

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6420 E. BROADWAY BLVD., SUITE A100 City or town, state or province, country, and ZIP or foreign postal code TUCSON AZ 85710	D Employer identification number 94-2681765 E Telephone number 520-770-0800 G Gross receipts\$ 34,232,142
F Name and address of principal officer: J. CLINTON MABIE 6420 E. BROADWAY BLVD., SUITE A100 TUCSON AZ 85710		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.CFSAZ.ORG/		L Year of formation: 1980 M State of legal domicile: AZ
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CREATE A STRONGER COMMUNITY BY CONNECTING DONORS TO CAUSES THEY CARE ABOUT IN SOUTHERN ARIZONA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	37
	6 Total number of volunteers (estimate if necessary)	6	67
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-2,759
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,808,605	15,368,533
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	277,689	272,226
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	764,503	2,498,620
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,555	18,577
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,906,352	18,157,956
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,574,691	7,738,680
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,387,760	1,425,700
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 648,216	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,039,453	963,885
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,001,904	10,128,265
19 Revenue less expenses. Subtract line 18 from line 12	6,904,448	8,029,691	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	103,991,064	114,843,260
	22 Net assets or fund balances. Subtract line 21 from line 20	4,760,481	7,417,599
		99,230,583	107,425,661

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: TO CREATE A STRONGER COMMUNITY BY CONNECTING DONORS TO CAUSES THEY CARE ABOUT IN SOUTHERN ARIZONA.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 8,601,823 including grants of \$ 7,738,680) (Revenue \$ 272,226) CFSA HAS BEEN INVOLVED IN PROVIDING CORE OPERATING SUPPORT GRANTS TO HIGH PERFORMING ORGANIZATIONS, SUPPORTING CROSS SECTION INITIATIVES INCLUDING CRADLE TO CAREER AND THE ELDER ALLIANCE; AS WELL AS LAUNCHING INNOVATIVE PLACE BASED PROGRAMS SUCH AS THE PARTNERS IN PLACE LA DOCE INITIATIVE. WE HAVE ALSO CONTINUED SUPPORT FOR THE PIMA ALLIANCE FOR ANIMAL WELFARE, FOSTERED, THE AFRICAN AMERICAN INITIATIVE, THE LGBTQ ALLIANCE FUND, AND THE END OF LIFE INITIATIVE.

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 8,601,823

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes rows for Form 1096 reporting (1a, 1b), Form W-3 reporting (2a, 2b), unrelated business income (3a, 3b), foreign accounts (4a, 4b), prohibited tax shelter transactions (5a, 5b, 5c), annual gross receipts (6a, 6b), and various other reporting requirements (7a-7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b).

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 or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶ AZ
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ THE ORGANIZATION 6420 E. BROADWAY BLVD., SUITE A100 TUCSON AZ 85710 520-770-0800

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

Check if Schedule O contains a response or note to any line 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE ROEDIGER TREASURER	0.17 0.00	X		X				0	0	0
(2) BARBARA SMITH DIRECTOR	0.17 0.02	X						0	0	0
(3) CANDE GROGAN SECRETARY	0.17 0.00	X		X				0	0	0
(4) CARRIE BRENNAN DIRECTOR	0.17 0.00	X						0	0	0
(5) CELESTINO FERNANDEZ DIRECTOR	0.17 0.00	X						0	0	0
(6) CHETAN BAFNA DIRECTOR	0.17 0.00	X						0	0	0
(7) CLAUDIA JASSO-STEVENS DIRECTOR	0.17 0.00	X						0	0	0
(8) CRAIG WISNOM DIRECTOR	0.17 0.00	X						0	0	0
(9) DARRYL DOBRAS DIRECTOR	0.17 0.00	X						0	0	0
(10) DOREEN MCPAUL DIRECTOR	0.17 0.00	X						0	0	0
(11) FAISAL ADIL DIRECTOR	0.17 0.00	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) FRED CHAFFEE	0.17									
CHAIR	0.02	X		X			0	0	0	
(13) JAN LESHER	0.17									
VICE CHAIR	0.00	X		X			0	0	0	
(14) JIM ROWLEY	0.17									
DIRECTOR	0.00	X					0	0	0	
(15) JODY ROLL	0.17									
DIRECTOR	0.00	X					0	0	0	
(16) MARY OKOYE	0.17									
DIRECTOR	0.13	X					0	0	0	
(17) MIKE SULLIVAN	0.17									
DIRECTOR	0.00	X					0	0	0	
(18) RICHARD MUNDINGER	0.17									
DIRECTOR	0.00	X					0	0	0	
(19) SAUNIE TAYLOR	0.17									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							246,416		31,848	
d Total (add lines 1b and 1c)							246,416		31,848	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	237,341				
	d Related organizations	1d	934,345				
	e Government grants (contributions)	1e	74,862				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,121,985				
	g Noncash contributions included in lines 1a-1f: \$		2,557,888				
	h Total. Add lines 1a-1f		15,368,533				
Program Service Revenue		Busn. Code					
	2a MANAGEMENT FEES	541610	234,460	234,460			
	b ANNUAL EVENT-NON FUNDRAISING	519100	37,766	37,766			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		272,226					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,049,193			2,049,193	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	11,487				
		(ii) Personal					
	b Less: rental exps.		14,246				
	c Rental inc. or (loss)		-2,759				
	d Net rental income or (loss)		-2,759			-2,759	
	7a Gross amount from sales of assets other than inventory	(i) Securities	16,455,900				
		(ii) Other					
	b Less: cost or other basis & sales exps.		16,006,473				
	c Gain or (loss)		449,427				
	d Net gain or (loss)		449,427			449,427	
	8a Gross income from fundraising events (not including \$ 237,341 of contributions reported on line 1c). See Part IV, line 18	a	66,770				
	b Less: direct expenses	b	53,467				
c Net income or (loss) from fundraising events		13,303			13,303		
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	8,033	8,033			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			8,033				
12 Total revenue. See instructions.			18,157,956	280,259	-2,759	2,511,923	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,718,680	7,718,680		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	20,000	20,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	278,275	27,828	205,415	45,032
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	969,260	437,315	231,478	300,467
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,780	10,481	2,512	6,787
9 Other employee benefits	67,114	31,459	14,301	21,354
10 Payroll taxes	91,271	34,683	31,032	25,556
11 Fees for services (non-employees):				
a Management	167,093	70,179	53,470	43,444
b Legal	81,901	34,398	21,477	26,026
c Accounting	3,465		3,465	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	222,287		222,287	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	77,202	11,580	7,720	57,902
13 Office expenses	54,042	20,539	18,373	15,130
14 Information technology				
15 Royalties				
16 Occupancy	53,904	20,484	15,093	18,327
17 Travel	26,421	10,040	8,983	7,398
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	64,302	9,645	6,430	48,227
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,458	4,354	3,896	3,208
23 Insurance	20,721	7,874	7,045	5,802
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ANNUAL EVENT	90,940	90,940		
b DUES AND SUBSCRIPTIONS	71,186	27,051	24,203	19,932
c PROGRAM SUBCONTRACTS	12,965	12,965		
d STAFF RECRUITMENT	4,138	621	414	3,103
e All other expenses	1,860	707	632	521
25 Total functional expenses. Add lines 1 through 24e	10,128,265	8,601,823	878,226	648,216
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest bearing	309,331	1	831,840
	2	Savings and temporary cash investments	7,118,433	2	6,591,271
	3	Pledges and grants receivable, net	13,670,055	3	16,020,818
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	100,000	7	250,000
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,752	9	30,850
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,132,780		
	10b	Less: accumulated depreciation	144,970		
	11	Investments—publicly traded securities	82,483,661	11	88,866,382
	12	Investments—other securities. See Part IV, line 11	229,377	12	229,377
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	29,572	15	34,912
16	Total assets. Add lines 1 through 15 (must equal line 34)	103,991,064	16	114,843,260	
Liabilities	17	Accounts payable and accrued expenses	155,765	17	137,328
	18	Grants payable	95,956	18	650,741
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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	661,386
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,508,760	25	5,968,144
	26	Total liabilities. Add lines 17 through 25	4,760,481	26	7,417,599
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	41,682,928	27	41,670,894
	28	Temporarily restricted net assets	5,310,578	28	7,561,671
	29	Permanently restricted net assets	52,237,077	29	58,193,096
	Organizations that do not follow SFAS 117 (ASC 958), 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	99,230,583	33	107,425,661	
34	Total liabilities and net assets/fund balances	103,991,064	34	114,843,260	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,157,956
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,128,265
3	Revenue less expenses. Subtract line 2 from line 1	3	8,029,691
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	99,230,583
5	Net unrealized gains (losses) on investments	5	6,656,995
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,491,608
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	107,425,661

