# Form **990**

Return of Organization Exempt From Inc., ne Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2008

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection For the 2008 calendar year, or tax year beginning 7/01 2008, and ending 6/30 . 2009 D Employer Identification Number Check if applicable: IRS label Community Foundation for 94-2681765 Address change or print or type. See Southern Arizona Telephone number Name change 2250 East Broadway Blvd. specific Instruc-520-770-0800 Initial return Tucson, AZ 85719 Termination Amended return G Gross receipts \$ 10,634,495. **F** Name and address of principal officer: Carmen Marriott H(a) Is this a group return for affiliates? Application pending No H(b) Are all affiliates included? Same As C Above No If 'No,' attach a list. (see instructions) Tax-exempt status X = 501(c) (3) ) ◄ (insert no.) 4947(a)(1) or 527 Website: ► www.cfsoaz.org **H(c)** Group exemption number ▶ X Corporation L Year of Formation: 1980 Type of organization: Trust Association Other > M State of legal domicile: Summary Briefly describe the organization's mission or most significant activities: To encourage charitable giving to needy organizations of Southern Arizona Governance if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 <u>22</u> 25 Number of independent voting members of the governing body (Part VI, line 1b)..... Total number of employees (Part V, line 2a) 6 22 7a Total gross unrelated business revenue from Part VIII, line 12, column (C)...... 7a b Net unrelated business taxable income from Form 990-T, line 34..... 0. **Prior Year Current Year** 4,943,855. Contributions and grants (Part VIII, line 1h) ..... 6,630,141. Revenue Program service revenue (Part VIII, line 2g)..... 195,009. 255,087. 7,255,180. 501,390. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 3,381. 11 43,952. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)...... 14,143,789. 5,684,206. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 3,249,002. 2,292,255. 14 Benefits paid to or for members (Part IX, column (A), line 4)..... 1,046,177. 1,301,332. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . 16a Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)..... 3,718,686. 2,876,793. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 8,013,865. 6,470,380. Revenue less expenses. Subtract line 18 from line 12..... 6,129,924. -786,174.Beginning of Year End of Year 47,861,341 37,636,947. Total liabilities (Part X, line 26) ..... 4,691,533. 3,210,105. 43,169,808. 34,426,842. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date Gerald Miron Treasurer Type or print name and title. Date Preparer's identifying number (see instructions) Check if Paid employed **>** Preparer's signature Pre-5/10/10 N/A parer's DeVries CPAs of Arizona, Use 4349 East Fifth Street employed), address, and ZIP + 4 Only Tucson, AZ 85711-2025 298-6200 May the IRS discuss this return with the preparer shown above? (see instructions)..... Yes No

Par	Statement of Program vice Accomplishments (see instructions,
1	Briefly describe the organization's mission:
	To encourage charitable giving to needy organizations of Southern Arizona
2	Did the organization undertake any significant program services during the year which were not listed on the prior
	Form 990 or 990-EZ?
	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? $X$ No
	If 'Yes,' describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4 <i>a</i>	(Code:) (Expenses \$ 5,429,493. including grants of \$ 2,292,255.) (Revenue \$ 195,009.)
	Community Foundation for Southern Arizona (CFSA) promotes the work of civic, cultural
	and educational organizations in Tucson, AZ. CFSA accomplishes this mission by
	aiding or administering fund raising drives, accepting and holding monies or other
	property that may be acquired by will, gift or otherwise, and by making contributions
	to other non-profit entities for use in the general interest of charity,
	philanthropy, education or welfare.
4 t	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	: (Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	1 Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
Δ,	e Total program service expenses ► \$ 5,429,493. (Must equal Part IX, Line 25, column (B).)

Form 990 (2008) Community Founction for

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Form 990 (2008) Community Founaction for Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4		4		X
5		5		
_				
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	Χ	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I.</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II.</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17		17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J.	23		Х
24=	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000			
270	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and			3.5
	complete Schedule K. If 'No,'go to question 25.	24a		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?	24c		
	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		-
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х

Form 990 (2008) Community Founcation for

Part IV Checklist of Required Schedules (continued)

		l	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
ā	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively	00		X
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Λ
ł	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
	Dilling of the light to the least of the least of the light to the lig	21		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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.	32		Х
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	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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	37		Х
BAA		Form	9 <b>90</b>	(2008)

# Form **990** (2008) **Part V** St 08) Community Founcation for Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 0	)		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	)		
c	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c		
<b>2</b> a	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>2</b> a 25	5		
2b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return	rn. (see instructions)			
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year this return?		3a		Х
b	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3 b		
4 a	a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a nancial accounty?	<b>4</b> a		Х
t	olf 'Yes,' enter the name of the foreign country: ▶		_		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of F Financial Accounts.	oreign Bank and			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte		5 b	ļ	X
	: If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Prohibited Tax Shelter Transaction?		5c		
	a Did the organization solicit any contributions that were not tax deductible?		6a		X
t	olf 'Yes,' did the organization include with every solicitation an express statement that such codeductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	a Did the organization provide goods or services in exchange for any quid pro quo contribution		7 a		X
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?.		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for whe Form 8282?		7с		X
•	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	-		
•	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	s on a personal	7 e		Х
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	efit contract?			X
	${f g}$ For all contributions of qualified intellectual property, did the organization file Form 8899 as re			<b>t</b>	X
	<b>1</b> For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a F		7 h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a sponso excess business holdings at any time during the year?	section 509(a)(3) ring organization, have	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
á	a Did the organization make any taxable distributions under section 4966?		9a		
ı	Did the organization make any distribution to a donor, donor advisor, or related person?		9 b		
10	Section 501(c)(7) organizations. Enter:	1 1			
í	a Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
ı	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
11		1 1			
	a Gross income from other members or shareholders	11a	-		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 Ь	_		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	<u> </u>	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	F		(2000)
BAA	<b>A</b>		rorr	n 990	(2008)

