

**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

**2017**  
**Open to Public Inspection**

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18**

<b>B</b> Check if applicable: <input checked="" 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	<b>C</b> 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 5049 E. BROADWAY BLVD, SUITE 201 City or town, state or province, country, and ZIP or foreign postal code TUCSON AZ 85711	<b>D</b> Employer identification number 94-2681765  <b>E</b> Telephone number 520-770-0800  <b>G</b> Gross receipts \$ 25,665,117
<b>F</b> Name and address of principal officer: J. CLINTON MABIE 5049 E. BROADWAY BLVD., SUITE 201 TUCSON AZ 85711		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>U</b>
<b>J</b> Website: <b>U</b> WWW.CFSAZ.ORG/		<b>L</b> Year of formation: 1980 <b>M</b> State of legal domicile: AZ
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>U</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	24
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	24
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	25
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	44
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	15,368,533	10,311,007
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	272,226	277,006
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,498,620	3,158,871
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,157,956	13,788,463
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,738,680	6,395,428
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,425,700	1,487,670
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		75,689
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>U</b> 774,770		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	963,885	1,019,986
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,128,265	8,978,773	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	8,029,691	4,809,690	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	114,843,260	125,125,568
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	7,417,599	10,065,604
		107,425,661	115,059,964

**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.

<b>Sign Here</b>	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
<b>Paid Preparer Use Only</b>	Firm's name } LUDWIG KLEWER & RUDNER 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

Input box for Schedule O check

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 No checkboxes, No is selected

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No checkboxes, No is selected

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

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 \$ 7,125,624 including grants of \$ 6,375,428 ) (Revenue \$ 303,366 )

CFSA HAS BEEN INVOLVED IN PROVIDING CORE OPERATING GRANTS, FOR GENERAL OPERATING SUPPORT, 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 CARE COALITION.

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 7,125,624

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>U</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	24		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	24		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>7b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>16b</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.  
 Own website  Another's website  Upon request  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 5049 E. BROADWAY BLVD., SUITE 201  
 TUCSON AZ 85711 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) JAN LESHER	0.12									
CHAIR	0.00	X		X			0	0	0	
(2) CLAUDIA JASSO-STEVENS	0.23									
VICE CHAIR	0.00	X		X			0	0	0	
(3) ANNE ROEDIGER	0.17									
TREASURER	0.00	X		X			0	0	0	
(4) FRED CHAFFEE	0.17									
SECRETARY	0.02	X		X			0	0	0	
(5) BARBARA SMITH	1.85									
DIRECTOR	0.10	X					0	0	0	
(6) CANDE GROGAN	0.00									
DIRECTOR	0.00	X					0	0	0	
(7) CELESTINO FERNANDEZ	0.12									
DIRECTOR	0.00	X					0	0	0	
(8) CHETAN BAFNA	0.23									
DIRECTOR	0.00	X					0	0	0	
(9) CRAIG WISNOM	0.23									
DIRECTOR	0.00	X					0	0	0	
(10) DARRYL DOBRAS	0.17									
DIRECTOR	0.00	X					0	0	0	
(11) DOREEN NANIBAA MCPAUL	0.12									
DIRECTOR	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) FAISAL ADIL ..... DIRECTOR	0.12 0.00	X						0	0	0
(13) JIM ROWLEY ..... DIRECTOR	0.06 0.00	X						0	0	0
(14) MARCEL DABDOUB ..... DIRECTOR	0.23 0.10	X						0	0	0
(15) MARK RUBIN ..... DIRECTOR	0.06 0.00	X						0	0	0
(16) MARY OKOYE ..... DIRECTOR	0.23 0.29	X						0	0	0
(17) MATT HARRISON ..... DIRECTOR	0.06 0.00	X						0	0	0
(18) MIKE SULLIVAN ..... DIRECTOR	0.23 0.00	X						0	0	0
(19) RICK SIAS ..... DIRECTOR	0.17 0.00	X						0	0	0
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....								469,608		75,735
<b>d Total (add lines 1b and 1c)</b> .....								469,608		75,735

**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 2

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	235,738				
	<b>d</b> Related organizations	<b>1d</b>	365,000				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	9,710,269				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		3,325,844				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	10,311,007				
<b>Program Service Revenue</b>		<b>Busn. Code</b>					
	<b>2a</b> MANAGEMENT FEES	541610	242,856	242,856			
	<b>b</b> ANNUAL EVENT-NON FUNDRAISING	519100	34,150	34,150			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f	<b>u</b>	277,006					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	2,652,278			2,652,278	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities		12,313,986			
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.			11,807,393			
	<b>c</b> Gain or (loss)			506,593			
	<b>d</b> Net gain or (loss)	<b>u</b>		506,593			
	<b>8a</b> Gross income from fundraising events (not including \$ 235,738 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		84,480			
		<b>b</b> Less: direct expenses	<b>b</b>	69,261			
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>		15,219				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
Miscellaneous Revenue		<b>Busn. Code</b>					
<b>11a</b> OTHER REVENUE		900099	26,360	26,360			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		26,360				
<b>12 Total revenue.</b> See instructions.	<b>u</b>		13,788,463	303,366	0	3,174,090	

**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	6,375,428	6,375,428		
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	584,324	181,140	216,199	186,985
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	695,662	215,655	257,395	222,612
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,437	14,085	16,812	14,540
9 Other employee benefits	70,956	21,997	26,254	22,705
10 Payroll taxes	91,291	28,300	33,778	29,213
11 Fees for services (non-employees):				
a Management				
b Legal	41,559		41,559	
c Accounting	48,290		48,290	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	75,689			75,689
f Investment management fees	254,425		254,425	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	106,257	42,686	34,089	29,482
12 Advertising and promotion	111,026	35,528	15,544	59,954
13 Office expenses	61,165	18,961	22,631	19,573
14 Information technology	31,382	9,729	11,611	10,042
15 Royalties				
16 Occupancy	141,556	43,882	52,376	45,298
17 Travel	29,535	9,156	10,928	9,451
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,931	12,458	5,450	21,023
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,310	1,026	1,225	1,059
23 Insurance	19,087	5,917	7,062	6,108
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	69,955	69,955		
b DUES AND SUBSCRIPTIONS	56,610	17,549	20,946	18,115
c MISC. EXPENSE	3,646	1,130	1,349	1,167
d STAFF RECRUITMENT	3,252	1,042	456	1,754
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>8,978,773</b>	<b>7,125,624</b>	<b>1,078,379</b>	<b>774,770</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" 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) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	831,840	1	1,504,431
	2	Savings and temporary cash investments	6,591,271	2	8,820,454
	3	Pledges and grants receivable, net	16,020,818	3	7,272,587
	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	250,000	7	250,000
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	30,850	9	35,553
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,402,482		
	10b	Less: accumulated depreciation	148,280		
	10c		1,987,810	10c	3,254,202
	11	Investments—publicly traded securities	88,866,382	11	103,713,062
	12	Investments—other securities. See Part IV, line 11	229,377	12	242,463
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	34,912	15	32,816	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	114,843,260	16	125,125,568	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	137,328	17	112,226
	18	Grants payable	650,741	18	329,320
	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	661,386	24	2,496,866
	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	5,968,144	25	7,127,192
	26	<b>Total liabilities.</b> Add lines 17 through 25	7,417,599	26	10,065,604
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	41,670,894	27	41,814,327
	28	Temporarily restricted net assets	7,561,671	28	12,523,413
	29	Permanently restricted net assets	58,193,096	29	60,722,224
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	107,425,661	33	115,059,964	
34	<b>Total liabilities and net assets/fund balances</b>	114,843,260	34	125,125,568	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	13,788,463
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,978,773
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,809,690
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	107,425,661
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,054,258
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-229,645
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	115,059,964