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) TONY DABDOUB DIRECTOR	0.17 0.00	X						0	0	0
(21) XAVIER MANRIQUE DIRECTOR	0.17 0.00	X						0	0	0
(22) J. CLINTON MABIE CEO	40.00 0.37			X				152,812	0	19,102
(23) MISSY BOWDEN CFO	40.00 0.00			X				93,604	0	12,746
1b Sub-total								246,416		31,848
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
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? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA	Employer identification number 94-2681765
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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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,057,546	22,237,232	15,876,867	13,266,709	15,368,533	70,806,887
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	4,057,546	22,237,232	15,876,867	13,266,709	15,368,533	70,806,887
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)						14,269,878
6 Public support. Subtract line 5 from line 4.						56,537,009

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	4,057,546	22,237,232	15,876,867	13,266,709	15,368,533	70,806,887
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,696,698	1,510,951	2,298,404	2,438,110	2,049,193	9,993,356
9 Net income from unrelated business activities, whether or not the business is regularly carried on					10,439	10,439
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	116,326	45,125	73,893	73,196	74,803	383,343
11 Total support. Add lines 7 through 10						81,194,025

12 Gross receipts from related activities, etc. (see instructions) **12** 1,084,423

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	69.63%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	66.58%

16a 33 1/3% support test—2016. 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

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage for 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<i>see instructions</i>).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 156,758

SPECIAL EVENTS GROSS RECEIPTS \$ 226,585

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

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

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

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization COMMUNITY FOUNDATION FOR	Employer identification number 94-2681765
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ED AND JILL BESSEY 3560 N. OUTPOST ROAD TUCSON AZ 85749	\$ 499,773	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	BONNIE KAY 3861 E. PLACITA DE PERI TUCSON AZ 85718	\$ 1,636,902	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	ESTATE AND TRUST OF JOAN F. ROBLES 2398 E. CAMELBACK RD. SUITE 1100 PHOENIX AZ 85016	\$ 1,507,414	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BRICE W. SCHULLER TRUST 3567 E. SUNRISE DR. TUCSON AZ 85718	\$ 1,352,715	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE NANCY F. LAW TRUST 111 W. MONROE STREET, #10C CHICAGO IL 60603	\$ 1,808,095	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ANNE FURROW DESIGNATED FUND 8601 N. SCOTTSDALE RD., SUITE 150 MAC S4035-019 SCOTTSDALE AZ 85253	\$ 5,144,701	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION FOR	Employer identification number 94-2681765
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CFSA PROPERTIES, INC. 6420 E. BROADWAY BLVD., SUITE A100 TUCSON AZ 85710	\$ 809,345	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY FOUNDATION FOR

Employer identification number

94-2681765

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	SECURITIES- PUBLICLY TRADED	\$ 359,773	02/24/17
2	SECURITIES- PUBLICLY TRADED	\$ 491,914	07/18/16
2	SECURITIES- PUBLICLY TRADED	\$ 252,617	09/26/16
2	SECURITIES- PUBLICLY TRADED	\$ 536,948	02/09/17
2	SECURITIES- PUBLICLY TRADED	\$ 355,423	06/22/17
2	SECURITIES- PUBLICLY TRADED	\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and compliance questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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" on 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 XIII 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	50,383,726	47,318,357	41,499,665	36,360,211	35,065,567
b Contributions	6,657,938	6,552,622	7,782,339	1,451,423	729,410
c Net investment earnings, gains, and losses	5,292,588	-915,927	635,933	5,928,722	3,728,736
d Grants or scholarships					
e Other expenditures for facilities and programs	2,900,810	2,571,326	2,599,580	2,240,691	3,163,502
f Administrative expenses	1,701,919				
g End of year balance	57,731,523	50,383,726	47,318,357	41,499,665	36,360,211

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 - b Permanent endowment 94.08 %
 - c Temporarily restricted endowment 5.92 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		495,782		495,782
b Buildings		1,462,452		1,462,452
c Leasehold improvements				
d Equipment		54,085	47,741	6,344
e Other		120,461	97,229	23,232
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,987,810

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO OTHER AGENCIES	5,968,144	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,968,144	

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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 (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	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 XIII.)	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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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 XIII.)	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 XIII.)	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 XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

EARNINGS FROM ENDOWMENT FUNDS ARE USED FOR DONOR SPECIFIED PURPOSES.