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

500	AIOII AI	Governing Body and Management				
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, de s, or changes in Schedule O. See instructions.	escribe the circumstances	,	Yes	No
1 :	•	number of voting members of the governing body	1a	22		
		number of voting members that are independent		22		
	Did anv	officer, director, trustee, or key employee have a family relationship or a business relation business relationship or a business relation business relation	ationship with any other	2		Χ
3	•	rganization delegate control over management duties customarily performed by or ur s, directors or trustees, or key employees to a management company or other person		[		Х
		rganization make any significant changes to its organizational documents	1:	4		X
7		prior Form 990 was filed?		<u> </u>		
5		rganization become aware during the year of a material diversion of the organization				Х
6		organization have members or stockholders?				X
7 a	a Does the	organization have members, stockholders, or other persons who may elect one or m	ore members of the			Х
ł	~	decisions of the governing body subject to approval by members, stockholders, or oth				Χ
8	Did the o	organization contemporaneously document the meetings held or written actions under ving:	taken during the year by			
		erning body?				
		nmittee with authority to act on behalf of the governing body?				
		organization have local chapters, branches, or affiliates?		9a	1	X
	and brar	does the organization have written policies and procedures governing the activities of iches to ensure their operations are consistent with those of the organization?			0	
10	Was a c describe	ppy of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990S	? All organizations must ee. Schedule0	10		Х
11	ls there organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who can tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O…</i>	not be reached at the	11		X
Sec	ction B.	Policies				
					Yes	No
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	ı X	
	to confli	ers, directors or trustees, and key employees required to disclose annually interests t				
•		ts?			X	
	<b>c</b> Does the Schedul			120	: X	
13	Does the	ets?ets?ets?ets?ets?ets?ets?ets?ets	cy? If 'Yes,' describe in	120	X X	
13 14	Does the	ets?ets?ets?ets?ets?ets?ets?ets?ets?ets?ets?ets?ets?e Organization regularly and consistently monitor and enforce compliance with the police Oe	cy? If 'Yes,' describe in	120	: X	
	Does the	ets?ets?ets?ets?ets?ets?ets?ets?ets	cy? If 'Yes,' describe in	120	X X X	
14 15	Does the Does the Did the persons The orga	e organization regularly and consistently monitor and enforce compliance with the police O how this is done See . Schedule. O	cy? If 'Yes,' describe in approval by independent ision:	120 13 14	X X X	
14 15	Does the Does the Did the persons The orga	e organization regularly and consistently monitor and enforce compliance with the police O how this is done See . Schedule. O	cy? If 'Yes,' describe in approval by independent ision:	12c	X X X	X
14 15	Does the Does the Did the persons a The orga b Other of	e organization regularly and consistently monitor and enforce compliance with the police O how this is done See . Schedule. O	cy? If 'Yes,' describe in approval by independent ision:	120 13 14	X X X	X
14 15	Does the Does the Did the persons The orga  b Other of Describe Did the	e organization regularly and consistently monitor and enforce compliance with the police O how this is done See . Schedule. O	cy? If 'Yes,' describe in approval by independent ision:	12c 13 14 15a	X X X	X
14 15 1 16	Does the Does the Did the persons The organis Did the entity dubt If 'Yes,' in joint view Does the Does The Does The Does The Did the entity dubt If 'Yes,' in joint view Does The Does The Does The Does The Did the	e organization regularly and consistently monitor and enforce compliance with the police O how this is done See . Schedule. O	cy? If 'Yes,' describe in approval by independent ision:  arrangement with a taxabuto evaluate its participation the organization's exemp	120 13 14 15i 15i	X X X	
14 15 1 16	Does the Does the Did the persons The orga Control Describe Did the entity due Did the injoint verstatus we	e organization regularly and consistently monitor and enforce compliance with the police O how this is done See .Schedule. O	cy? If 'Yes,' describe in approval by independent ision:  arrangement with a taxabuto evaluate its participation the organization's exemp	120 13 14 15i 15i	X X X	
14 15 16 16	Does the Does the Did the persons The organs Did the entity due to be of the did to be of t	e organization regularly and consistently monitor and enforce compliance with the police O how this is done See . Schedule . O	cy? If 'Yes,' describe in approval by independent ision:  arrangement with a taxabuto evaluate its participation the organization's exemp	120 13 14 15i 15i	X X X	
14 15 16: 18: 18: 19: 17	Does the Does the Did the persons The organism Did the entity due to be of the Describe Describe Describe Did the entity due to be five the status we ction C.	e organization regularly and consistently monitor and enforce compliance with the police of how this is done	exproval by independent ision:  arrangement with a taxab to evaluate its participatithe organization's exemp	120 13 14 151 151 161	X X X X	X 
14 15 16: 18: 18: 19: 17	Does the Does the Did the persons The organism Did the entity during joint was tatus was ction C.	e organization regularly and consistently monitor and enforce compliance with the police of how this is done	exproval by independent ision:  arrangement with a taxab to evaluate its participatithe organization's exemp	120 13 14 151 151 161	X X X X	X 
14 15 16: 18 Sec 17	Does the Does the Does the Does the Describe Des	e organization regularly and consistently monitor and enforce compliance with the police of how this is done	approval by independent ision:  arrangement with a taxab to evaluate its participation the organization's exemp	120 13 14 151 151 162 163 164 164 165 166	X X X X A X A A X A A A A A A A A A A A	X
14 15 16: 17 18 19 20	Does the Does the Does the Does the Does the Does the Describe State the Does The Describe State Describe Descr	e organization regularly and consistently monitor and enforce compliance with the police of how this is done See .Schedule . 0	arrangement with a taxab to evaluate its participation the organization's exemp	120 13 14 150 151 160 161 161 161 161 161 161 161 161 16	X X X X X A X A X A A X A A X A A A A A	X

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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.

<b>(A)</b> Name and Title	(B)				-)			(D)	(E)	(F)	
Name and Title	Average	Posi	tion (	(c check		hat app	lv)	(D)	1	Estimated	
	hours per week	Individual trustee or director	Institutional trustee			Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
Steve Alley											
CEO/ President	40				X			127,147.	0.	19,772.	
Carrie Brennan	_										
Director	2	X						0.	0.	0.	
Bradley Nystedt											
Director	2	X						0.	0.	0.	
Thomas Warne	_										
2nd Vice Chair	5	X		X				0.	0.	0.	
Judith Brown	_										
Director	2	X						0.	0.	0.	
Mary Brown	_										
Director	2	X					<u> </u>	0.	0.	0.	
H Sue Nielsen	_										
Ex-Officio	2	X						0.	0.	0.	
Nancy Davis						,	Ì	_	_	_	
1st Vice Chair	5	X		X				0.	0.	0.	
Ralph_Abelt	<b>⊣</b> _										
Ex-Officio	2	X					<u> </u>	0.	0.	0.	
Megan Davis	_ ا										
Member at Large	2	X					-	0.	0.	0.	
Paul Lindsey	- <u>-</u>	١								0	
Secretary	5	X		X			<b>_</b>	0.	0.	0.	
Cindy_Godwin		١,,							0	0	
Director	2	X					-	0.	0.	0.	
<u>Valerie Coleman Morris</u>		,,								0	
Director	2	X					╄	0.	0.	0.	
James_Glasser	4	37							0	0	
Director	2	X	-		ļ		-	0.	0.	0.	
Carmen Marriott		1 37		١,,						0	
Chair	5	X		X		-		0.	0.	0.	
Gerald Miron	<b>⊣</b> _	17		٦,						0	
Treasurer	5	X	<u> </u>	X			1	0.	0.	0.	
Jonathan Rothschild	4 ,	\ v								^	
Member at Large	2	X		L	<u></u>	1/24/09		0.	0.	0. Form <b>990</b> (2008)	

Part VII   Section A. Officers, Directors, Trus	tees, l	Key	Er	npl	oye	ees	, ar	d Highest Co	mpensated Em	ployees (cont.)
(A)	(B)	` '		(D) (E)		(F)				
Name and Title	Average hours	Posi	tion (					Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week	indiv or di	Insti	Officer	Key	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		rect.	Institutional trustee	ĕ	employee	est o	ner	(11 2/1033 111100)	(11-2/1035-11100)	organization and related
		i t	nalt		loye	duoc				organizations
		stee	ruste		l ®	ensa				
			ĕ			ated				
		ļ	<u> </u>			ļ	ļ			:
Richard Mundinger		١,,								
Director	2	X		ļ		ļ .		0.	0.	0.
Roman Sandoval		1,7								
Director	2	X		-			-	0.	0.	0.
William G Valenzuela	2	X							0	
Director		Α.		ļ		-		0.	0.	0.
Tomas Leon	40					v		04 007	0	12 040
VP-Comm Phil	40	-		-	-	X		84,087.	0.	13,840.
		-	<del> </del>	<del> </del>	-	-	<u> </u>			
		-		-		<del> </del>				
				<u> </u>						
			<b> </b>	<del>                                     </del>		╁	<del>                                     </del>			
								-		
1 b Total							<b>&gt;</b>	211,234.	0.	33,612.
2 Total number of individuals (including those in 1a) w	ho rece	ived	mo	re th	nan	\$10	0,00	0 in reportable co	mpensation from th	ne
organization 🕨 1										
										Yes No
3 Did the organization list any former officer, director										
on line 1a? If 'Yes,' complete Schedule J for such in										З Х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	ortable	com	nper	nsati f 'Ye	on a	and	othe	er compensation fr	om	
individual										4 X
5 Did any person listed on line 1a receive or accrue co	nmnens	ation	fro	m a	nv i	ınre	lated	d organization for	services	
rendered to the organization? If 'Yes,' complete Sch	edule J	for:	suc	ı pe	rsor	1				5 X
Section B. Independent Contractors										***************************************
1 Complete this table for your five highest compensate compensation from the organization.	ed indep	bend	ent	conf	tract	tors	that	received more th	an \$100,000 of	
<b>(A)</b> Name and business addres	s							Description	) of Services	<b>(C)</b> Compensation
Name and business address Description of Services									Somponsation	
**************************************										
2 Total number of independent contractors (including	those in	1) v	vho	rece	eive	d m	ore t	than \$100,000 in		
compensation from the organization ► 0										