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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
<b>2b</b>	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	
<b>2c</b>	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	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**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) RON MARX	0.23									
DIRECTOR	0.00	X					0	0	0	
(21) SAUNIE TAYLOR	0.06									
DIRECTOR	0.00	X					0	0	0	
(22) TONY DABDOUB	0.00									
DIRECTOR	0.00	X					0	0	0	
(23) VIRJINYA TORREZ	0.00									
DIRECTOR	0.00	X					0	0	0	
(24) XAVIER MANRIQUE	0.00									
DIRECTOR	0.00	X					0	0	0	
(25) J. CLINTON MABIE	40.00									
CEO	1.09			X			164,992	0	46,715	
(26) KATHERINE WAIT	40.00									
CFO	0.00			X			98,375	0	12,594	
(27) MARK MONTOYA	40.00									
VP OF OPERATIONS	0.00			X			75,854	0	15,597	
<b>1b Sub-total</b>							339,221		74,906	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	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 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			
(28) SANDRA NATHAN SENIOR VP	40.00 0.00			X				130,387	0	829
<b>1b Sub-total</b> <input type="checkbox"/>								130,387		829
<b>c Total from continuation sheets to Part VII, Section A</b> <input type="checkbox"/>										
<b>d Total (add lines 1b and 1c)</b> <input type="checkbox"/>										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>4</b> 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> .....		
<b>5</b> 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> .....		

**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.

**2017**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

**U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA</b>	Employer identification number <b>94-2681765</b>
--	---

**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)						
<b>Total</b>						

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,237,232	15,876,867	13,266,709	15,368,533	10,311,007	77,060,348
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	22,237,232	15,876,867	13,266,709	15,368,533	10,311,007	77,060,348
<b>5</b> 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)						14,025,352
<b>6 Public support.</b> Subtract line 5 from line 4.						63,034,996

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	22,237,232	15,876,867	13,266,709	15,368,533	10,311,007	77,060,348
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,510,951	2,298,404	2,438,110	2,049,193	2,652,278	10,948,936
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				10,439		10,439
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	45,125	73,893	73,196	74,803	110,840	377,857
<b>11 Total support.</b> Add lines 7 through 10						88,397,580

**12** Gross receipts from related activities, etc. (see instructions) 12 1,137,971

**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**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	71.31 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14	<b>15</b>	69.63 %

**16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2017.** 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—2016.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>		
<b>b</b> 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>		
<b>c</b> 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>		
<b>4a</b> 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>		
<b>b</b> 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>		
<b>c</b> 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>		
<b>5a</b> 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>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>		
<b>b</b> 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>		
<b>c</b> 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>		
<b>10a</b> 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>		
<b>b</b> 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? 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.		
<b>1</b>		
<b>2</b> 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? 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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? 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.		
<b>2a</b>		
<b>b</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? 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.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? Provide details in Part VI.		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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 <b>Total annual distributions.</b> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014 .....			
d From 2015 .....			
e From 2016 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014 .....			
c Excess from 2015 .....			
d Excess from 2016 .....			
e Excess from 2017 .....			

**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 \$ 136,178

SPECIAL EVENTS GROSS RECEIPTS \$ 241,679

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 yes/no questions about donor advisement.

Part II Conservation Easements.

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

Form with multiple sections for conservation easements, including checkboxes for purposes, a table for held at end of tax year, and various questions about monitoring and 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.

Form with questions about reporting art and historical treasures, including amounts for revenue and assets.

**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	57,731,523	50,383,726	47,318,357	41,499,665	36,360,211
b Contributions	3,719,057	6,657,938	6,552,622	7,782,339	1,451,423
c Net investment earnings, gains, and losses	3,605,420	5,292,588	-915,927	635,933	5,928,722
d Grants or scholarships					
e Other expenditures for facilities and programs	3,576,999	2,900,810	2,571,326	2,599,580	2,240,691
f Administrative expenses	-1,000,000	1,701,919			
g End of year balance	62,479,001	57,731,523	50,383,726	47,318,357	41,499,665

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  92.58 %
  - c Temporarily restricted endowment  7.42 %
- 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		2,708,554		2,708,554
c Leasehold improvements				
d Equipment		54,085	51,051	3,034
e Other		144,061	97,229	46,832
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<input checked="" type="checkbox"/>	3,254,202



**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>0</b>	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>0</b>	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>0</b>

**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	7,102,858
(3) DEFERRED COMPENSATION LIABILITY	24,334
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>7,127,192</b>

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2e, 3, 4a-4c, 5), and a final column for totals.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2e, 3, 4a-4c, 5), and a final column for totals.

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 ORGANIZATION'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, 2018, 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.

**2017**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

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 DEVELOPMENT PLUS FUNDRAISING COUNSEL 12050 S. DESERT SANCTUARY BENSON AZ 85602	FUNDRAISIN		X	250,000	43,750	206,250
2 TOM BUCHANAN 6040 N. CAMINO ESQUINA TUCSON AZ 85718	FUNDRAISIN		X	44,483	31,939	12,544
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				294,483	75,689	218,794

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" 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	
		<u>BLACK &amp; WHITE G</u>	<u>CATS IN THE CAN</u>	<u>2</u>	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	181,451	120,737	9,413	311,601
	2	Less: Contributions	141,214	76,742	9,378	227,334
	3	Gross income (line 1 minus line 2)	40,237	43,995	35	84,267
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	35,893	33,068		68,961
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11	Net income summary. Subtract line 10 from line 3, column (d) ▶					15,306

**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))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. 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)**

Department of the Treasury  
Internal Revenue Service

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

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

U Attach to Form 990.

U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

Employer identification number  
**94-2681765**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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	35,250		FMV		GENERAL SUPPORT
(2)	AMERICAN CIVIL LIBERTIES UNION OF 901 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 BLVD. TUCSON AZ 85716	53-0196605	501C3	24,000		FMV		GENERAL SUPPORT
(4)	AMPHITHEATER PUBLIC SCHOOLS FOUND. 701 W. WETMORE RD. TUCSON AZ 85705	86-0472926	501C3	15,583		FMV		GENERAL SUPPORT
(5)	ARIZONA GOVERNOR'S OFFICE 1700 W. WASHINGTON ST., SUITE 500 PHOENIX AZ 85007		GOV	172,020		FMV		GENERAL SUPPORT
(6)	ARIZONA GRANTMAKERS FORUM 2201 E. CAMELBACK RD., SUITE 405B PHOENIX AZ 85016	86-1040394	501C3	15,000		FMV		GENERAL SUPPORT
(7)	ARIZONA SOUTHERN BAPTIST CONVENTION 2240 N. HAYDEN RD., SUITE 100 SCOTTSDALE AZ 85257	86-0123683		16,568		FMV		GENERAL SUPPORT
(8)	ARIZONA STATE UNIVERSITY P.O. BOX 870412 TEMPE AZ 85287	86-0196696	GOV	12,000		FMV		GENERAL SUPPORT
(9)	ARIZONA STATE UNIVERSITY FOUNDATION P.O. BOX 2260 TEMPE AZ 85280	86-6051042	501C3	25,000		FMV		GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 135**
- 3 Enter total number of other organizations listed in the line 1 table **u 21**