PART X - FIN 48 FOOTNOTE

THE FOUNDATION'S POLICY IS TO DISCLOSE OR RECOGNIZE INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE, RESPECTIVELY, THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAX POSITIONS. AS OF JUNE 30, 2017, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT ARE POTENTIALLY MATERIAL.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

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

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

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

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

b If "Yes," list the 10 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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		THROUGH THE DEC (event type)	CATS IN THE CAN (event type)	3 (total number)	(add col. (a) through col. (c))
Revenue	1	148,560	126,807	22,698	298,065
	2	126,095	85,175	21,550	232,820
	3	22,465	41,632	1,148	65,245
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	22,175	28,592	990	51,757
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				51,757
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				13,488

Part III Gaming. Complete if the organization answered "Yes" on 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))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<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. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	ACLU FOUNDATION OF ARIZONA P.O. BOX 17148 PHOENIX AZ 85011	23-7238580	501C4	20,000		FMV		GENERAL SUPPORT
(2)	ACLU OF WASHINGTON FOUNDATION 905 5TH AVE., SUITE 630 SEATTLE WA 98164	23-7076867	501C3	10,000		FMV		GENERAL SUPPORT
(3)	AMERICAN RED CROSS, SOUTHERN AZ CHA 2916 E. BROADWAY TUCSON AZ 85716	53-0196605	501C3	6,750				GENERAL SUPPORT
(4)	AMERIND FOUNDATION P.O. BOX 400 DRAGOON AZ 85609	86-0122680	501C3	15,000		FMV		GENERAL SUPPORT
(5)	AMPHITHEATER PUBLIC SCHOOLS FOUND. 701 W. WETMORE ROAD TUCSON AZ 85705	86-0472926	501C3	7,572		FMV		GENERAL SUPPORT
(6)	ARA PARSEGHIAN MEDICAL RESEARCH FOU 4729 E. SUNRISE DRIVE, SUITE 327 TUCSON AZ 85718-4535	86-0775966	501C3	5,250		FMV		GENERAL SUPPORT
(7)	ARIZONA SOUTHERN BAPTIST CONVENTION 2240 N. HAYDEN ROAD, SUITE 100 SCOTTSDALE AZ 85257	86-0123683	501C3	17,415		FMV		GENERAL SUPPORT
(8)	ARIZONA THEATRE COMPANY 343 S. SCOTT AVENUE TUCSON AZ 85701	86-0211777	501C3	51,000		FMV		GENERAL SUPPORT
(9)	ARIZONA'S CHILDREN ASSOCIATION 3716 E. COLUMBIA STREET, SUITE 120 TUCSON AZ 85714	86-0096772	501C3	21,073		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 148
- 3** Enter total number of other organizations listed in the line 1 table ▶ 16

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	ARIZONA-SONORA DESERT MUSEUM INC. 2021 N. KINNEY RD. TUCSON AZ 85743	86-0111675	501C3	65,000		FMV		GENERAL SUPPORT
(2)	ARTS INTEGRATION SOLUTIONS 3208 E. FORT LOWELL, SUITE 106 TUCSON AZ 85716	20-0184741	501C3	20,000		FMV		GENERAL SUPPORT
(3)	ASAVET VETERINARY CHARITIES 5408 S. 12TH AVENUE TUCSON AZ 85706	46-5746312	501C3	87,000		FMV		GENERAL SUPPORT
(4)	ASSISTANCE LEAGUE OF TUCSON, INC. 1307 N. ALVERNON WAY TUCSON AZ 85712	86-6057789	501C3	6,040		FMV		GENERAL SUPPORT
(5)	AUDUBON WASHINGTON 5902 LAKE WASHINGTON BLVD. S SEATTLE WA 98118	13-1624102	501C3	10,000		FMV		GENERAL SUPPORT
(6)	AWANA CLUBS INTERNATIONAL 1 E. BODE ROAD STREAMWOOD IL 60107-6658	36-2428692	501C3	26,123		FMV		GENERAL SUPPORT
(7)	AWASA P.O. BOX 85965 TUCSON AZ 85754	86-1026982	501C3	10,000		FMV		GENERAL SUPPORT
(8)	BALLET ARTS FOUNDATION 200 S. TUCSON BLVD. TUCSON AZ 85716	86-0557264	501C3	25,000		FMV		GENERAL SUPPORT
(9)	BANNER ALZHEIMER'S FOUNDATION 2901 N. CENTRAL AVENUE, STE. 160 PHOENIX AZ 85012	20-4862361	501C3	8,000		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	BANNER HEALTH FOUNDATION 2901 N. CENTRAL AVENUE, SUITE 160 PHOENIX AZ 85021	45-0233470	501C3	20,000		FMV		GENERAL SUPPORT
(2)	BAPTIST MEDICAL AND DENTAL MISSION 11 PLAZA DRIVE HATTIESBURG MS 39402	64-0811705	501C3	17,415		FMV		GENERAL SUPPORT
(3)	BAYLOR UNIVERSITY 1 BEAR PLACE, NO. 97050 WACO TX 76798-7026	74-1159753	501C3	65,308		FMV		GENERAL SUPPORT
(4)	BIG BROTHERS BIG SISTERS OF TUCSON 160 E. ALAMEDA STREET TUCSON AZ 85701	86-0188050	501C3	13,500		FMV		GENERAL SUPPORT
(5)	BISBEE COALITION FOR THE HOMELESS P.O. BOX 5393 BISBEE AZ 85603-5393	86-0782752	501C3	72,332		FMV		GENERAL SUPPORT
(6)	BLAIR CHARITY GROUP P.O. BOX 65331 TUCSON AZ 85728	45-3968186	501C3	8,300		FMV		GENERAL SUPPORT
(7)	BORDERLINKS 620 S. SIXTH AVENUE TUCSON AZ 85701	86-0760505	501C3	5,250		FMV		GENERAL SUPPORT
(8)	BOSTON UNIVERSITY 881 COMMONWEALTH AVE. BOSTON MA 02215	04-2103547	501C3	25,732		FMV		GENERAL SUPPORT
(9)	BOY SCOUTS OF AMERICA-CATALINA 5049 E. BROADWAY BLVD., SUITE 200 TUCSON AZ 85711	86-0107516	501C3	44,404		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	BOYS AND GIRLS CLUB OF SANTA CRUZ 590 N. TYLER AVENUE NOGALES AZ 85621	86-0671818	501C3	20,240		FMV		GENERAL SUPPORT
(2)	BOYS AND GIRLS CLUB OF TUCSON P.O. BOX 40217 TUCSON AZ 85717-0217	86-0172257	501C3	32,823		FMV		GENERAL SUPPORT
(3)	BUENA VISTA UNIVERSITY 610 W. 4TH STREET STORM LAKE IA 50588	42-0680404	501C3	6,000		FMV		GENERAL SUPPORT
(4)	BUTLER UNIVERSITY 4600 SUNSET AVENUE INDIANAPOLIS IN 46208	35-0867977	501C3	10,000		FMV		GENERAL SUPPORT
(5)	CANDLELIGHTERS CHILDHOOD CANCER P.O. BOX 42436 TUCSON AZ 85733	43-2080690	501C3	5,562		FMV		GENERAL SUPPORT
(6)	CARE 465 CALIFORNIA ST., STE. 475 SAN FRANCISCO CA 94104	13-1685039	501C3	115,000		FMV		GENERAL SUPPORT
(7)	CASA DE LA LUZ FOUNDATION 7740 N. ORACLE RD. TUCSON AZ 85704	86-1004321	501C3	20,000		FMV		GENERAL SUPPORT
(8)	CASA DE LOS NINOS 1101 N. 4TH AVENUE TUCSON AZ 85705-7467	86-0314595	501C3	62,323		FMV		GENERAL SUPPORT
(9)	CASA MARIA CATHOLIC WORKER 401 E. 26TH STREET TUCSON AZ 85713	86-0504528		10,000		FMV		GENERAL SUPPORT