1 41	LVII	statement of Re	venue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b   c   d   e   f   g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, g similar amounts not included a Noncash contribns included in <b>Total.</b> Add lines 1a-1f	1 b 1 c 1 d 1 d 1 e rants, and above 1 f lns 1a-1f: \$		4,943,855.			
PROGRAM SERVICE REVENUE	2a b	Program income		Business Code	195,009.	195,009.		
PROGRAM	e f g	All other program service Total. Add lines 2a-2f Investment income (included)	e revenue	interest and				1,334,755.
OTHER REVENUE	4 5 6a b	Income from investment Royalties	t of tax-exempt be	ond proceeds . 🟲	1,334,733.			1,334,733.
	7a b c	Gain or (loss)	(i) Securities 4,096,249. 4,929,614. -833,365.	(ii) Other	022.265			022 265
	8a b c 9a	Net gain or (loss)  Gross income from function including. \$	draising events 10,000.  d on line 1c).	64,627. 20,675.	550/355			-833,365. 43,952.
	10a b c	Net income or (loss) fro Gross sales of inventory and allowances Less: cost of goods solo Net income or (loss) fro Miscellaneous Reven	y, less returns					
	b c d e	All other revenue	d	6d. 7d. 8c. 9c.		195,009.	0.	545,342.

Part IX Statement of Functional Lapenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must com  not include amounts reported on lines 7b. 8b. 9b. and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)  Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,292,255.	2,292,255.	general expenses	Схронаса
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	151,772.	74,368.	69,815.	7,589.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	985,999.	483,140.	453,559.	49,300.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	81,651.	40,009.	37,559.	4,083.
10	Payroll taxes	81,910.	40,136.	37,679.	4,095.
	Fees for services (non-employees)				
	a Management				
	Legal	7,146.	3,502.	3,287.	357.
	Accounting	43,591.	21,360.	20,051.	2,180.
	<b>d</b> Lobbying				
	e Prof fundraising svcs. See Part IV, In 17				
	Investment management fees	101,452.	49,711.	46,668.	5,073.
	g Other	190,518.	93,354.	87,638.	9,526.
	Advertising and promotion	107,490.	52,670.	49,445.	5,375.
13	Office expenses	109,269.	53,542.	50,264.	5,463.
14	Information technology				
15	Royalties	44,433.	21,772.	20,439.	2,222.
16	Occupancy	44,433.	21,112.	20,439.	۷, ۷۷۷.
17 18	Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,837.	13,640.	12,805.	1,392.
23		8,889.	4,356.	4,089.	444.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
ā	Program subcontracts	2,137,168.	2,137,168.		
	Licenses and fees	49,863.	24,433.	22,937.	2,493.
	: In-kind expenses	24,188.	11,852.	11,127.	1,209.
(	Printing and Publications	16,646.	8,157.	7,657.	832.
•	Postage and Shipping	8,303.	4,068.	3,820.	415.
	All other expenses				
_25	Total functional expenses. Add lines 1 through 24f	6,470,380.	5,429,493.	938,839.	102,048.
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form: 000 (0000)
BAA					Form <b>990</b> (2008)

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing.	1,150.	1	1,755,499.
	1	5	1,946,284.	2	4,480,615.
	2	Savings and temporary cash investments	924,411.	3	575,911.
	3	Pledges and grants receivable, net	225,688.	4	11,389.
	4	Receivables from current and former officers, directors, trustees, key employees,	223,000.	-	11,303.
	5	or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net	:	7	
ASSETS	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges	2,317.	9	5,469.
	10a	Land, buildings, and equipment: cost basis   10a   221,507.			
	l .	Less: accumulated depreciation. Complete Part VI of			
		Schedule D	79,166.	10 c	122,648.
	11	Investments — publicly-traded securities		11	719,846.
	12	Investments – other securities. See Part IV, line 11	44,535,391.	12	28,475,986.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	146,934.	15	1,489,584.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	47,861,341.	16	37,636,947.
	17	Accounts payable and accrued expenses	845,141.	17	53,005.
	18	Grants payable	586,031.	18	809,706.
	19	Deferred revenue.		19	
L	20	Tax-exempt bond liabilities		20	
AB-L-T-	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	***************************************
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
3	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	3,260,361.	25	2,347,394.
	26	Total liabilities. Add lines 17 through 25	4,691,533.	26	3,210,105.
N		Organizations that follow SFAS 117, check here ► X and complete lines			
N E T		27 through 29 and lines 33 and 34.			
A S	27	Unrestricted net assets	31,515,513.	27	23,098,942.
ASSETS	28	Temporarily restricted net assets.	2,533,333.	28	993,125.
	29	Permanently restricted net assets	9,120,962.	29	10,334,775.
O R		Organizations that do not follow SFAS 117, check here ▶ □ and complete			
F		lines 30 through 34.			
F U N D	30	Capital stock or trust principal, or current funds		30	
В	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ê	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances	43,169,808.	33	34,426,842.
	34	Total liabilities and net assets/fund balances	47,861,341.	34	37,636,947.
P	art X	Financial Statements and Reporting			
			7 .		Yes No
		counting method used to prepare the Form 990:	Other		
2		ere the organization's financial statements compiled or reviewed by an independent			
		ere the organization's financial statements audited by an independent accountant?.			2b X
	c If '	Yes' to 2a or 2b, does the organization have a committee that assumes responsibilitiview, or compilation of its financial statements and selection of an independent acco	y for oversignt of the at untant?	uit, 	2c X
,	<b>3a</b> As	a result of a federal award, was the organization required to undergo an audit or au	idits as set forth in the S	Single	
•	Au	dit Act and OMB Circular A-133?			3a X
		Yes,' did the organization undergo the required audit or audits?			<b>3b</b>   X   Form <b>990</b> (2008)
BA	Α				⊏01111 <b>330</b> (∠008)

### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Community Foundation for Southern Arizona

Employer identification number 94-2681765

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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.) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 9 June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h. b Type II С Type III - Functionally integrated Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ...... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization?..... a family member of a person described in (i) above?..... 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the organizations the organization supports. (v) Did you notify the organization in col. (i) of (i) Name of Supported (iii) Type of organization (vii) Amount of Support (described on lines 1-9 above or IRC section (see instructions)) organization in col. (i) listed in your Organization organization in col (i) organized in the your support? U.S.? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

# Schedule A (Form 990 or 990-EZ) 2008 Community Foundation for 94-2681765 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.)