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

U 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)	ARIZONA THEATRE COMPANY P.O. BOX 1631 TUCSON AZ 85702	86-0211777	501C3	23,000		FMV		GENERAL SUPPORT
(2)	ARIZONA'S CHILDREN ASSOCIATION 3716 E. COLUMBIA ST., SUITE 120 TUCSON AZ 85714	86-0096772	501C3	46,086		FMV		GENERAL SUPPORT
(3)	ARIZONA-SONORA DESERT MUSEUM INC. 2021 N. KINNEY RD. TUCSON AZ 85743	86-0111675	501C3	35,750		FMV		GENERAL SUPPORT
(4)	ASAVET VETERINARY CHARITIES 5408 S. 12TH AVE. TUCSON AZ 85706	46-5746312	501C3	5,600		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	24,870		FMV		GENERAL SUPPORT
(7)	BANNER HEALTH FOUNDATION 2901 N. CENTRAL AVENUE, SUITE 160 PHOENIX AZ 85021	45-0233470	501C3	7,000		FMV		GENERAL SUPPORT
(8)	BAPTIST MEDICAL AND DENTAL MISSION 11 PLAZA DRIVE HATTIESBURG MS 39402	64-0811705	501C3	16,568		FMV		GENERAL SUPPORT
(9)	BAYLOR UNIVERSITY 1 BEAR PLACE, NO. 97050 WACO TX 76798-7026	74-1159753	501C3	62,179		FMV		GENERAL SUPPORT

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



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization <b>COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA</b>	Employer identification number <b>94-2681765</b>
--	---

**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
<b>(1)</b> BIG BROTHERS BIG SISTERS OF TUCSON 160 E. ALAMEDA STREET TUCSON AZ 85701	86-0188050	501C3	64,500		FMV		GENERAL SUPPORT
<b>(2)</b> BISBEE COALITION FOR THE HOMELESS P.O. BOX 5393 BISBEE AZ 85603-5393	86-0782752	501C3	73,388		FMV		GENERAL SUPPORT
<b>(3)</b> BORDERLINKS 620 S. SIXTH AVENUE TUCSON AZ 85701	86-0760505	501C3	6,000		FMV		GENERAL SUPPORT
<b>(4)</b> BOSTON UNIVERSITY 881 COMMONWEALTH AVE. BOSTON MA 02215	04-2103547	501C3	174,210		FMV		GENERAL SUPPORT
<b>(5)</b> BOY SCOUTS OF AMERICA-CATALINA 5049 E. BROADWAY BLVD., SUITE 200 TUCSON AZ 85711	86-0107516	501C3	13,878		FMV		GENERAL SUPPORT
<b>(6)</b> BOYS AND GIRLS CLUB OF SANTA CRUZ 590 N. TYLER AVENUE NOGALES AZ 85621	86-0671818	501C3	19,983		FMV		GENERAL SUPPORT
<b>(7)</b> BOYS AND GIRLS CLUB OF TUCSON P.O. BOX 40217 TUCSON AZ 85717-0217	86-0172257	501C3	38,862		FMV		GENERAL SUPPORT
<b>(8)</b> BROOKLINE COMMUNITY MENTAL HEALTH 41 GARRISON RD. BROOKLINE MA 02445	04-2263744	501C3	10,000		FMV		GENERAL SUPPORT
<b>(9)</b> BUENA VISTA UNIVERSITY 610 W. 4TH STREET STORM LAKE IA 50588	42-0680404	501C3	6,000		FMV		GENERAL SUPPORT

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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

Ⓛ Attach to Form 990.

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Name of the organization <b>COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA</b>	Employer identification number <b>94-2681765</b>
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**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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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
<b>(1)</b> CARE 465 CALIFORNIA ST., STE. 475 SAN FRANCISCO CA 94104	13-1685039	501C3	1,185,158		FMV		GENERAL SUPPORT
<b>(2)</b> CASA DE LOS NINOS 1101 N. 4TH AVENUE TUCSON AZ 85705-7467	86-0314595	501C3	31,835		FMV		GENERAL SUPPORT
<b>(3)</b> CASA LIBRE EN LA SOLANA P.O. BOX 43582 TUCSON AZ 85733	56-2371298	501C3	8,500		FMV		GENERAL SUPPORT
<b>(4)</b> CASA MARIA CATHOLIC WORKER 401 E. 26TH STREET TUCSON AZ 85713	86-0504528	501C3	10,000		FMV		GENERAL SUPPORT
<b>(5)</b> CASAS ADOBES BAPTIST CHURCH 10801 N LA CHOLLA BOULEVARD TUCSON AZ 85742	86-0314386		83,033		FMV		GENERAL SUPPORT
<b>(6)</b> CATHOLIC COMMUNITY SERVICES 140 W. SPEEDWAY BLVD., SUITE 230 TUCSON AZ 85705	86-0100880	501C3	22,500		FMV		GENERAL SUPPORT
<b>(7)</b> CHILD AND FAMILY RESOURCES, INC. 2800 E. BROADWAY BOULEVARD TUCSON AZ 85716	86-0251984	501C3	30,000		FMV		GENERAL SUPPORT
<b>(8)</b> CHILD EVANGELISM FELLOWSHIP P.O. BOX 348 WARRENTON MO 63383	38-6091187	501C3	29,004		FMV		GENERAL SUPPORT
<b>(9)</b> CHILDREN'S ACTION ALLIANCE, INC. 4001 N. THIRD STREET, SUITE 160 PHOENIX AZ 85012-2062	86-0594785	501C3	50,000		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 Ⓛ

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
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Department of the Treasury  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

U 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**

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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)	COCHISE COLLEGE 4190 AZ-80 DOUGLAS AZ 85607	56-2371298	GOV	5,700		FMV		GENERAL SUPPORT
(2)	CODY'S FRIENDS, INC. P.O. BOX 36502 TUCSON AZ 85704	47-4052727	501C3	10,000		FMV		GENERAL SUPPORT
(3)	COMMUNITY FOOD BANK, INC. P.O. BOX 26727 TUCSON AZ 85726-6727	51-0192519	501C3	166,165		FMV		GENERAL SUPPORT
(4)	COMMUNITY HOME REPAIR PROJECTS P.O. BOX 26215 TUCSON AZ 85726	86-0682684	501C3	30,000		FMV		GENERAL SUPPORT
(5)	CONSTRUYENDO CIRCULES DE PAZ 404 W. CRAWFORD ST. NOGALES AZ 85621	20-3452166	501C3	8,000		FMV		GENERAL SUPPORT
(6)	CORNELL UNIVERSITY P.O. BOX 25842 LEIGH VALLEY PA 18003	15-0532082	501C3	15,000		FMV		GENERAL SUPPORT
(7)	CORPUS CHRISTI PARISH 300 N. TANQUE VERDE LOOP ROAD TUCSON AZ 85748			60,000		FMV		GENERAL SUPPORT
(8)	DAVIS MONTHAN OFFICERS SPOUSES P.O. BOX 15280 DMAFB AZ 85708-0280	95-3511957	501C3	10,000		FMV		GENERAL SUPPORT
(9)	DIAPER BANK OF SOUTHERN ARIZONA 4500 E. SPEEDWAY BLVD., SUITE 75 TUCSON AZ 85712	43-1990345	501C3	10,000		FMV		GENERAL SUPPORT

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

U Attach to Form 990.

