUCSON VALUES TEACHERS 4400 E. BROADWAY BLVD., SUITE 307 TUCSON AZ 85711	26-4637708		54,212				GENERAL SUPPORT
(4)	TUCSON WALDORF EDUCATION ASSOCIATION 3349 E. PRESIDIO RD. TUCSON AZ 85716	86-0729122		303,000				GENERAL SUPPORT
(5)	UA COLLEGE OF ARCHITECTURE-UA FOUNDATION P.O. BOX 210075 TUCSON AZ 85721-0075	86-6050388		50,000				GENERAL SUPPORT
(6)	UA COLLEGE OF EDUCATION-UA FOUNDATION P.O. BOX 210 TUCSON AZ 85721-0069	86-6050388		30,000				GENERAL SUPPORT
(7)	UA COLLEGE OF FINE ARTS-UA FOUNDATION P.O. BOX 210004 TUCSON AZ 85721-0004	86-6050388		10,000				GENERAL SUPPORT
(8)	UA COLLEGE OF MEDICINE-UA FOUNDATION P.O. BOX 245017 TUCSON AZ 85724-5017	86-6050388		186,500				GENERAL SUPPORT
(9)	UA POETRY CENTER-UA FOUNDATION P.O. BOX 210150 TUCSON AZ 85721-0150	86-6050388		145,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations ☐

3 Enter total number of other organizations ☐

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

**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

2010

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)	UNITED WAY OF TUCSON AND SOUTHERN A 330 N. COMMERCE PARK LOOP, STE 200 TUCSON AZ 85745	86-0098932		97,750				GENERAL SUPPORT
(2)	UNITED WAY OF TUCSON AND SOUTHERN A P.O. BOX 86750 TUCSON AZ 85754-6750	86-0098932		44,750				GENERAL SUPPORT
(3)	UNIVERSITY OF ARIZONA FOUNDATION P.O. BOX 210109 TUCSON AZ 85721-0109	86-6050388		62,000				GENERAL SUPPORT
(4)	UNIVERSITY OF ARIZONA SCHOLARSHIPS 1111 N. CHERRY AVENUE TUCSON AZ 85721	74-2652689		19,536				GENERAL SUPPORT
(5)	UP WITH PEOPLE 6830 BROADWAY, UNIT A DENVER CO 80221-2851	95-2563102		210,849				GENERAL SUPPORT
(6)	VALLEY ASSISTANCE SERVICES, INC. 250 E. CONTINENTAL ROAD, SUITE 102 GREEN VALLEY AZ 85614	94-2783969		177,991				GENERAL SUPPORT
(7)	VOICES FOR EDUCATION P.O. BOX 44200 TUCSON AZ 85733-4200	86-0996116		10,000				GENERAL SUPPORT
(8)	WOMENS FOUNDATION OF SOUTHERN ARIZO 2250 E. BROADWAY BOULEVARD TUCSON AZ 85719	31-1660702		72,487				GENERAL SUPPORT
(9)	YMCA FOUNDATION OF SOUTHERN ARIZONA P.O. BOX 1111 TUCSON AZ 85702-1111	86-0326724		20,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

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

DAA

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 SCHOLARSHIP	7	41,000			
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.