C	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1.)			
Sec	tion A. Public Support						
begir	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	6,398,253.	12904261.	7,107,871.	6,630,141.	4,943,855.	37,984,381.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge				.*		0.
4	Total. Add lines 1-3	6,398,253.	12904261.	7,107,871.	6,630,141.	4,943,855.	37,984,381.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,230,597.
6	Public support. Subtract line 5 from line 4						34,753,784.
Sec	tion B. Total Support	h					
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	6,398,253.	12904261.	7,107,871.	6,630,141.	4,943,855.	37,984,381.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	806,617.	1,061,950.	3,546,569.	1,563,108.	1,334,755.	8,312,999.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						0.
	Total support. Add lines 7 through 10						46,297,380.
12	Gross receipts from related activ	vities, etc. (see ins	tructions)				2,297,662.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3	<sup>3)</sup> ▶ □
	tion C. Computation of Pu						
14	Public support percentage for 20	008 (line 6, columr	ı (f) divided by line	e 11, column (f)		14	75.1%
15	Public support percentage for 20	007 Schedule A, P	art IV-A, line 26f.				74.5%
16 <i>a</i>	a 33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported or	on line 13, and ganization	the line 14 is 33-1	/3 % or more, che	eck this box
ŀ	<b>33-1/3 support test — 2007.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a, ganization	and line 15 is 33-	-1/3% or more, ch	eck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	i' test. check this	box and <b>stop here</b>	e.Explain in Part I	V how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiz	s' test, check this zation qualifies as	box and stop here a publicly suppor	e. Explain in Part l ted organization	IV how the ▶
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a	, or 1/b, check thi	s box and see ins	tructions

Schedule <b>A</b> (Form 990 or 990-EZ) 2008		y Foundatio			94-2681765	Page 3
Part III Support Schedule fo	r Organization		in Section 509	(a)(2)		
(Complete only if you chec	ked the box on lin	e 9 of Part I.)				
Section A. Public Support						
Calendar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e) 2008	(f) Total
<ol> <li>Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')</li> </ol>						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line						
7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal yr beginning in) ►	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	<b>(e)</b> 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
<b>b</b> Unrelated business taxable						

Calendar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	<b>(e)</b> 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add Ins 9, 10c, 11, and 12.)						

	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.	▶ [	
Sec	tion C. Computation of Public Support Percentage		

15	15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))		
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests — 2008. 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	٠ [
<b>b 33-1/3 support tests</b> — <b>2007.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	- [

	is not more than 55-1/5%, theth this box and <b>stop here.</b> The organization qualities 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	<u>.</u> .

Schedule A	(Form 990 or 990-EZ) 2	2008 Community	Foundation	n for	94-2681765	Page 4
Part IV	Supplemental Info Part II, line 17a or	ormation. Complet 17b; or Part III, li	e this part to ne 12. Provid	provide the expe e any other add	planation required by Part I litional information. (see in	I, line 10; structions)

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, 990-EZ and 990-PF ► See separate instructions.

OMB No. 1545-0047

2008

Employer identification number

Name of the organization Community Found	ation for	Employer identification number			
Southern Arizon	a	94-2681765			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as	a private foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a p	rivate foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the	General Rule or a Special Rule. (Note: Only a section 501(c)	)(7), (8), or (10) organization can check			
boxes for both the General Rule and a Speci	lai Rule. See instructions.)				
General Rule —					
	Z, or 990-PF that received, during the year, \$5,000 or more (	in money or property) from any one			
contributor. (Complete Parts I and II.)					
Special Rules —					
	g Form 990, or Form 990-EZ, that met the 33-1/3% support to	est of the regulations under sections			
509(a)(1)/170(b)(1)(A)(vi) and received fr	rom any one contributor, during the year, a contribution of the	e greater of (1) \$5,000 or (2) 2% of the			
	r 2% of the amount on Form 990-EZ, line 1. Complete Parts				
For a section 501(c)(7), (8), or (10) organ	nization filing Form 990, or Form 990-EZ, that received from nore than \$1,000 for use exclusively for religious, charitable,	any one contributor, during the year,			
purposes, or the prevention of cruelty to	children or animals. Complete Parts I, II, and III.	scientific, merary, or educational			
For a section 501(c)(7), (8), or (10) organ	nization filing Form 990, or Form 990-EZ, that received from	any one contributor, during the year,			
some contributions for use exclusively for	or religious, charitable, etc. purposes, but these contributions	s did not aggregate to more than			
etc. purpose. Do not complete any of the	re the total contributions that were received during the year for e Parts unless the <b>General Rule</b> applies to this organization b	pecause it received nonexclusively			
religious, charitable, etc, contributions of \$5,000 or more during the year.)					
	by the General Rule and/or the Special Rules do not file Sch				
990-PF) but they <b>must</b> answer 'No' on Part I	V. line 2 of their Form 990, or check the box in the heading (	of their Form 990-EZ, or on line 2 of			
their Form 990-PF, to certify that they do no	t meet the filing requirements of Schedule B (Form 990, 990-	-EZ, or 990-PF).			
BAA For Privacy Act and Paperwork Redu		<b>e B</b> (Form 990, 990-EZ, or 990-PF) (2008)			
for Form 990. These instructions will be issu	ued separately.				

of 2

of Part I

Name of organization

Employer identification number

Commun	ity Foundation for	94-26	81765
Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Arizona Dept of Health Service		Person X Payroll
	150 N 18th Ave #110 Phoenix, AZ 85007	\$2,283,808.	Noncash (Complete Part II if there is a noncash contribution.)
		(c)	(d)
(a) Number	(b) Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2	Ford Foundation		Person X
	320 E 43rd Street	\$185,500.	Payroll Noncash
	New York, NY 10017		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Howard V Moore Foundation	_	Person X
	2250 E Broadway Blvd	\$433,818.	Payroll Noncash
	Tucson, AZ 85719	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Bonnie Kay	_	Person X
	   3861 E Placita_de_Peri	\$249,378.	Payroll X
	Tucson, AZ 85718	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_5	Fred R Pace	_	Person X
	5320 E Placita Casa Rio	\$200,000.	Payroll Noncash
	Tucson, AZ 85718	_	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	James A Rodolph		Person X
	5810 N Camino Preciado	\$100,000.	Payroll Noncash
	Tucson, AZ 85718		(Complete Part II if there is a noncash contribution.)

Tucson, AZ 85718 \_\_\_\_

of 2

of Part I

Community Foundation for

Employer identification number

q	Δ	-2	6	Ŕ	1	7	65	
"	4			v	_	•	U.	,

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Langford Keith PO Box 190 Silver City, NM 88062	\$ <u>500,650.</u>	Person X Payroll Noncash X  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	Thomas R Brown Family Foundation PO Box 31930 Tucson, AZ 85751	\$ <u>100,000</u> .	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	Easton Trust  3503 N Campbell Ave, Ste 101  Tucson, AZ 85719	\$ <u>148,500.</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		-  \$=	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		-   \$=  -	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

of 1

of Part II

Name of organization

Community Foundation for

Employer identification number 94-2681765

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Common Stocks		
4	Contained to Contained the Con		
		\$ 124,689.	7/08/08
(a) lo. from Part l	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Common Stock		
7			
		\$ 250,325.	12/31/08
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		,	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		<b>T</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

Community Foundation for	94-2681765
Part III Exclusively religious, charitable, etc, individual con	ntributions to section 501(c)(7), (8), or (10)
organizations aggregating more than \$1,000 for the	e year. (Complete cols (a) through (e) and the following line entry.)