U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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)	EARN TO LEARN 4803 E 5TH ST., SUITE 215 TUCSON AZ 85711	26-1151754	501C3	15,251		FMV		GENERAL SUPPORT
(2)	EASTER SEALS BLAKE FOUNDATION 7750 E. BROADWAY BLVD. A200 TUCSON AZ 85710	86-0093224	501C3	15,000		FMV		GENERAL SUPPORT
(3)	EASTSIDE AUDUBON SOCIETY P.O. BOX 3115 KIRKLAND WA 98083-3115	91-1123007	501C3	35,000		FMV		GENERAL SUPPORT
(4)	EDUCATIONAL ENRICHMENT FOUNDATION 3809 E. 3RD STREET TUCSON AZ 85716	74-2354578	501C3	51,983		FMV		GENERAL SUPPORT
(5)	EL GRUPO YOUTH CYCLING 23 WEST 4TH STREET TUCSON AZ 85705	80-0252901	501C3	7,700		FMV		GENERAL SUPPORT
(6)	EL RIO HEALTH CENTER FOUNDATION 839 W. CONGRESS STREET TUCSON AZ 85745	86-0816675	501C3	32,250		FMV		GENERAL SUPPORT
(7)	EMERGE! CENTER AGAINST DOM. ABUSE 2545 E. ADAMS STREET TUCSON AZ 85716	86-0312162	501C3	5,073		FMV		GENERAL SUPPORT
(8)	FLORENCE IMMIGRANT AND REFUGEE P.O. BOX 86299 TUCSON AZ 85754	86-0658103	501C3	9,692		FMV		GENERAL SUPPORT
(9)	FRIENDS OF PIMA ANIMAL CARE CENTER P.O. BOX 85370 TUCSON AZ 85745	47-4160770	501C3	40,000		FMV		GENERAL SUPPORT

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

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

U Attach to Form 990.

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Name of the organization <b>COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA</b>	Employer identification number <b>94-2681765</b>
--	---

**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
<b>(1)</b> FRIENDS OF TUCSON'S BIRTHPLACE P.O. BOX 1228 TUCSON AZ 85702	27-1326401	501C3	10,300		FMV		GENERAL SUPPORT
<b>(2)</b> GABRIEL'S ANGELS 3849 E. BROADWAY BOULEVARD, STE 292 TUCSON AZ 85716-5407	86-0991198	501C3	10,500		FMV		GENERAL SUPPORT
<b>(3)</b> GALLAUDET UNIVERSITY CHAPEL HALL G-02 WASHINGTON DC 20002	53-0199507	501C3	18,000		FMV		GENERAL SUPPORT
<b>(4)</b> GAP MINISTRIES 2861 N FLOWING WELLS RD., SUITE 161 TUCSON AZ 85705	86-0999503	501C3	7,141		FMV		GENERAL SUPPORT
<b>(5)</b> GIRL SCOUTS OF SOUTHERN ARIZONA 4300 E. BROADWAY BOULEVARD TUCSON AZ 85711	86-0098917	501C3	23,000		FMV		GENERAL SUPPORT
<b>(6)</b> GIVE2ASIA 340 PINE STREET, SUITE 501 SAN FRANCISCO CA 94104	94-3373670	501C3	25,750		FMV		GENERAL SUPPORT
<b>(7)</b> GOSPEL RESCUE MISSION 707 W. MIRACLE MILE TUCSON AZ 85705	86-6054088	501C3	18,108		FMV		GENERAL SUPPORT
<b>(8)</b> GRAND CANYON UNIVERSITY FOUNDATION P.O. BOX 11590 PHOENIX AZ 85061	90-0615620	501C3	61,000		FMV		GENERAL SUPPORT
<b>(9)</b> GREEN VALLEY ASSISTANCE SERVICES 3905 S. CAMINO DEL HEROE GREEN VALLEY AZ 85614	94-2783969	501C3	5,500		FMV		GENERAL SUPPORT

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Ⓛ Attach to Form 990.

Ⓛ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <b>COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA</b>	Employer identification number <b>94-2681765</b>
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**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  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
<b>(1)</b> HANDI-DOGS, INC. 75 S. MONTEGO DRIVE TUCSON AZ 85710-3797	95-3247091	501C3	32,544		FMV		GENERAL SUPPORT
<b>(2)</b> HERMITAGE NO-KILL CAT SHELTER P.O. BOX 13508 TUCSON AZ 85732	86-0213263	501C3	51,500		FMV		GENERAL SUPPORT
<b>(3)</b> HIGHER GROUND A RESOURCE CENTER 101 W. 44TH STREET TUCSON AZ 85713	27-3585869	501C3	51,100		FMV		GENERAL SUPPORT
<b>(4)</b> HOPE ANIMAL SHELTER P.O. BOX 1996 CORTARO AZ 85652	03-0561855	501C3	8,000		FMV		GENERAL SUPPORT
<b>(5)</b> HUMANE SOCIETY OF SOUTHERN ARIZONA 3450 N. KELVIN BOULEVARD TUCSON AZ 85716-1326	86-0112798	501C3	137,919		FMV		GENERAL SUPPORT
<b>(6)</b> IMAGO DEI MIDDLE SCHOOL P.O. BOX 3056 TUCSON AZ 85702	86-1155866		28,000		FMV		GENERAL SUPPORT
<b>(7)</b> INTERFAITH COMMUNITY SERVICES 2820 W. INA ROAD TUCSON AZ 85741-2502	86-0520997	501C3	42,744		FMV		GENERAL SUPPORT
<b>(8)</b> ISKASHITAA REFUGEE NETWORK 1406 E GRANT RD. TUCSON AZ 85719	45-5067244		6,000		FMV		GENERAL SUPPORT
<b>(9)</b> INTERNATIONAL MISSION BOARD OF THE P.O. BOX 6767 RICHMOND VA 23230	54-0213930	501C3	45,572		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 Ⓛ

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization <b>COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA</b>	Employer identification number <b>94-2681765</b>
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**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  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
<b>(1)</b> INTERNATIONAL SCHOOL FOR PEACE 4625 E. RIVER RD. TUCSON AZ 85718	86-0388672		10,000		FMV		GENERAL SUPPORT
<b>(2)</b> JEWISH FEDERATION OF SOUTHERN AZ 3822 E. RIVER ROAD, SUITE 100 TUCSON AZ 85718-6665	86-0096795	501C3	33,836		FMV		GENERAL SUPPORT
<b>(3)</b> JOBPATH 220 W 6TH ST., SUITE A108 TUCSON AZ 85701	65-1190309	501C3	38,000		FMV		GENERAL SUPPORT
<b>(4)</b> JUNIOR ACHIEVEMENT OF ARIZONA, INC. 6339 E SPEEDWAY BLVD., SUITE 109 TUCSON AZ 85710	86-0184349	501C3	9,714		FMV		GENERAL SUPPORT
<b>(5)</b> JUNIOR STATESMEN FOUNDATION 111 ANZA BOULEVARD, SUITE 109 BURLINGAME CA 94010	94-6050452	501C3	69,000		FMV		GENERAL SUPPORT
<b>(6)</b> LAW COLLEGE ASSOCIATION OF THE P.O. BOX 210176 TUCSON AZ 85721	86-6037148	501C3	25,000		FMV		GENERAL SUPPORT
<b>(7)</b> LEGAL VOICE 907 PINE STREET, SUITE 500 SEATTLE WA 98101	91-1047900	501C3	30,000		FMV		GENERAL SUPPORT
<b>(8)</b> LIFELINE ORO VALLEY ANIMAL RESCUE 10645 N. ORACLE RD., SUITE 121-165 ORO VALLEY AZ 85737	47-2639130	501C3	10,000		FMV		GENERAL SUPPORT
<b>(9)</b> LIL BIT OF LOVE, INC. 5620 N TRISHA LN., SUITE A TUCSON AZ 85741	81-1649265	501C3	15,000		FMV		GENERAL SUPPORT