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2016

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Internal Revenue Service

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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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	CASAS ADOBES BAPTIST CHURCH 10801 N LA CHOLLA BOULEVARD TUCSON AZ 85742	86-0314386		87,077		FMV		GENERAL SUPPORT
(2)	CATHOLIC COMMUNITY SERVICES 140 W. SPEEDWAY BLVD., SUITE 230 TUCSON AZ 85705	86-0100880	501C3	27,000		FMV		GENERAL SUPPORT
(3)	CENTER FOR RESPONSIVE POLITICS 1101 14TH STREET NW, SUITE 1030 WASHINGTON DC 20005-5635	52-1275227	501C3	10,000		FMV		GENERAL SUPPORT
(4)	CENTER SERVING PERSONS WITH MENTAL 3550 W. DALLAS ST. HOUSTON TX 77019	74-1272417	501C3	20,000		FMV		GENERAL SUPPORT
(5)	CHILD AND FAMILY RESOURCES, INC. 2800 E. BROADWAY BOULEVARD TUCSON AZ 85716	86-0251984	501C3	53,000		FMV		GENERAL SUPPORT
(6)	CHILD EVANGELISM FELLOWSHIP P.O. BOX 348 WARRENTON MO 63383	38-6091187	501C3	30,477		FMV		GENERAL SUPPORT
(7)	CHILDREN'S ACTION ALLIANCE, INC. 4001 N. THIRD STREET, SUITE 160 PHOENIX AZ 85012-2062	86-0594785	501C3	50,000		FMV		GENERAL SUPPORT
(8)	CHILDREN'S CLINIC FOR REHABILITATIV 2600 N WYATT DR. TUCSON AZ 85712	86-0667510	501C3	9,275		FMV		GENERAL PUBLIC
(9)	CITY OF KIRKLAND - GREEN KIRKLAND 505 MARKET STREET, SUITE A KIRKLAND WA 98033-6189	91-6001255	GOV	10,250		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	CODY'S FRIENDS, INC. P.O. BOX 36502 TUCSON AZ 85704	47-4052727	501C3	35,550		FMV		GENERAL SUPPORT
(2)	COLLEGE OF COASTAL GEORGIA ONE COLLEGE DRIVE BRUNSWICK GA 31520	58-6072323	501C3	7,500		FMV		GENERAL SUPPORT
(3)	COMMUNITY FOOD BANK, INC. P.O. BOX 26727 TUCSON AZ 85726-6727	51-0192519	501C3	201,407		FMV		GENERAL SUPPORT
(4)	COMPASSION INTERNATIONAL, INC. 12290 VOYAGER PARKWAY COLORADO SPRINGS CO 80921	36-2423707	501C3	150,000		FMV		GENERAL SUPPORT
(5)	CORNELL UNIVERSITY P.O. BOX 25842 LEIGH VALLEY PA 18003	15-0532082	501C3	6,000		FMV		GENERAL SUPPORT
(6)	CORPUS CHRISTI PARISH 300 N. TANQUE VERDE LOOP ROAD TUCSON AZ 85748			40,000		FMV		GENERAL SUPPORT
(7)	COVENANT HOUSE P.O. BOX 731 NEW YORK NY 10108	13-2725416	501C3	50,000		FMV		GENERAL SUPPORT
(8)	CULTURE OF PEACE ALLIANCE, INC. 4317 NORTH EL TOVAR AVE. TUCSON AZ 85705	86-0707194	501C3	8,100		FMV		GENERAL SUPPORT
(9)	DAVIS MONTHAN OFFICERS SPOUSES P.O. BOX 15280 DMAFB AZ 85708-0280	95-3511957	501C3	10,000		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2016

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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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	DIAPER BANK OF SOUTHERN ARIZONA 4500 E. SPEEDWAY BLVD., SUITE 75 TUCSON AZ 85712	43-1990345	501C3	10,000		FMV		GENERAL SUPPORT
(2)	EASTER SEALS BLAKE FOUNDATION 7750 E. BROADWAY BLVD. A200 TUCSON AZ 85710	86-0093224	501C3	17,000		FMV		GENERAL SUPPORT
(3)	EASTSIDE AUDUBON SOCIETY P.O. BOX 3115 KIRKLAND WA 98083-3115	91-1123007	501C3	25,000		FMV		GENERAL SUPPORT
(4)	EDUCATIONAL ENRICHMENT FOUNDATION 3809 E. 3RD STREET TUCSON AZ 85716	74-2354578	501C3	58,146		FMV		GENERAL SUPPORT
(5)	EL GRUPO YOUTH CYCLING 23 WEST 4TH STREET TUCSON AZ 85705	80-0252901	501C3	7,500		FMV		GENERAL SUPPORT
(6)	EL PASO COMMUNITY FOUNDATION P.O. BOX 272 EL PASO TX 79943-0272	74-1839536	501C3	1,000,000		FMV		GENERAL SUPPORT
(7)	EL RIO HEALTH CENTER FOUNDATION 839 W. CONGRESS STREET TUCSON AZ 85745	86-0816675	501C3	38,000		FMV		GENERAL SUPPORT
(8)	FOUNDATION FOR CREATIVE BROADCASTING 220 S. 4TH AVE. TUCSON AZ 85701	94-2746379	501C3	5,784		FMV		GENERAL SUPPORT
(9)	FRIENDS OF PIMA ANIMAL CARE CENTER P.O. BOX 85370 TUCSON AZ 85745	47-4160770	501C3	433,823		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2016

**Open to Public
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Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	FRIENDS OF TUCSON'S BIRTHPLACE P.O. BOX 1228 TUCSON AZ 85702	27-1326401	501C3	5,500		FMV		GENERAL SUPPORT
(2)	GALLAUDET UNIVERSITY CHAPEL HALL G-02 WASHINGTON DC 20002	53-0199507	501C3	20,000		FMV		GENERAL SUPPORT
(3)	GIRL SCOUTS OF SOUTHERN ARIZONA 4300 E. BROADWAY BOULEVARD TUCSON AZ 85711	86-0098917	501C3	58,550		FMV		GENERAL SUPPORT
(4)	GIVE2ASIA 340 PINE STREET, SUITE 501 SAN FRANCISCO CA 94104	94-3373670	501C3	22,000		FMV		GENERAL SUPPORT
(5)	GOODWILL INDUSTRIES OF SOUTHERN ARI 1940 E. SILVERLAKE RD. STE. 405 TUCSON AZ 85713	86-0223401	501C3	8,375		FMV		GENERAL SUPPORT
(6)	GOSPEL RESCUE MISSION 707 W. MIRACLE MILE TUCSON AZ 85705	86-6054088	501C3	13,346		FMV		GENERAL SUPPORT
(7)	GRAND CANYON UNIVERSITY FOUNDATION P.O. BOX 11590 PHOENIX AZ 85061	90-0615620	501C3	27,000		FMV		GENERAL SUPPORT
(8)	HABITAT FOR HUMANITY TUCSON 3501 N. MOUNTAIN AVENUE TUCSON AZ 85719	94-2725100	501C3	7,250		FMV		GENERAL SUPPORT
(9)	HELPING HANDS FOR SINGLE MOMS USA 12112 RANCHO VISTOSO BLVD., TUCSON AZ 85755	46-5758103	501C3	62,200		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2016