(2)	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	Enter this information once — see	e instructions	s.) ▶ \$ (d)	N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift i	s held
	N/A				
		(e)			
	Transferee's name, addres	Transfer of gift	Rela	ationship of transferor to transf	eree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift i	is held
		(e)			
	Transferee's name, addres	Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transf	eree
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	ic hold
Part I	Fulpose of glit	Use of gift		Description of now gire	
	Transferee's name, addres	(e) Transfer of gift	Rela	ationship of transferor to transf	eree
	Transferee 3 manie, address	3, 4114 211 1 4			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transf	feree
					2.00.0000000000000000000000000000000000

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Employer Identification number

Con	munity Foundation for			94-2681765	
	tl Organizations Maintaining Dono	r Advised Funds or Other Simi	ilar Funds or	Accounts Complet	e if
******	Organizations Maintaining Dono the organization answered 'Yes' t	o Form 990, Part IV, line 6.		•	
		(a) Donor advised funds		<b>)</b> Funds and other acco	
1	Total number at end of year		139		
2	Aggregate contributions to (during year)	1,755,	869.		
3	Aggregate grants from (during year)	2,313,			
4	Aggregate value at end of year	9,466,	769.		
5	Did the organization inform all donors and don- funds are the organization's property, subject t	o the organization's exclusive legal con	itrol?	ed Yes	No
	Did the organization inform all grantees, donor used only for charitable purposes and not for the impermissible private benefit??			XYes	No
Pai	t II Conservation Easements Comple	ete if the organization answered	d 'Yes' to Forr	n 990, Part IV, line	27
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., re			orically important land a	rea
	Protection of natural habitat	Prese	rvation of certified	d historic structure	
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a	qualified conservation contribution in the	he form of a cons	ervation easement on ti	ne last day
	of the tax year.			Held at the End of	the Year
	a Total number of conservation easements		2a		
	<b>b</b> Total acreage restricted by conservation easer				
	c Number of conservation easements on a certif				
	d Number of conservation easements included in				
	Number of conservation easements modified, year ►			organization during the	taxable
4	Number of states where property subject to co	nservation easement is located 🕨			
5	Does the organization have a written policy re- enforcement of the conservation easement it h				No
6	Staff or volunteer hours devoted to monitoring	, inspecting, and enforcing easements o	during the year 🟲		
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements dur	ing the year 🕨 💲		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?				No No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote tonservation easements.	orts conservation easements in its reve o the organization's financial statement	enue and expense is that describes t	statement, and balanc he organization's accou	e sheet, and nting for
Pa	nt III Organizations Maintaining Colle Complete if the organization and	ections of Art, Historical Treas swered 'Yes' to Form 990, Part	ures, or Othe IV, line 8.	r Similar Assets	
1	a If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial stateme	ic exhibition, education, or research in	statement and ba furtherance of pu	alance sheet works of a blic service, provide, in	rt, historical Part XIV,
	b If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items:	lic exhibition, education, or research in	furtherance of pu	blic service, provide the	tollowing
	(i) Revenues included in Form 990, Part VIII,	line 1			
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar 116 relating to these items:	assets for financia	al gain, provide the follo	owing
	a Revenues included in Form 990, Part VIII, line	: 1		▶\$	

Part III Organizations Mainta	ining Colle	ctions	or Art, Histo	orica	ii ireasures, o	r Otne	r Similiar AS	sets (	conun	<u>uea)</u>
3 Using the organization's accessio that apply):	n and other re	ecords, o	check any of the	follo	wing that are a sig	ınificant ı	use of its collec	tion iten	ns (che	ck all
a Public exhibition			d Loan o	r exc	hange programs					
<b>b</b> Scholarly research			e Other							
c Preservation for future genera	ations		Lincolne							
4 Provide a description of the organ Part XIV.	nization's colle	ections a	and explain how	they t	further the organiz	zation's e	xempt purpose	in		
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or r ather than to t	eceive on the maint	donations of art, tained as part of	histo the c	rical treasures, or organization's colle	other sir	nilar [	Yes		No
Part IV Trust, Escrow and Cu	istodial Ari	ranger	nents Compl	ete i	f organization	answe	red 'Yes' to	Form	990, F	<sup>2</sup> art
IV, line 9, or reported	an amount	t on Fo	orm 990, Part	t X, I	line 21.				····	
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodiar	n, or oth	er intermediary	for co	ntributions or othe	er assets	not [	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV ar	nd comp	lete the followin	g tabl	e:			Amount	-	
c Beginning balance						10		Amoun		
<b>d</b> Additions during the year										
e Distributions during the year										
f Ending balance									— г	٦
2a Did the organization include an a		m 990, F	Part X, line 21?.	• • • • •				Yes	L	No
<b>b</b> If 'Yes,' explain the arrangement				- 1 15		100 D	1.1) / 1! 10			
Part V Endowment Funds Co						·····	· · · · · · · · · · · · · · · · · · ·			
	(a) Current		<b>(b)</b> Prior year	***********	(c) Two years back	(d) \	Three years back	(e)	our years	back
1a Beginning of year balance	27,092,									
<b>b</b> Contributions		151.								
<b>c</b> Investment earnings or losses	-3,698,	941.								
d Grants or scholarships										
e Other expenditures for facilities and programs	869,	274.								
<b>f</b> Administrative expenses										
<b>g</b> End of year balance	22,993,	943.								
2 Provide the estimated percentage	e of the year o	end bala	nce held as:							
a Board designated or quasi-endow	vment ►	49	.00%							
<b>b</b> Permanent endowment ▶	49.70%									
c Term endowment ► 1	30%									
3a Are there endowment funds not in	n the possess	ion of th	ne organization t	hat aı	re held and admin	istered f	or the	Г	Yes	No
organization by:								20(1)	165	No X
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		X
<b>b</b> If 'Yes' to 3a(ii), are the related o	-							. 3b		X
4 Describe in Part XIV the intended							10			
Part VI Investments-Land, B										
Description of investment		(a) Cos (in	t or other basis vestment)	(b)	) Cost or other basis (other)	<b>(c)</b> D	epreciation	(d) E	Book Va	alue
<b>1 a</b> Land										
<b>b</b> Buildings										
c Leasehold improvements										
<b>d</b> Equipment					12,384.		9,971.		2,	<u>,413.</u>
<b>e</b> Other	<u></u> .				209,123.		88,888.		120,	,235.
Total. Add lines 1a-1e (Column (d) sho	ould equal For	m 990, I	Part X, column (	B), lir	ne 10(c).)				122,	,648.
BAA								dule <b>D</b> (l	orm 99	90) 2008

Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

▶

2,347,394.