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

**SCHEDULE I  
(Form 990)**

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

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
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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)	LIBRARIES, LTD. P.O. BOX 57013 TUCSON AZ 85732	86-6056882	501C3	11,000		FMV		GENERAL SUPPORT
(2)	LITERACY CONNECTS 200 E. YAVAPAI ROAD TUCSON AZ 85705-3650	23-7047508	501C3	80,067		FMV		GENERAL SUPPORT
(3)	LOFT CINEMA, INC. 3233 E. SPEEDWAY BLVD. TUCSON AZ 85716	46-0477843	501C3	6,474		FMV		GENERAL SUPPORT
(4)	LUTHERAN SOCIAL SERVICES OF 6303 E TANQUE VERDE RD., SUITE 101 TUCSON AZ 85715	86-0252302	501C3	10,500		FMV		GENERAL SUPPORT
(5)	MAKE WAY FOR BOOKS 700 N. STONE AVENUE TUCSON AZ 85712	31-1583036	501C3	64,000		FMV		GENERAL SUPPORT
(6)	MARIPOSA COMMUNITY HEALTH CENTER 1852 N. MASTICK WAY NOGALES AZ 85621	86-0524321	501C3	14,685		FMV		GENERAL SUPPORT
(7)	MCINTOSH COUNTY ACADEMY 8945 U.S. HIGHWAY 17 DARIEN GA 31305	58-6000286	GOV	7,500		FMV		GENERAL SUPPORT
(8)	MEDICAL STUDENTS FOR CHOICE P.O. BOX 40935 PHILADELPHIA PA 19107	20-5263777	501C3	26,500		FMV		GENERAL SUPPORT
(9)	MIDWESTERN UNIVERSITY 19555 N. 59TH AVE. GLENDALE AZ 85308	36-3377698	501C3	7,500		FMV		GENERAL SUPPORT

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



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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

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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)	MOBILE MEALS OF SOUTHERN ARIZONA 4803 E. 5TH ST., SUITE 209 TUCSON AZ 85711	23-7157579	501C3	37,500		FMV		GENERAL SUPPORT
(2)	NO KILL PIMA COUNTY P.O. BOX 86231 TUCSON AZ 85754	46-3333316	501C3	33,000		FMV		GENERAL SUPPORT
(3)	NORTH AMERICAN MISSION BOARD OF THE 4200 N. POINTE PARKWAY ALPHARETTA GA 30022	58-2379481	501C3	20,739		FMV		GENERAL SUPPORT
(4)	NORTHERN ARIZONA UNIVERSITY P.O. BOX 4094 FLAGSTAFF AZ 86011-4108	86-0193726	501C3	22,000		FMV		GENERAL SUPPORT
(5)	NORTHERN ARIZONA UNIVERSITY P.O. BOX 4108 FLAGSTAFF AZ 86011-4108	74-2579628	GOV	33,000		FMV		GENERAL SUPPORT
(6)	OLD PUEBLO COMMUNITY FOUNDATION 4501 E. 5TH STREET TUCSON AZ 85711	86-0836556	501C3	13,950		FMV		GENERAL SUPPORT
(7)	OUR FAMILY SERVICES 2590 N. ALVERNON WAY TUCSON AZ 85712	94-2598560	501C3	22,800		FMV		GENERAL SUPPORT
(8)	OXFAM AMERICA 226 CAUSEWAY ST. BOSTON MA 02114	23-7069110	501C3	10,000		FMV		GENERAL SUPPORT
(9)	PATRONATO SAN XAVIER P.O. BOX 522 TUCSON AZ 85702	74-2354509	501C3	26,500		FMV		GENERAL SUPPORT

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

**Grants and Other Assistance to Organizations,  
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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**

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(1)	PIMA COMMUNITY COLLEGE 4905 E. BROADWAY BLVD. TUCSON AZ 85709	86-0208787	GOV	22,093		FMV		GENERAL SUPPORT
(2)	PIMA COUNCIL ON AGING, INC. 8467 E. BROADWAY BOULEVARD TUCSON AZ 85710	86-0251768	501C3	8,289		FMV		GENERAL SUPPORT
(3)	PLANNED PARENTHOOD OF ARIZONA, INC. 2255 N. WYATT DRIVE TUCSON AZ 85712	86-0146520	501C3	11,964		FMV		GENERAL SUPPORT
(4)	PIO DECIMO CENTER/ CATHOLIC 848 S 7TH AVE. TUCSON AZ 85701	86-0100880		15,000		FMV		GENERAL SUPPORT
(5)	PLANNED PARENTHOOD OF THE GREATER 2001 E. MADISON ST. SEATTLE WA 98122	91-0686012	501C3	10,000		FMV		GENERAL SUPPORT
(6)	PRIMAVERA FOUNDATION, INC. 151 W. 40TH STREET TUCSON AZ 85713	86-0733182	501C3	58,000		FMV		GENERAL SUPPORT
(7)	PROFESSIONAL GOLFERS ASSOCIATION OF 100 AVENUE OF CHAMPIONS PALM BEACH FL 33410	59-0785835	501C6	6,000		FMV		GENERAL SUPPORT
(8)	RAINBOW ACRES, INC. 2120 W. RESERVATION LOOP ROAD CAMP VERDE AZ 86322-8408	86-0286420	501C3	21,427		FMV		GENERAL SUPPORT
(9)	REID PARK ZOOLOGICAL SOCIETY, INC. 1030 S. RANDOLPH WAY TUCSON AZ 85716	94-2379052	501C3	13,889		FMV		GENERAL SUPPORT

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Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Name of the organization **COMMUNITY FOUNDATION FOR  
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Employer identification number  
**94-2681765**

**Part I General Information on Grants and Assistance**

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(1)	RINCON CONGREGATIONAL UNITED CHURCH 122 N. CRAYCROFT ROAD TUCSON AZ 85711-3238	86-6007256		9,426		FMV		GENERAL SUPPORT
(2)	SAN MIGUEL - CASA, INC. 2418 HARRIS BOULEVARD AUSTIN TX 78703	74-2837551	501C3	35,000		FMV		GENERAL SUPPORT
(3)	SAN MIGUEL HIGH SCHOOL 6601 S. SAN FERNANDO AVENUE TUCSON AZ 85756	48-1270906	501C3	81,000		FMV		GENERAL SUPPORT
(4)	SARSEF: SOUTHERN ARIZONA RESEARCH, 3247 N. CHRISTMAS AVENUE TUCSON AZ 85716	86-0946185	501C3	54,619		FMV		GENERAL SUPPORT
(5)	SOS CAT RESCUE P.O. BOX 344 CORTARO AZ 85652	47-5390196	501C3	7,500		FMV		GENERAL SUPPORT
(6)	SABINO ROAD BAPTIST CHURCH 2710 N SABINO CANYON RD. TUCSON AZ 85715	51-0197227		13,000		FMV		GENERAL SUPPORT
(7)	SERENITY BAPTIST CHURCH 15501 W. AJO HIGHWAY TUCSON AZ 85735	86-0470457		16,568		FMV		GENERAL SUPPORT
(8)	SONORAN INSTITUTE 100 N STONE AVE., SUITE 400 TUCSON AZ 85701	86-0684610	501C3	29,100		FMV		GENERAL SUPPORT
(9)	SOUTHERN ARIZONA AIDS FOUNDATION 375 S. EUCLID AVENUE TUCSON AZ 85719-6644	86-0864100	501C3	14,500		FMV	LAND	GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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**SCHEDULE I  
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Name of the organization <b>COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA</b>	Employer identification number <b>94-2681765</b>
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**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  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
<b>(1)</b> SMILE TRAIN, INC. P.O. BOX 96231 WASHINGTON DC 20090	13-3661416	501C3	6,500		FMV		GENERAL SUPPORT
<b>(2)</b> SOUTHERN ARIZONA ASSOCIATION FOR 3767 E. GRANT ROAD TUCSON AZ 85716	86-6056057	501C3	15,106		FMV		GENERAL SUPPORT
<b>(3)</b> SOUTHERN ARIZONA GENDER ALLIANCE P.O. BOX 41863 TUCSON AZ 85717	47-2419543	501C3	10,000		FMV		GENERAL SUPPORT
<b>(4)</b> SOUTHERN BAPTIST FOUNDATION 901 COMMERCE STREET, SUITE 600 NASHVILLE TN 37203	62-0508097	501C3	41,440		FMV		GENERAL SUPPORT
<b>(5)</b> ST. LUKE'S IN THE DESERT, INC. 615 E. ADAMS ST. TUCSON AZ 85705	86-0098924	501C3	5,887		FMV		GENERAL SUPPORT
<b>(6)</b> SPECIAL OLYMPICS ARIZONA, INC. 2100 S 75TH AVE. PHOENIX AZ 85043	86-0307564	501C3	5,377		FMV		GENERAL SUPPORT
<b>(7)</b> ST. ELIZABETH'S HEALTH CARE CENTER 140 W. SPEEDWAY BLVD., SUITE 100 TUCSON AZ 85705	46-4151173	501C3	12,374		FMV		GENERAL SUPPORT
<b>(8)</b> STEP: STUDENT EXPEDITION PROGRAM 6336 N. ORACLE ROAD, SUITE 326-326 TUCSON AZ 85704	22-3879050	501C3	40,000		FMV		GENERAL SUPPORT
<b>(9)</b> SUNNYSIDE UNIFIED SCHOOLD DISTRICT 2238 E. GINTER RD. TUCSON AZ 85706	86-0656064	501C3	16,483		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 Ⓛ