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Internal Revenue Service

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▶ **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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	HERMITAGE NO-KILL CAT SHELTER P.O. BOX 13508 TUCSON AZ 85732	86-0213263	501C3	102,000		FMV		GENERAL SUPPORT
(2)	HIGHER GROUND A RESOURCE CENTER 101 W. 44TH STREET TUCSON AZ 85713	27-3585869	501C3	45,000		FMV		GENERAL SUPPORT
(3)	HUMANE SOCIETY OF SOUTHERN ARIZONA 3450 N. KELVIN BOULEVARD TUCSON AZ 85716-1326	86-0112798	501C3	289,821		FMV		GENERAL SUPPORT
(4)	IMAGO DEI MIDDLE SCHOOL P.O. BOX 3056 TUCSON AZ 85702	86-1155866		39,000		FMV		GENERAL SUPPORT
(5)	INTERFAITH COMMUNITY SERVICES 2820 W. INA ROAD TUCSON AZ 85741-2502	86-0520997	501C3	56,550	9	FMV		GENERAL SUPPORT
(6)	INTERNATIONAL MISSION BOARD OF THE P.O. BOX 6767 RICHMOND VA 23230	54-0213930	501C3	47,892		FMV		GENERAL SUPPORT
(7)	JEWISH FEDERATION OF SOUTHERN AZ 3822 E. RIVER ROAD, SUITE 100 TUCSON AZ 85718-6665	86-0096795	501C3	46,336		FMV		GENERAL SUPPORT
(8)	JEWISH HISTORY MUSEUM P.O. BOX 889 TUCSON AZ 85702	86-0762311	501C3	29,500		FMV		GENERAL SUPPORT
(9)	JUNIOR STATESMEN FOUNDATION 111 ANZA BOULEVARD, SUITE 109 BURLINGAME CA 94010	94-6050452	501C3	80,000		FMV		GENERAL SUPPORT

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2016

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▶ **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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	KIDS ANIMALS LIFE AND DREAMS P.O. BOX 91054 TUCSON AZ 85752	75-3051644	501C3	10,000		FMV		GENERAL SUPPORT
(2)	LAKE HAVASU HIGH SCHOOL ATHLETICS 2675 SOUTH PALO VERDE BOULEVARD LAKE HAVASU AZ 86403	20-4905419		30,372		FMV		GENERAL SUPPORT
(3)	LAW COLLEGE ASSOCIATION OF THE P.O. BOX 210176 TUCSON AZ 85721	86-6037148	501C3	30,000		FMV		GENERAL SUPPORT
(4)	LEGAL VOICE 907 PINE STREET, SUITE 500 SEATTLE WA 98101	91-1047900	501C3	30,000		FMV		GENERAL SUPPORT
(5)	LITERACY CONNECTS 200 E. YAVAPAI ROAD TUCSON AZ 85705-3650	23-7047508	501C3	25,500		FMV		GENERAL SUPPORT
(6)	LIVING STREETS ALLIANCE P.O. BOX 2641 TUCSON AZ 85702	27-4678502	501C3	9,358		FMV		GENERAL SUPPORT
(7)	LOFT CINEMA, INC. 3233 E. SPEEDWAY BLVD. TUCSON AZ 85716	46-0477843	501C3	31,465		FMV		GENERAL SUPPORT
(8)	LOVAR-LIFELINE ORO VALLEY 10645 NORTH ORACLE RD., STE 121-165 ORO VALLEY AZ 85737	47-2639130	501C3	16,000		FMV		GENERAL SUPPORT
(9)	MARIPOSA COMMUNITY HEALTH CENTER 1852 N. MASTICK WAY NOGALES AZ 85621	86-0524321	501C3	14,501		FMV		GENERAL SUPPORT

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	MAKE WAY FOR BOOKS 700 N. STONE AVENUE TUCSON AZ 85712	31-1583036	501C3	121,500		FMV		GENERAL SUPPORT
(2)	MEDICAL STUDENTS FOR CHOICE P.O. BOX 40935 PHILADELPHIA PA 19107	20-5263777	501C3	101,341		FMV		GENERAL SUPPORT
(3)	MIDWESTERN UNIVERSITY 19555 N. 59TH AVE. GLENDALE AZ 85308	36-3377698	501C3	6,000		FMV		GENERAL SUPPORT
(4)	NO KILL PIMA COUNTY P.O. BOX 86231 TUCSON AZ 85754	46-3333316	501C3	10,000		FMV		GENERAL SUPPORT
(5)	NORTH AMERICAN MISSION BOARD OF THE 4200 N. POINTE PARKWAY ALPHARETTA GA 30022	58-2379481	501C3	21,769		FMV		GENERAL SUPPORT
(6)	NORTH DAKOTA STATE UNIVERSITY DEPT. 5240, P.O. BOX 6050 FARGO ND 58108-6050		GOV	6,000		FMV		GENERAL SUPPORT
(7)	NORTHERN ARIZONA UNIVERSITY P.O. BOX 4108 FLAGSTAFF AZ 86011-4108	74-2579628	GOV	23,000		FMV		GENERAL SUPPORT
(8)	OLD FORT LOWELL LIVE-AT-HOME PROGRA P.O. BOX 14633 TUCSON AZ 85732	86-0880446	501C3	9,830		FMV		GENERAL SUPPORT
(9)	OLD PUEBLO COMMUNITY FOUNDATION 4501 E. 5TH STREET TUCSON AZ 85711	86-0836556	501C3	26,300		FMV		GENERAL SUPPORT