Pai	付 XI. Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	5,684,206.
2	Total expenses (Form 990, Part IX, column (A), line 25).	6,470,380.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	-8,242,193.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.	
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	
	Total revenue, gains, and other support per audited financial statements	11,919,151.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	a Net unrealized gains on investments	
	c Recoveries of prior year grants	
		e 6,214,000.
	Subtract line 2e from line 1.	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3,703,131.
	a Investments expenses not included on Form 990, Part VIII, line 7b	
	b Other (Describe in Part XIV) See. Part XIV	
		-20,945.
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12.)	
	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
	Total expenses and losses per audited financial statements	0 -04 -4-
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
;	a Donated services and use of facilities	
ı	b Prior year adjustments	
(	c Losses reported on Form 990, Part IX, line 25	
(	d Other (Describe in Part XIV) See . Part XIV	
	e Add lines 2a through 2d	2e 2,061,135.
	Subtract line <b>2e</b> from line <b>1</b>	6,470,380.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	a Investments expenses not included on Form 990, Part VIII, line 7b	
	b Other (Describe in Part XIV)	_
		1c
	Total expenses. Add lines <b>3</b> and <b>4c</b> (This should equal Form 990, Part I, line 18.)	6,470,380.
Нa	rt XIV Supplemental Information	
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  Part V, Line 4 - Intended Uses Of Endowment Fund	
	<u>Endowment funds have been established for various board-designated and</u>	donor
	restricted_purposes.	

Schedule **D** (Form 990) 2008 Community Foundation for

94-2681765

Page 4

Schedule <b>D</b> (Form 990) 2008	Page <b>5</b>
Schedule D (Form 990) 2008  Part XIV Supplemental Information (continued)	

lient 3224	Schedule D, Part XIV - Supplemental Information  Community Foundation for  Southern Arizona	Page 94-268176
5/10/10	Countries Alizand	09:01/
Schedule D, Pa Other Revenue	art XII, Line 2d e Included In F/S But Not Included On Form 990	
Revenues fro	om Consolidated entities	\$ 6,214,000. \$ 6,214,000.
Schedule D, Pa Other Revenue	art XII, Line 4b e Included On Form 990 But Not Included In F/S	
Cost of spec Loss on disp	cial eventsposal of assets	-270.
Schedule D, Po	art XIII, Line 2d es And Losses Per Audited F/S	
Expenses from	cial events om Consolidated entities posal of assets Total	2,040,190. 270.

# SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Internal Revenue Service

Open to Public Inspection

Southern Ari	undation f zona	or			94-268176	5
Part I Fundraising Activities.		the ora	nization	answered 'Yes' to		
1 Indicate whether the organization						
Mail solicitations				Solicitation of non-g		
Email solicitations				Solicitation of gover	-	
Phone solicitations				Special fundraising		
In-person solicitations						
				l Carlo dia a affirma dina	atawa turustaan nu lunii	
2a Did the organization have written employees listed in Form 990, Par	or oral agreeme rt VII) or entitv ir	nt with any n connecti	/ individua on with pro	l (including officers, dire ofessional fundraising se	ectors, trustees or key ervices?	Yes X No
<b>b</b> If 'Yes,' list the ten highest paid in						
compensated at least \$5,000 by the	ne organization.	Form 990	EZ filers a	re not required to comp	lete this table.	
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser ly or control ibutions?	(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			
		-				
Total						0.
3 List all states in which the organize	zation is register	ed or licer	sed to sol	icit funds or has been n	otified it is exempt from	n registration
or licensing.						

Schedule G (Form 990 or 990-EZ) 2008 Conunity Foundation for 94-2681765 Page 2 Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events (Add col. (a) through col. (c)) Folklorico Eve LGBT&S Allianc (total number) (event type) (event type) 60,142. 14,485 74,627. 10,000. 10,000. 2 Less: Charitable contributions...... 14,485. 64,627. 50,142. 3 Gross revenue (line 1 minus line 2)..... **4** Cash prizes..... DIRECT 5 Non-cash prizes..... EXPENSES 17,715. 2,960. 20,675. Other direct expenses ..... 20,675. 8 Direct expense summary. Add lines 4- through 7 in column (d) ...... 43,952. Net income summary. Combine lines 3 and 8 in column (d)..... Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add col. (a) through col. (c)) (b) Pull tabs/Instant (c) Other gaming (a) Bingo bingo/progressive bingo 1 Gross revenue..... EXPENSES DIRECT 3 Non-cash prizes..... 5 Other direct expenses . . . . . . . . . Yes Yes 왕 Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d)..... 8 Net gaming income summary. Combine lines 1 and 7 in column (d)...... VEC NO

			163	NO
9	Enter the state(s) in which the organization operates gaming activities:			
7	a Is the organization licensed to operate gaming activities in each of these states?	9a		
	o If 'No,' Explain:			
		_		
10 a	a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
	of 'Yes,' Explain:			
		_		
11	Does the organization operate gaming activities with nonmembers?	11	]	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	10		
	administer charitable gaming?	12		

chedule <b>G</b> (Form 990 or 990-EZ) 2008 Community Foundation for		94-268176		YES
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
<b>b</b> An outside facility			-	
14 Provide the name and address of the person who prepares the organization's gaming/special e			-	
14 Provide the name and address of the person who prepares the organization's gaming/special e	veitts nooi	ns and records.		
Name: ►				
Address:				
15a Does the organization have a contact with a third party from whom the organization receives ga	aming reve	enue?	15a	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$	and	l the amount		
of gaming revenue retained by the third party \$				
<b>c</b> If 'Yes,' enter name and address:				
Name: ►				
Address:				
16 Gaming manager information				
To Carring manager information				
Name: ▶				
Gaming manager compensation ► \$				
Description of services provided:				
Director/officer Employee Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming p			17a	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organiza				
organization's own exempt activities during the tax year: ► \$	•			

·

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Part I General Information on Grants and Assistance

Community Foundation for

Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

OMB No. 1545-0047

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.

► Attatch to Form 990.

Open to Public Inspection

Employer identification number

94-2681765

Schedule I (Form 990) 2008 2 (h) Purpose of grant or assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

| Part IIV | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use X Yes (g) Description of non-cash 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? (f) Method of valuation (book, FMV, appraisal, other) TEEA3901L 12/19/08 ö (e) Amount of non-cash assistance 2,292,255. (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 (c) IRC section if applicable (b) EIN Enter total number of other organizations. 1 (a) Name and address of organization or government 1 1 1 1 See Attached List İ 1 i I

Page 2 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. 94-2681765 Community Foundation for Schedule I (Form 990) 2008

Part

Schedule I (Form 990) 2008 (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) \_\_Organization\_monitors\_its\_grants\_to\_ensure\_that\_such\_grants\_are\_used\_for\_proper (d) Amount of non-cash assistance (c) Amount of cash grant \_\_\_<u>Part I, Line 2 - Grantmaker's Description of How Grants are Used</u> (b) Number of recipients (a) Type of grant or assistance purposes. BAA

# SCHEDULE M (Form 990)

### **Non-Cash Contributions**

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Community Foundation for Southern Arizona

Employer identification number 94-2681765

Par	t I Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Metho	(d) od of det revenu		ng
1	Art-Works of art							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Art—Works of art							
3	Art—Fractional interests							
4	Books and publications			10000				
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	X	2	375,014.				
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			0.1.100				
25	Other $\blacktriangleright$ (In Kind)	X	5	24,188.	Fair M	ikt Va	alue	
26	Other ► ()							
27	Other ► ()							
_28	Other ► ( )	<u></u>			<del>                                     </del>			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done	on during the e Acknowled	e tax year for contribution discussion of the tax year for contribution of the tax years are tax years.	ons for which the	29		Yes	No
					. 1		103	110
30	a During the year, did the organization receive by or hold for at least three years from the date of the in purposes for the entire holding period?	nitial contrib	ution, and which is not r	required to be used for	exempt	30 a		X
	o If 'Yes,' describe the arrangement in Part II.							
	Does the organization have a gift acceptance poli-	cv that requ	ires the review of any no	on-standard contribution	ns?	31	Χ	10000000000000
	a Does the organization hire or use third parties or							
	noncash contributions?					32a	Χ	
	o If 'Yes,' describe in Part II.			ala andronen ZOV to the Co	اب ـ			
33	If the organization did not report revenues in colu describe in Part II.	mn (c) for a	type of property for whi	cn column (a) is checke	ed, 			