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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)	THE SALVATION ARMY TUCSON 1002 N. MAIN AVENUE TUCSON AZ 85705	94-1156347	501C3	45,372		FMV		GENERAL SUPPORT
(2)	TEEM - TUCSON EDUCATIONAL P.O. BOX 90643 TUCSON AZ 85752	54-2188301	501C3	11,000		FMV		GENERAL SUPPORT
(3)	TEMPLE EMANU-EL 225 N COUNTRY CLUB RD. TUCSON AZ 85716	86-0117389		8,962		FMV		GENERAL SUPPORT
(4)	TOHONO CHUL PARK, INC. 7366 N. PASEO DEL NORTE TUCSON AZ 85704-4415	86-0438592	501C3	8,124		FMV		GENERAL SUPPORT
(5)	TU NIDITO CHILDREN & FAMILY SERVICE 3922 N. MOUNTAIN AVENUE TUCSON AZ 85719	86-0769031	501C3	15,500		FMV		GENERAL SUPPORT
(6)	TUCSON CHILDREN'S MUSEUM, INC. 200 S. SIXTH AVENUE TUCSON AZ 85701	86-0676237	501C3	8,000		FMV		GENERAL SUPPORT
(7)	TUCSON INTERFAITH HIV/AIDS NETWORK 2600 N. 1ST AVENUE TUCSON AZ 85719-2911	86-0819574	501C3	5,985		FMV		GENERAL SUPPORT
(8)	TUCSON AUDUBON SOCIETY 300 E UNIVERSITY BLVD., SUITE 120 TUCSON AZ 85705	86-6053779	501C3	15,805		FMV		GENERAL SUPPORT
(9)	TUCSON JEWISH COMMUNITY CENTER, INC 3800 E. RIVER ROAD TUCSON AZ 85718-6600	86-0183578	501C3	29,100		FMV		GENERAL SUPPORT

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

U Attach to Form 990.

U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <b>COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA</b>	Employer identification number <b>94-2681765</b>
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**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  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
<b>(1)</b> TUCSON MUSEUM OF ART 140 N. MAIN AVE. TUCSON AZ 85701	86-6006371	501C3	11,253		FMV		GENERAL SUPPORT
<b>(2)</b> TUCSON REALTORS CHARITABLE FOUND 2445 N. TUCSON BOULEVARD TUCSON AZ 85716	26-0844174	501C3	11,414		FMV		GENERAL SUPPORT
<b>(3)</b> TUCSON SYMPHONY SOCIETY 2175 N. 6TH AVENUE TUCSON AZ 85705-5606	86-0107538	501C3	14,392		FMV		GENERAL SUPPORT
<b>(4)</b> TUCSON VALUES TEACHERS 3497 N. CAMPBELL, SUITE 703 TUCSON AZ 85719	26-4637708	501C3	35,500		FMV		GENERAL SUPPORT
<b>(5)</b> TUCSON'S JANUARY 8TH MEM. FOUND P.O. BOX 40355 TUCSON AZ 85717	45-4083646	501C3	7,500		FMV		GENERAL SUPPORT
<b>(6)</b> UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK NY 10038	20-3287404	501C3	70,000		FMV		GENERAL SUPPORT
<b>(7)</b> UNITED WAY OF TUCSON & SOUTHERN AZ P.O. BOX 86750 TUCSON AZ 85754	86-0098932	501C3	61,500		FMV		GENERAL SUPPORT
<b>(8)</b> UNIVERSITY OF NOTRE DAME - ARA 215 JORDAN HALL OF SCIENCE NOTRE DAME IN 46556	35-0868188	501C3	5,250		FMV		GENERAL SUPPORT
<b>(9)</b> UNIVERSITY OF ARIZONA FOUNDATION P.O. BOX 210109 TUCSON AZ 85721-0109	86-6050388	501C3	652,474		FMV		GENERAL SUPPORT

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Ⓛ Attach to Form 990.

Ⓛ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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)	UNIVERSITY OF PHOENIX P.O. BOX 62704 PHOENIX AZ 85082	86-0344364		6,000		FMV		GENERAL SUPPORT
(2)	US-MEXICO BORDER PHILANTHROPY 2508 HISTORIC DECATUR RD, SUITE 130 SAN DIEGO CA 92106	26-2946180	501C3	112,592		FMV		GENERAL SUPPORT
(3)	VOLUNTEER CENTER OF GRANT COUNTY P.O. BOX 416 SILVER CITY NM 88062	20-1004201	501C3	25,000		FMV		GENERAL SUPPORT
(4)	WINGS OF RESCUE 40363 CAMINO EL DESTINO INDIO CA 92203	45-3343408	501C3	10,000		FMV		GENERAL SUPPORT
(5)	WILBER-CLATONIA PUBLIC SCHOOL 1060 LAKESHORE DR. CRETE NE 68333	36-3656311	501C3	6,000		FMV		GENERAL SUPPORT
(6)	WASHINGTON WOMEN IN NEED 232 5TH AVENUE S, SUITE 201 KIRKLAND WA 98033	91-1559848	501C3	20,000		FMV		GENERAL SUPPORT
(7)	WOMEN'S FOUNDATION OF S. ARIZONA 1661 N. SWAN ROAD, SUITE 150 TUCSON AZ 85712	31-1660702	501C3	8,000		FMV		GENERAL SUPPORT
(8)	WOMEN'S MISSIONARY UNION FOUND. 100 MISSIONARY RIDGE BIRMINGHAM AL 35242	63-1138772	501C3	16,568		FMV		GENERAL SUPPORT
(9)	YOUTH EASTSIDE SERVICES 999 164TH AVENUE NE BELLEVUE WA 98008	91-0849093	501C3	25,000		FMV		GENERAL SUPPORT

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





**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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

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

UGo to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

**Only section 501(c)(3), 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

**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	(i)	164,992	0	0	34,326	12,389	211,707	0
1 CEO	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

SEVERANCE      NONQUALIFIED      EQUITY-BASED

J. CLINTON MABIE

0

24,334

0

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

COMMUNITY FOUNDATION FOR  
SOUTHERN ARIZONA

Employer identification number

94-2681765

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	31	3,282,896	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 <input type="checkbox"/> ( VARIOUS )	X	9	4,121	FMV
26 Other <input type="checkbox"/> ( CATS AUCTI ITEM )	X	17	22,342	FMV
27 Other <input type="checkbox"/> ( GALA AUCTI ITEM )	X	16	16,485	FMV
28 Other <input type="checkbox"/> ( )				

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?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization 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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Ⓛ Attach to Form 990 or 990-EZ.