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	OUR FAMILY SERVICES 2590 N. ALVERNON WAY TUCSON AZ 85712	94-2598560	501C3	72,100		FMV		GENERAL SUPPORT
(2)	PATRONATO SAN XAVIER P.O. BOX 522 TUCSON AZ 85702	74-2354509	501C3	6,500		FMV		GENERAL SUPPORT
(3)	PAULA & CABOT SEDGWICK FAMILY FOUND P.O. BOX 1386 NOGALES AZ 85628	20-4177878	501C3	8,091		FMV		GENERAL SUPPORT
(4)	PAWSITIVELY CATS 1145 N. WOODLAND AVE. TUCSON AZ 85712	30-0609374	501C3	35,000		FMV		GENERAL SUPPORT
(5)	PIMA COMMUNITY COLLEGE 4905 E. BROADWAY BLVD. TUCSON AZ 85709	86-0208787	GOV	21,800		FMV		GENERAL SUPPORT
(6)	PIMA COUNCIL ON AGING, INC. 8467 E. BROADWAY BOULEVARD TUCSON AZ 85710	86-0251768	501C3	26,111		FMV		GENERAL SUPPORT
(7)	PLANNED PARENTHOOD OF ARIZONA, INC. 2255 N. WYATT DRIVE TUCSON AZ 85712	86-0146520	501C3	39,500		FMV		GENERAL SUPPORT
(8)	PLANNED PARENTHOOD OF THE GREATER 2001 E. MADISON ST. SEATTLE WA 98122	91-0686012	501C3	10,000		FMV		GENERAL SUPPORT
(9)	PRIMAVERA FOUNDATION, INC. 151 W. 40TH STREET TUCSON AZ 85713	86-0733182	501C3	212,250		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	PROFESSIONAL GOLFERS ASSOCIATION OF 100 AVENUE OF CHAMPIONS PALM BEACH FL 33410	59-0785835	501C6	6,000		FMV		GENERAL SUPPORT
(2)	RAINBOW ACRES, INC. 2120 W. RESERVATION LOOP ROAD CAMP VERDE AZ 86322-8408	86-0286420		21,416		FMV		GENERAL SUPPORT
(3)	REID PARK ZOOLOGICAL SOCIETY, INC. 1030 S. RANDOLPH WAY TUCSON AZ 85716	94-2379052	501C3	18,876		FMV		GENERAL SUPPORT
(4)	RINCON CONGREGATIONAL UNITED CHURCH 122 N. CRAYCROFT ROAD TUCSON AZ 85711-3238	86-6007256		8,401		FMV		GENERAL SUPPORT
(5)	SAN MIGUEL HIGH SCHOOL 6601 S. SAN FERNANDO AVENUE TUCSON AZ 85756	48-1270906	501C3	76,000		FMV		GENERAL SUPPORT
(6)	SARSEF: SOUTHERN ARIZONA RESEARCH, 3247 N. CHRISTMAS AVENUE TUCSON AZ 85716	86-0946185	501C3	37,000		FMV		GENERAL SUPPORT
(7)	SCIENCE TECHNOLOGY ENGINEERING AND 8323 E. 22ND ST. TUCSON AZ 85710	46-4956863	501C3	152,500		FMV		GENERAL SUPPORT
(8)	SERENITY BAPTIST CHURCH 15501 W. AJO HIGHWAY TUCSON AZ 85735	86-0470457		17,415		FMV		GENERAL SUPPORT
(9)	SONORAN ART FOUNDATION, INC. 633 W. 18TH STREET TUCSON AZ 85701	86-1041970	501C3	18,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2016)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	SOUTHERN ARIZONA AIDS FOUNDATION 375 S. EUCLID AVENUE TUCSON AZ 85719-6644	86-0864100	501C3	21,000		FMV	LAND	GENERAL SUPPORT
(2)	SOUTHERN ARIZONA ASSOCIATION FOR 3767 E. GRANT ROAD TUCSON AZ 85716	86-6056057	501C3	7,679		FMV		GENERAL SUPPORT
(3)	SOUTHERN ARIZONA BLACK COLLEGE P.O. BOX 90643 TUCSON AZ 85752	54-2188301	501C3	7,650		FMV		GENERAL SUPPORT
(4)	SOUTHERN ARIZONA GENDER ALLIANCE P.O. BOX 41863 TUCSON AZ 85717	47-2419543	501C3	7,000		FMV		GENERAL SUPPORT
(5)	SOUTHERN BAPTIST FOUNDATION 901 COMMERCE STREET, SUITE 600 NASHVILLE TN 37203	62-0508097	501C3	43,539		FMV		GENERAL SUPPORT
(6)	SOUTHWEST FOLKLIFE ALLIANCE, INC P.O. BOX 42044 TUCSON AZ 85733	51-0195434	501C3	50,000		FMV		GENERAL SUPPORT
(7)	ST. ELIZABETH'S HEALTH CARE CENTER 140 W. SPEEDWAY BLVD., SUITE 100 TUCSON AZ 85705	46-4151173	501C3	7,538		FMV		GENERAL SUPPORT
(8)	ST. MICHAEL'S PARISH DAY SCHOOL 602 N. WILMOT ROAD TUCSON AZ 85711	86-0143859		25,000		FMV		GENERAL SUPPORT
(9)	STANFORD UNIVERSITY 355 GALVEZ STREET STANFORD CA 94305-6106	94-1156365	501C3	27,698		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