Schedule M (Form 990) 2008 Communic, Foundation for	94-2681765	Page <b>2</b>
Part II Supplemental Information. Complete this part to provide the information required and 33. Also complete this part for any additional information.	ed by Part I, lin	es 30b, 32b,
and 33. Also complete this part for any additional information.		a consideration of the constant of the constan
		·

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Community Foundation for Southern Arizona

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

2008

OMB No. 1545-0047

Open to Public Inspection Employer identification number

94-2681765

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations	ons				
(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))	<b>(F)</b> Direct controlling entity
The Melody S Robidoux Foundation					
Tucson, AZ 8571286-0667916	Charitable	aZ	501(c)(3)	11	N/A
The William E Hall Foundation 2250 E Broadway Blvd					
	Charitable	aZ	501 (c) (3)	11	N/A
I Have a Dream Foundation of Tucson					
	Charitable	aZ	501(c)(3)	11	N/A
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tructions for Form 990.	TE	TEEA5001L 12/23/08	Sched	Schedule <b>R</b> (Form 990) (2008)

Schedule R (Form 990) 2008 Community Foundation for Southern Arizona

Part III Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner?	Yes No				 	
Code V-UBI amount in Box 20 of Schedule K-1	(Form 1065)					
(H) Disproportionate Ilocations?	Yes No					
(G) Share of end-of-year assets						
(F) Share of total income						
(E) Predominant income (related, investment,	dii clated)					
(D) Direct controlling entity						
(C) Legal domicile (state or	country)					
(B) (C) (D) Primary Activity domicile controlling entity foreign						
(A) Name, address, and EIN of related organization						

r Trust
Corporation o
Taxable as a
Organizations
of Related
lentification
Part IV Ic

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	Type of entity (C corp, S corp, or trust)	(B) (C) (D) (D) Type of entity (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(G) Share of end-of-year assets	(H) Percentage ownership
	<u> </u>						
ВАА		TEEA5002L 12/23/08	//23/08			Schedule <b>R</b> (Form 990) (2008)	990) (2008)

# Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.	Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:	,
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	Та
h Giff, grant, or capital contribution to other organization(s)	1 b ×
City and the recognition from other organization(s)	1c X
C Gill, glant, of capital contribution from	1d ×
d Loans or loan guarantees to or for other organization(s)	
e Loans or loan quarantees by other organization(s)	
f Sala of assats to other organization(s)	1f X
	1g X
T ruintase of assets from other organizations of the state of the stat	1h X
h Exchange of assets	
i Lease of facilities, equipment, or other assets to other organization(s)	
i Lease of facilities, equipment, or other assets from other organization(s)	1j ×
k Performance of services or membership or fundraising solicitations for other organization(s)	1k
Desformance of services or membership or fundraising solicitations by other organization(s)	11 X
	1m X
	1n X
n Sharing of paid employees	
The state of the s	10
o Keimbursement paid to other organization for expenses	1p X
p Keimbursement paid by outer digalization expenses	
On the of the other property of the other pr	1q X
	1r X
r Other (ransier of cash of property from other property) from the including covered relationships and transaction thresholds	esholds.
Z If the answer to any of the above is tes, see the library for the answer to any of the above is the property of the above is the property of the answer to any of the above is the property of the above is the above is the property of the above is th	
(A) Transaction Name of other organization type (a-r)	Amount involved
(2)	
(3)	
(4)	
(5)	
(9)	
<b>BAA</b> TEEA5003L 07/02/08	Schedule K (Form 990) (2008)

# Part W Unrelated Organizations Taxable as a Partnership

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Name, address, and EIN of entity  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging er?
			Yes No		Yes No		Yes	<b>№</b>
					,,,			
			-					
			۷.					
		-						
BAA		TEEA5004L 01/21/09				Schedule <b>R</b> (Form 990) (2008)	) (066 m	(2008)

# Part II Continuation of Identification of Related Tax-Exempt Organizations

rate i communication of penumeration of related Tax-Lyeni	silipi Olganizations				
(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 501(c)(3))	(F) Direct controlling Entity
CFSA Properties, Inc.					
Tucson, AZ 85719	Property Mgmt	aZ	501(c)(3)	11	N/A
The Thomas R Brown Family Foundation					
2017 100 133338	Charitable	25.6	501(c)(3)	11	N/A
Women's Foundation of Southern Arizona					
1 4 9	Charitable	az	501 (c) (3)	7	N/A
Knisely Family Foundation Safe E Brookwood Drive					
AZ 85750	Charitable	az	501 (c) (3)	11	N/A
Worth and Dot Howard Foundation					
z, AZ 1133	Charitable	az	501 (c) (3)	11	N/A
John W Madden & Joann Darrall Foundation 4830 N Hidden Valley Rd					
	Charitable	aZ	501 (c) (3)	11	N/A
Zuckerman_Community_Outreach_Foundation					
Tucson, AZ 85719	Charitable	aZ	501(c)(3)	11	N/A
The Howard V Moore Foundation					
Tucson, AZ 85719	Charitable	aZ	501(c) (3)	11	N/A
ВАА	TEEA5102L 07/02/08	7/02/08		Schedu	Schedule <b>R-1</b> (Form 990) 2008

94-2681765

Part III Continuation of Identification of Related Tax-Exempt Organizations	empt Organizations		
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (State or Foreign Country)	Exempt
Sycamore Canyon Conservation Foundation			
Tucson, AZ 85719		ſ	Д 101

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (State or Foreign Country)	( <b>b)</b> Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct controlling Entity
Sycamore Canyon Conservation Foundation					
1 4 6	Conservation	aZ	501 (c) (3)	11	N/A
		-			
			:		
			÷		
ВАА	TEEA5102L 07/02/08	7/102/08		Schedi	Schedule <b>R-1</b> (Form 990) 2008

# SCHEDULE O (Form 990)

# Supplemental Information to Form ๖ษ0

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization Community Foundation for	Employer identification number
Southern Arizona	94-2681765
Form 990, Part VI, Line 10 - Form 990 Review Process	
Finance Committee reviews the 990.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	onflicts
Officers and directors are required to disclose potential conf	licts annually.
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	s & Key Employees
The Executive Committee examines compensation surveys and makes	s a recommendation to
the Board for approval of the CEO salary.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Documents are available on our website.	