Ⓛ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization	COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA	Employer identification number	94-2681765
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FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

MARCEL DABDOUB

TONY DABDOUB

DIRECTOR

DIRECTOR

COUSINS

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

TRNSFR OF SOCIAL VENTURE PART. TO SUPPORTING ORG \$ -229,645

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**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 5049 E. BROADWAY, STE 201 82-1217360 TUCSON AZ 85711	CHARITABLE	AZ	2,644,035	6,387,395	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 5049 E. BROADWAY BLVD., SUITE 201 20-3617544 TUCSON AZ 85710	CHARITABLE	AZ	501C3	12A	N/A	X	
(2) THE HOWARD V. MOORE FOUNDATION 5049 E. BROADWAY BLVD., SUITE 201 20-3983894 TUCSON AZ 85711	CHARITABLE	AZ	501C3	12A	N/A	X	
(3) SYCAMORE CANYON CONSERVATION FDN 5049 E. BROADWAY BLVD., SUITE 201 20-5391377 TUCSON AZ 85711	CONSERVATI	AZ	501C3	12A	N/A	X	
(4) THE WILLIAM E. HALL FOUNDATION 5049 E. BROADWAY BLVD., SUITE 201 13-6105057 TUCSON AZ 85711	CHARITABLE	AZ	501C3	12A	N/A	X	
(5) CFSA PROPERTIES, INC. 5049 E. BROADWAY BLVD., SUITE 201 86-0742820 TUCSON AZ 85711	PROP MGMT	AZ	501C3	12A	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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**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) THE THOMAS R. BROWN FAMILY FDN P.O. BOX 31930 TUCSON AZ 85751 86-0933380	CHARITABLE	AZ	501C3	12A	N/A	X	
(2) WORTH AND DOT HOWARD FOUNDATION 3191 N. 29TH PLACE PHOENIX AZ 85016 86-0984133	CHARITABLE	AZ	501C3	12C	N/A	X	
(3) NONPROFIT LOAN FUND OF TUCSON 5049 E. BROADWAY BLVD., SUITE 201 TUCSON AZ 85710 45-5021995	CHARITABLE	AZ	501C3	12A	N/A	X	
(4) DAVID S. & NORMA R. LEWIS FDN 5049 E. BROADWAY BLVD., SUITE 201 TUCSON AZ 85711 81-3487852	CHERITABLE	AZ	501C3	12A	N/A	X	
(5) SOCIAL VENTURE PARTNERS 5049 E. BROADWAY BLVD., SUITE 201 TUCSON AZ 85711 82-2964855	CHARITABLE	AZ	501C3	12A	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.

☐ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**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) THE ARTS FOUNDATION OF TUCSON AND 33 S. 5TH AVE. 86-0465675 TUCSON AZ 85701	CHARITABLE	AZ	501C3	12A	N/A	X	
(2) .....							
(3) .....							
(4) .....							
(5) .....							

**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)	X	
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)	X	
<b>s</b> 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	290,000	FMV
(3)			
(4)			
(5)			
(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) .....													



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

**Fundraising Other Events**

**2017**

For calendar year 2017, or tax year beginning 07/01/17, and ending 06/30/18

Name

COMMUNITY FOUNDATION FOR  
SOUTHERN ARIZONA

Employer Identification Number

94-2681765

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>OTHER</u>			(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	9,413			9,413
	2 Less: Charitable contributions	9,378			9,378
	3 Gross income (line 1 minus line 2)	35			35
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

For calendar year 2017, or tax year beginning 07/01/17, ending 06/30/18

Name

Taxpayer Identification Number

COMMUNITY FOUNDATION FOR  
SOUTHERN ARIZONA

94-2681765

		2016	2017	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	15,293,671	10,311,007	-4,982,664
	2. Membership dues and assessments			
	3. Government contributions and grants	74,862		-74,862
	4. Program service revenue	272,226	277,006	4,780
	5. Investment income	2,049,193	2,652,278	603,085
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	449,427	506,593	57,166
	8. Net income or (loss) from fundraising events	13,303	15,219	1,916
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	5,274	26,360	21,086
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>18,157,956</b>	<b>13,788,463</b>	<b>-4,369,493</b>
<b>Expenses</b>	13. Grants and similar amounts paid	7,738,680	6,395,428	-1,343,252
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	278,275	584,324	306,049
	16. Salaries, other compensation, and employee benefits	1,147,425	903,346	-244,079
	17. Professional fundraising fees		75,689	75,689
	18. Other professional fees	474,746	450,531	-24,215
	19. Occupancy, rent, utilities, and maintenance	53,904	141,556	87,652
	20. Depreciation and Depletion	11,458	3,310	-8,148
	21. Other expenses	423,777	424,589	812
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>10,128,265</b>	<b>8,978,773</b>	<b>-1,149,492</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>8,029,691</b>	<b>4,809,690</b>	<b>-3,220,001</b>
<b>Other Information</b>	24. Total exempt revenue	18,157,956	13,788,463	-4,369,493
	25. Total unrelated revenue	-2,759		2,759
	26. Total excludable revenue	2,792,182	3,477,456	685,274
	27. Total assets	114,843,260	125,125,568	10,282,308
	28. Total liabilities	7,417,599	10,065,604	2,648,005
	29. Retained earnings	107,425,661	115,059,964	7,634,303
	30. Number of voting members of governing body	21	24	
	31. Number of independent voting members of governing body	21	24	
	32. Number of employees	37	25	
	33. Number of volunteers	67	44	



Form **990****Tax Return History****2017**Name **COMMUNITY FOUNDATION FOR  
SOUTHERN ARIZONA**Employer Identification Number  
**94-2681765**

	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Contributions, gifts, grants .....	22,157,252	15,876,867	13,808,605	15,368,533	10,311,007	
Membership dues .....						
Program service revenue .....	154,071	211,729	277,689	272,226	277,006	
Capital gain or loss .....	1,018,031	118,947	-1,673,607	449,427	506,593	
Investment income .....	1,510,951	2,298,404	2,438,110	2,049,193	2,652,278	
Fundraising revenue (income/loss) .....		-2,099	9,259	13,303	15,219	
Gaming revenue (income/loss) .....						
Other revenue .....	12,723	42,766	46,296	5,274	26,360	
<b>Total revenue</b> .....	<b>24,853,028</b>	<b>18,546,614</b>	<b>14,906,352</b>	<b>18,157,956</b>	<b>13,788,463</b>	
Grants and similar amounts paid .....		6,253,783	5,574,691	7,738,680	6,395,428	
Benefits paid to or for members .....						
Compensation of officers, etc. ....		350,403	247,472	278,275	584,324	
Other compensation .....		879,532	1,140,288	1,147,425	903,346	
Professional fees .....	185,770	375,650	555,914	474,746	526,220	
Occupancy costs .....	68,202	70,813	48,479	53,904	141,556	
Depreciation and depletion .....	14,774	16,643	15,956	11,458	3,310	
Other expenses .....	258,644	323,549	419,104	423,777	424,589	
<b>Total expenses</b> .....	<b>527,390</b>	<b>8,270,373</b>	<b>8,001,904</b>	<b>10,128,265</b>	<b>8,978,773</b>	
<b>Excess or (Deficit)</b> .....	<b>24,325,638</b>	<b>10,276,241</b>	<b>6,904,448</b>	<b>8,029,691</b>	<b>4,809,690</b>	
<b>Total exempt revenue</b> .....	<b>24,853,028</b>	<b>18,546,614</b>	<b>14,906,352</b>	<b>18,157,956</b>	<b>13,788,463</b>	
Total unrelated revenue .....				-2,759		
Total excludable revenue .....	2,695,776	2,671,846	1,088,488	2,792,182	3,477,456	
Total Assets .....	88,184,832	96,828,250	103,991,064	114,843,260	125,125,568	
Total Liabilities .....	2,788,181	2,514,457	4,760,481	7,417,599	10,065,604	
Net Fund Balances .....	91,305,910	94,313,793	99,230,583	107,425,661	115,059,964	