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 noncash assistance	(h) Purpose of grant or assistance
(1)	STEP: STUDENT EXPEDITION PROGRAM 6336 N. ORACLE ROAD, SUITE 326-326 TUCSON AZ 85704	22-3879050	501C3	30,000		FMV		GENERAL SUPPORT
(2)	SUNNYSIDE UNIFIED SCHOOL DISTRICT 2238 E. GINTER RD. TUCSON AZ 85706	86-0656064	501C3	13,472		FMV		GENERAL SUPPORT
(3)	THE SALVATION ARMY TUCSON 1002 N. MAIN AVENUE TUCSON AZ 85705	94-1156347	501C3	20,088		FMV		GENERAL SUPPORT
(4)	THERAPEUTIC RIDING OF TUCSON, INC. 8920 E. WOODLAND RD. TUCSON AZ 85749	86-0329294	501C3	10,249		FMV		GENERAL SUPPORT
(5)	THRIVE GENERATIONS, INC. 3503 E. HARDY STREET TUCSON AZ 85716	47-2077041	501C3	9,549		FMV		GENERAL SUPPORT
(6)	TMM FAMILY SERVICES, INC. 1550 N. COUNTRY CLUB ROAD, UNIT 1 TUCSON AZ 85716-3102	86-0379677	501C3	25,000		FMV		GENERAL SUPPORT
(7)	TOHONO CHUL PARK, INC. 7366 N. PASEO DEL NORTE TUCSON AZ 85704-4415	86-0438592	501C3	7,338		FMV		GENERAL SUPPORT
(8)	TONCA FOUNDATION HC01, BOX 9100 SELLS AZ 85634	27-0394840	501C3	50,000		FMV		GENERAL SUPPORT
(9)	TU NIDITO CHILDREN & FAMILY SERVICE 3922 N. MOUNTAIN AVENUE TUCSON AZ 85719	86-0769031	501C3	67,500		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	TUCSON BOTANICAL GARDENS 2150 N. ALVERNON WAY TUCSON AZ 85712	23-7037310	501C3	5,500		FMV		GENERAL SUPPORT
(2)	TUCSON C.A.R.E.S. INC. P.O. BOX 41702 TUCSON AZ 85717	26-1129087	501C3	10,000		FMV		GENERAL SUPPORT
(3)	TUCSON CHILDREN'S MUSEUM, INC. 200 S. SIXTH AVENUE TUCSON AZ 85701	86-0676237	501C3	12,500		FMV		GENERAL SUPPORT
(4)	TUCSON INTERFAITH HIV/AIDS NETWORK 2600 N. 1ST AVENUE TUCSON AZ 85719-2911	86-0819574	501C3	5,632		FMV		GENERAL SUPPORT
(5)	TUCSON JEWISH COMMUNITY CENTER, INC 3800 E. RIVER ROAD TUCSON AZ 85718-6600	86-0183578	501C3	6,600		FMV		GENERAL SUPPORT
(6)	TUCSON MEDICAL CENTER FOUNDATION 5301 E. GRANT ROAD TUCSON AZ 85712	86-0504015	501C3	63,500		FMV		GENERAL SUPPORT
(7)	TUCSON MUSEUM OF ART 140 N. MAIN AVE. TUCSON AZ 85701	86-6006371	501C3	6,249		FMV		GENERAL SUPPORT
(8)	TUCSON REALTORS CHARITABLE FOUND 2445 N. TUCSON BOULEVARD TUCSON AZ 85716	26-0844174	501C3	23,000		FMV		GENERAL SUPPORT
(9)	TUCSON SYMPHONY SOCIETY 2175 N. 6TH AVENUE TUCSON AZ 85705-5606	86-0107538	501C3	23,375		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	TUCSON VALUES TEACHERS 3497 N. CAMPBELL, SUITE 703 TUCSON AZ 85719	26-4637708	501C3	20,500		FMV		GENERAL SUPPORT
(2)	TUCSON'S JANUARY 8TH MEM. FOUND P.O. BOX 40355 TUCSON AZ 85717	45-4083646	501C3	28,582		FMV		GENERAL SUPPORT
(3)	TUCSON-PIMA LIBRARY FOUNDATION P.O. BOX 13245 TUCSON AZ 85732	86-1034492	501C3	21,800		FMV		GENERAL SUPPORT
(4)	UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK NY 10038	20-3287404	501C3	10,000		FMV		GENERAL SUPPORT
(5)	UNITED WAY OF TUCSON & SOUTHERN AZ P.O. BOX 86750 TUCSON AZ 85754	86-0098932	501C3	108,500		FMV		GENERAL SUPPORT
(6)	UNIVERSITY CITY CHURCH TUCSON 604 N. 6TH AVE. TUCSON AZ 85705	46-1219209	501C3	50,000		FMV		GENERAL SUPPORT
(7)	UNIVERSITY OF ARIZONA FOUNDATION P.O. BOX 210109 TUCSON AZ 85721-0109	86-6050388	501C3	589,585		FMV		GENERAL SUPPORT
(8)	UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, STE. 500 MINNEAPOLIS MN 55455	41-6042488	501C3	6,000		FMV		GENERAL SUPPORT
(9)	UNIVERSITY OF PHOENIX P.O. BOX 62704 PHOENIX AZ 85082	86-0344364		8,500		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**
▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1)	VOLUNTEER CENTER OF GRANT COUNTY P.O. BOX 416 SILVER CITY NM 88062	20-1004201	501C3	30,000		FMV		GENERAL SUPPORT
(2)	WASHINGTON WOMEN IN NEED 232 5TH AVENUE S, SUITE 201 KIRKLAND WA 98033	91-1559848	501C3	20,000		FMV		GENERAL SUPPORT
(3)	WOMEN'S FOUNDATION OF S. ARIZONA 1661 N. SWAN ROAD, SUITE 150 TUCSON AZ 85712	31-1660702	501C3	7,500		FMV		GENERAL SUPPORT
(4)	WOMEN'S MISSIONARY UNION FOUND. 100 MISSIONARY RIDGE BIRMINGHAM AL 35242	63-1138772	501C3	17,415		FMV		GENERAL SUPPORT
(5)	YMCA OF SOUTHERN ARIZONA P.O. BOX 1111 TUCSON AZ 85702-1111	86-0101237	501C3	32,250		FMV		GENERAL SUPPORT
(6)	YOUTH EASTSIDE SERVICES 999 164TH AVENUE NE BELLEVUE WA 98008	91-0849093	501C3	25,000		FMV		GENERAL SUPPORT
(7)	YOUTH ON THEIR OWN 1660 N. ALVERNON WAY TUCSON AZ 85712	86-0644388	501C3	77,000		FMV		GENERAL SUPPORT
(8)	YWCA OF SOUTHERN ARIZONA 525 N. BONITA AVE. TUCSON AZ 85745	86-0098937	501C3	17,750		FMV		GENERAL SUPPORT
(9)								

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

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 GENERAL SUPPORT	2	20,000		FMV	
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART IV - ADDITIONAL INFORMATION

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

SCHEDULE J
(Form 990)

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- | | | | |
|--|-----------|--|---|
| a Receive a severance payment or change-of-control payment? | 4a | | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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

- | | | | |
|--|-----------|--|---|
| a The organization? | 5a | | X |
| b Any related organization? | 5b | | X |

If "Yes" on line 5a or 5b, describe in Part III.

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

- | | | | |
|--|-----------|--|---|
| a The organization? | 6a | | X |
| b Any related organization? | 6b | | X |

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
J. CLINTON MABIE 1 CEO	(i) 152,812 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	6,148 0	12,954 0	171,914 0	0 0
2	(i) (ii)	(i) (ii)	(i) (ii) .....	..... .....	..... .....	..... .....	..... .....
3	(i) (ii)	(i) (ii)	(i) (ii) .....	..... .....	..... .....	..... .....	..... .....
4	(i) (ii)	(i) (ii)	(i) (ii) .....	..... .....	..... .....	..... .....	..... .....
5	(i) (ii)	(i) (ii)	(i) (ii) .....	..... .....	..... .....	..... .....	..... .....
6	(i) (ii)	(i) (ii)	(i) (ii) .....	..... .....	..... .....	..... .....	..... .....
7	(i) (ii)	(i) (ii)	(i) (ii) .....	..... .....	..... .....	..... .....	..... .....
8	(i) (ii)	(i) (ii)	(i) (ii) .....	..... .....	..... .....	..... .....	..... .....
9	(i) (ii)	(i) (ii)	(i) (ii) .....	..... .....	..... .....	..... .....	..... .....
10	(i) (ii)	(i) (ii)	(i) (ii) .....	..... .....	..... .....	..... .....	..... .....
11	(i) (ii)	(i) (ii)	(i) (ii) .....	..... .....	..... .....	..... .....	..... .....
12	(i) (ii)	(i) (ii)	(i) (ii) .....	..... .....	..... .....	..... .....	..... .....
13	(i) (ii)	(i) (ii)	(i) (ii) .....	..... .....	..... .....	..... .....	..... .....
14	(i) (ii)	(i) (ii)	(i) (ii) .....	..... .....	..... .....	..... .....	..... .....
15	(i) (ii)	(i) (ii)	(i) (ii) .....	..... .....	..... .....	..... .....	..... .....
16	(i) (ii)	(i) (ii)	(i) (ii)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA	Employer identification number 94-2681765
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	93	2,526,327	FMV
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFTS FOR AUCTION)	X	35	31,561	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION

ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA	Employer identification number 94-2681765
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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
MANAGEMENT AND MEMBERS OF THE CFSA FINANCE COMMITTEE REVIEW THE FORM 990
PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS
ANNUALLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
AVAILABLE BY REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
TRANSFER OF LEWIS FOUNDATION \$ -6,491,608
TRANSFER OF NET ASSETS TO DAVID S & NORMA R LEWIS FOUNDATION EIN NUMBER 81
-3487852.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number
94-2681765

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CFSA COMMUNITY CAMPUS, LLC 6420 E BROADWAY BLVD, STE A100 82-1217360 TUCSON AZ 85710			1,437,500	2,191,153	N/A
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ZUCKERMAN COMMUNITY OUTREACH FDN 6420 E. BROADWAY BLVD., SUITE A10020-3617544 TUCSON AZ 85710	CHARITABLE	AZ	501C3	12A	N/A	X	
(2) THE HOWARD V. MOORE FOUNDATION 6420 E. BROADWAY BLVD., SUITE A10020-3983894 TUCSON AZ 85710	CHARITABLE	AZ	501C3	12A	N/A	X	
(3) SYCAMORE CANYON CONSERVATION FDN 6420 E. BROADWAY BLVD., SUITE A10020-5391377 TUCSON AZ 85710	CONSERVATI	AZ	501C3	12A	N/A	X	
(4) THE WILLIAM E. HALL FOUNDATION 6420 E. BROADWAY BLVD., SUITE A10013-6105057 TUCSON AZ 85710	CHARITABLE	AZ	501C3	12A	N/A	X	
(5) WOMEN'S FOUNDATION OF S. ARIZONA 1661 N. SWAN ROAD, SUITE 150 31-1660702 TUCSON AZ 85712	CHARITABLE	AZ	501C3	7	N/A		X

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CFSA PROPERTIES, INC. 6420 E. BROADWAY BLVD., SUITE A10086-0742820 TUCSON AZ 85710	PROP MGMT	AZ	501C3	12A	N/A	X	
(2) THE THOMAS R. BROWN FAMILY FDN P.O. BOX 31930 86-0933380 TUCSON AZ 85751	CHARITABLE	AZ	501C3	12A	N/A	X	
(3) WORTH AND DOT HOWARD FOUNDATION 3191 N. 29TH PLACE 86-0984133 PHOENIX AZ 85016	CHARITABLE	AZ	501C3	12C	N/A	X	
(4) NONPROFIT LOAN FUND OF TUCSON 6420 E. BROADWAY BLVD., SUITE A10045-5021995 TUCSON AZ 85710	CHARITABLE	AZ	501C3	12A	N/A	X	
(5) DAVID S. & NORMA R. LEWIS FDN 2250 E. BROADWAY BLVD., SUITE A10081-3487852 TUCSON AZ 85719	CHERITABLE	AZ	501C3	12A	N/A	X	

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DAA

Schedule R (Form 990) 2016

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NONPROFIT LOAN FUND OF TUCSON	D	250,000	FMV
(2) THOMAS R. BROWN FOUNDATION	C	75,000	FMV
(3) CFSA PROPERTIES	C	809,345	FMV
(4) NONPROFIT LOAN FUND OF TUCSON	A	2,663	FMV
(5) DAVID S & NORMA R LEWIS FOUNDATION	R	6,491,608	FMV
(6)			

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

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

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

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2016

For calendar year 2016 or other tax year beginning 07/01/16, and ending 06/30/17.

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year <u>114,843,260</u></p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 6420 E. BROADWAY BLVD., SUITE A100</p> <p>City or town, state or province, country, and ZIP or foreign postal code TUCSON AZ 85710</p> <p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions.) 94-2681765</p> <p>E Unrelated business activity codes (See instructions.) 531120</p>
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H Describe the organization's primary unrelated business activity.
▶ **RENTAL PROPERTY**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation.

▶

J The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **520-770-0800**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance			
2 Cost of goods sold (Schedule A, line 7)				
3 Gross profit. Subtract line 2 from line 1c				
4a Capital gain net income (attach Schedule D)				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
c Capital loss deduction for trusts				
5 Income (loss) from partnerships and S corporations (attach statement)				
6 Rent income (Schedule C)				
7 Unrelated debt-financed income (Schedule E)		7,759	7,759	
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10 Exploited exempt activity income (Schedule I)				
11 Advertising income (Schedule J)				
12 Other income (See instructions; attach schedule)				
13 Total. Combine lines 3 through 12		7,759	7,759	0

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)				
15 Salaries and wages				
16 Repairs and maintenance				
17 Bad debts				
18 Interest (attach schedule)				
19 Taxes and licenses				
20 Charitable contributions (See instructions for limitation rules)				
21 Depreciation (attach Form 4562)		21		
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	0
23 Depletion				
24 Contributions to deferred compensation plans				
25 Employee benefit programs				
26 Excess exempt expenses (Schedule I)				
27 Excess readership costs (Schedule J)				
28 Other deductions (attach schedule)				
29 Total deductions. Add lines 14 through 28				
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				
31 Net operating loss deduction (limited to the amount on line 30)				
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30				
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)				
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.				0

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____	
c Income tax on the amount on line 34	35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
37 Proxy tax. See instructions	37
38 Alternative minimum tax	38
39 Tax on Non-Compliant Facility Income. See instructions	39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800 (see instructions)	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	43	
44 Total tax. Add lines 42 and 43	44	0
45a Payments: A 2015 overpayment credited to 2016	45a	
b 2016 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	45g	
46 Total payments. Add lines 45a through 45g	46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶ Refunded ▶	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

Sign Here ▶ 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **CEO**

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

Paid Preparer Use Only

Print/Type preparer's name: **JULIE S. KLEWER, CPA** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00343046**

Firm's name ▶ **LUDWIG KLEWER & CO. PLLC** Firm's EIN ▶ **36-4538293**

Firm's address ▶ **4783 E CAMP LOWELL DR TUCSON, AZ 85712** Phone no. **520-545-0500**

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec. 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property STMT 1	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) RENTAL		11,487		11,487
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 661,386	979,117	67.55%	7,759	7,759
(2)		%		
(3)		%		
(4)		%		
SEE STATEMENT 2			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ►			7,759	7,759
Total dividends-received deductions included in column 8 ►				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals ▶

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Totals ▶

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) ▶

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			