Form **990T**

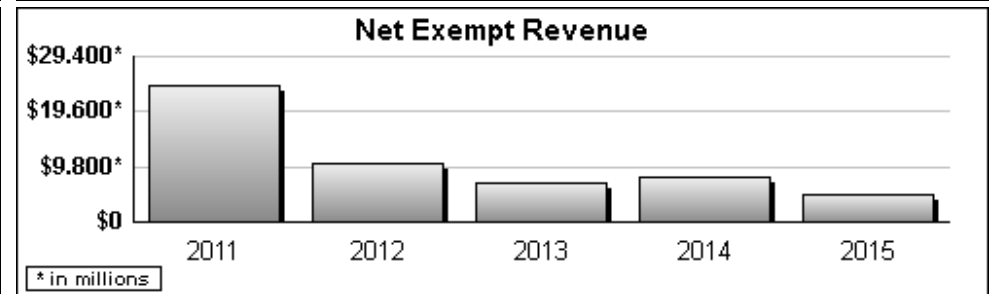
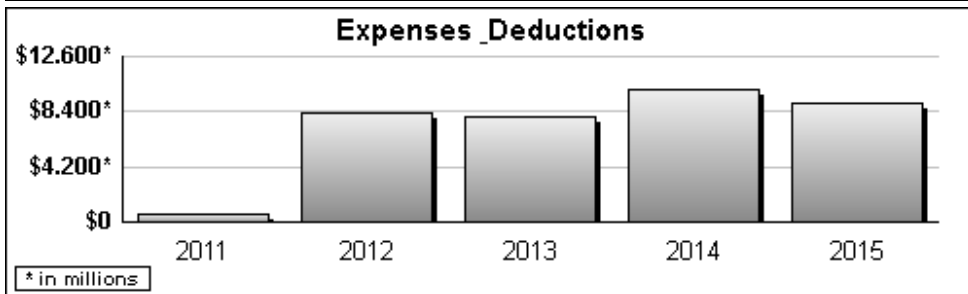
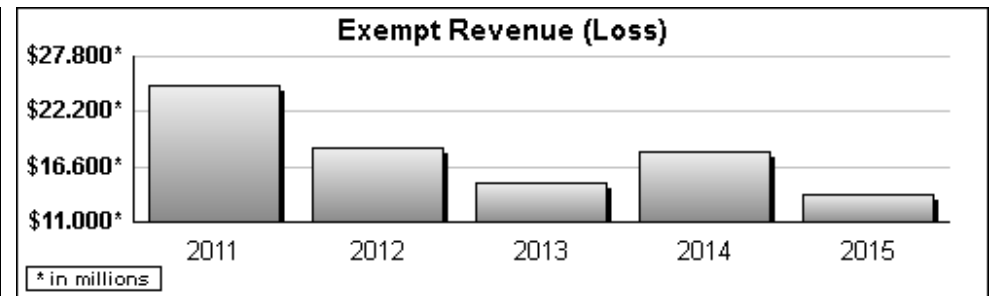
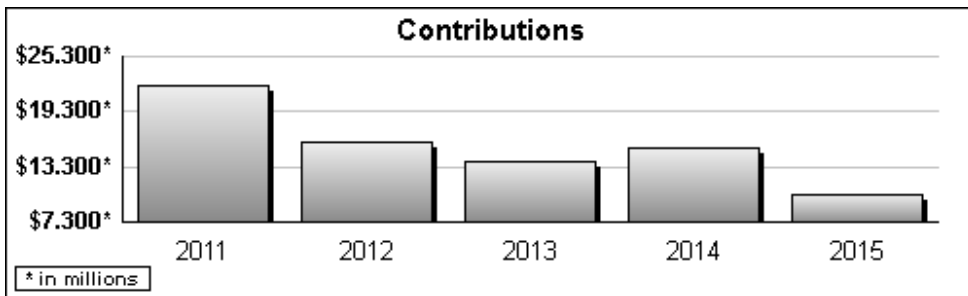
**Tax Return History**

**2017**

Name **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA**

Employer Identification Number **94-2681765**

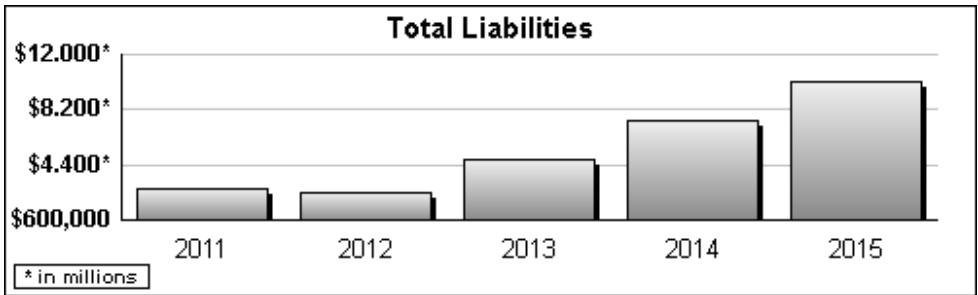
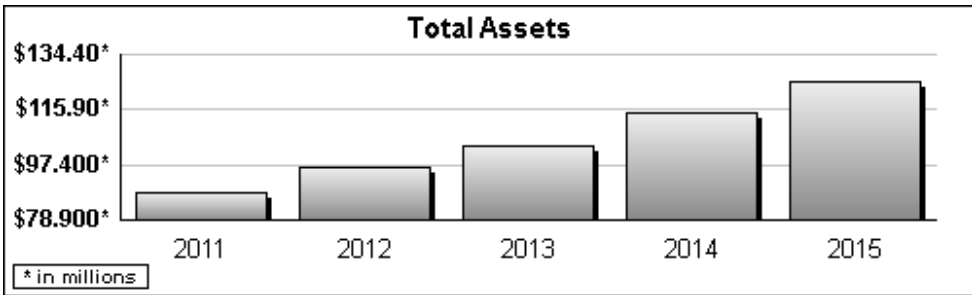
	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Name **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer Identification Number  
**94-2681765**

	2013	2014	2015	2016	2017	2018
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....	1,000					
<b>Income after expense and deductions</b> .....	<b>-1,000</b>					
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses



Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST AND DIVIDENDS	\$ <u>2,652,278</u>			14		
TOTAL	\$ <u><u>2,652,278</u></u>					

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 106,257	\$ 42,686	\$ 34,089	\$ 29,482
TOTAL	<u>\$ 106,257</u>	<u>\$ 42,686</u>	<u>\$ 34,089</u>	<u>\$ 29,482</u>