Arizona Western College Arizonas Children Association, Southern Region Arizona-Sonora Desert Museum, Inc. Arts for All, Inc Third Street Kids Assistance League of Tucson, Inc.	Arizona Public Media Arizona Repertory Singers Arizona State University - Scholarship Office Arizona State University Foundation Arizona Theatre Company Arizona Town Hall	Arizona Friends of Chamber Music Arizona Friends of Tibet Arizona Historical Society, Southern Arizona Division Arizona Onstage Productions Arizona Open Land Trust Arizona Opera Company	Amigos de Educacion de Alamos Amigos de Educacion de Alamos Amnesty International USA Angel Charity for Children, Inc. Angels Purse, Inc. Ara Parseghian Medical Research Foundation Arizona Arthritis Center Arizona Center for the Study of Children and Families Arizona Civil Liberties Foundation Arizona Daily Star Sportsmens Fund, Inc. Arizona Department of Commerce	Amado Community Foodbank Amado Community Foodbank America-Israel Friendship League American Cancer Society, Inc. American College of Physicians Foundation American Diabetes Association American Heart Association, Inc. American Israel Friendship League American Parkinson Disease Assoc/AZ Chapter	Ahmed, Arsalan Ajo Community Health Center Ajo Community Health Center Akiba-Schechter Jewish Day School Albert Einstein College of Medicine Alumni Association Bronx High School of Science Alzheimers Association, Central Arizona Reg Office	Grantee Name 88-Crime Administration of Resources and Choices After Dinner Opera Company, Inc.
P O Box 929 2700 S. 8th Avenue 2021 N. Kinney Road 2520 N. Oracle Road 1307 N. Alvernon Way	P.O. Box 210067 P.O. Box 41601 P.O. Box 870412 P O Box 2260 P.O. Box 1631 One East Camelback Road	P.O. Box 40802 P.O. Box 31956 P.O. Box 31956 949 E. Second Street 405 N. Granada 3127 N. Cherry Ave. 3501 N. Mountain Avenue P.O. Box 210067	6336 N. Oracle Road #326 5 Penn Plaza P.O. Box 14225 140 Duquesne Road 3530 E. Campo Abierto 1501 North Campbell 870 West Miracle Mile 77 E. Columbus P.O. Box 16141 1700 W Washington	P O Box 26727  4729 E Sunrise Drive PMB 437 1636 N. Swan Road 190 N. Independence Mall West 333 W. Ft. Lowell, Suite 123 5325 E. Pima Street 4729 East Sunrise 5905 E Pima Street	4070 W Braemore Street 410 N Malacate Street 5235 South Cornell Avenue 1165 Morris Park Ave/Rousso325 Jerome Avenue Station 1028 East McDowell Road P O Rox 27352	Address 32 N. Stone Avenue P.O. Box 86802 23 Stuyvesant Street
Yuma Tucson Tucson Tucson Tucson	Tucson Tempe Tempe Tucson Tucson Phoenix	Tucson Tucson Tucson Tucson Tucson Tucson Tucson	Tucson New York Tucson Nogales Tucson Tucson Tucson Tucson Tucson Phoenix Tucson	Tucson Tucson Tucson Philadelphia Tucson Tucson Tucson Tucson Tucson	Tucson Tucson Chicago Bronx Bronx Phoenix Tucson	Tucson Tucson New York
AZ 85366-0929 AZ 85713 AZ 85743-9719 AZ 85705 AZ 85712			•	· · · · · · · · · · · · · · · · · · ·		AZ 85701 AZ 85754 NY 10003-7505
86-0096772 86-0111675	86-0196696	86-1015752 23-7169261 86-6050388		86-0098908	86-0871311	EIN 86-0735999
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Congregation Anshei Israel Congregation Chofetz Chayim Congregation Young Israel of tucson Crisis Pregnancy Centers of Tucson Cultural Exchange Council of Tucson, Inc. Cystic Fibrosis Foundation D M 50 C 3 DM Officers Spouses Scholarship/Charitable Club Desert Dove Farm Desert Skies United Methodist Church Disabled American Veterans	Childrens Movement for Creative Education Chillicothe Cemetery Association Chillicothe Educational Foundation Christ Church of the Ascension Cochise Community College Cochise Community College Foundation Cochise County Humane Society Columbia University, College of Physicians & Surg. Community Food Bank, Inc.	Camp Pasquaney CareGiver Training Institute Carondelet Foundation Carymax, LLC / World Pastry Forum Casa De Esperanza, Inc. Casa de los Gatos Casa de los Ninos Catalina Community Services Catholic Community Services of Southern AZ Center for Jewish Culture & Creativity Chicanos Por La Causa, Inc. Childrens Movement for Creative Education	Associated Charities of Nogales, Inc. Assoc of Fundraising Professionals - SAZ Chapter AVANCE, Inc EI Paso AWASA Balcezak, Jean Ballet Arts Foundation Beacon Group SW, Inc. Beowulf Alley Theatre Company Bertenshaw, Kaitlin Aaron Big Brothers Big Sisters of Tucson, Inc. Bisbee Coalition for the Homeless Bnai Horin-Children of Freedom Borderlands Theater Teatro Fronterizo, Inc. Boys & Girls Club of Santa Cruz County
5550 E. Fifth Street 5150 E. Fifth Street 2443 East 4th Street 2290 E. Speedway Boulevard 349 West 31st Street 2500 N. Tucson Boulevard 3452 N Tanuri Drive P.O. Box 15280 P.O. Box 31615 3255 N. Houghton Road P.O. Box 14301	427 West 45th Street, Suite 2FE P.O. Box 11 P.O. Box 530 4015 E Lincoln Drive 21 East Court Street 4190 West Highway 80 P. O. Box 1516 630 West 168 Street P.O. Box 26727 1001 Connecticut Avenue. NW	ke Roa Boulev: ct ct tre Av ntre Av Avenue Avenue ray re	222 Plum Street P.O. Box 41176 616 N. Virginia Ste. D 5425 E. Broadway Boulevard 2050 N Pantano Road 200 S. Tucson Boulevard P.O. Box 50544 11 S. Sixth Avenue 5280 No. Valley View Road 160 E. Alameda Street P.O. Box 5852 10810 Ayres Ave P.O. Box 2791 590 N. Tyler Avenue P.O. Box 40217
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Jewish Federation of the Berkshires Jewish History Museum John B. Wright Elementary School	Jewish Federation of Southern Arizona	<b>7</b>	Isaac M. Wise Temple	International Sonoran Desert Alliance	International Campaign for Tibet	Interfaith Community Services	Intercultural Ctr - Study of Deserts and Oceans	Integrative Touch for Kids	Information & Referral Services, Inc.	Imago Dei Middle School	Huntingtons Disease Society of America, Inc.	Humane Society of Southern Arizona	Huber, Tammi	Homer Davis Elementary School	Hispanic Womens Corporation	Harvard College	Hardison, Kristi M	Handi-Dogs, Inc.	Habitat For Humanity Tucson	Habbjach - Dollars For Scholars	Green Valley Community Fund	Green Valley Community Food Bank	Green Valley Assistance Services, Inc.	Goodwill Industries of Tucson, Inc.	Georgetown University/Ofc of Student Financial Serv	Fundacion del Empresariado Sonorense, A.C.	Friends of Vallarta Botanical Gardens AC	Friends of the Oro Valley Public Library	French Camp Academy	Foundation For Creative Broadcasting	First Presbyterian Church	Falkenstrom, Karen	Faith Academy of Marble Falls	Ethica	Equine Voices Rescue & Sanctuary	Emerge Center Against Domestic Abuse	Elvira Elementary School	El Rio Foundation	El Paso Community Foundation	El Frida Citizens Alliance, Inc.	Educational Enrichment Foundation	Eastern Arizona College	Dove of Peace Lutheran Church
196 South Street P.O. Box 889 4311 E. Linden	3822 E. River Road	127 W. Wesley	8329 Ridge Road	P.O. Box 687	1825 Jeffersen Place, NW	2820 W. Ina Road	P. O. Box 44208	8340 N Thornydale Road	3130 N. Dodge Boulevard	P.O. Box 3056	Greater Los Angeles Chapter	3450 N. Kelvin Boulevard	18457 S. Bellflower Place	4250 N Romero Road	4545 N. 36th Street	124 Mount Auburn Street	3282 Ridge Crest Street	75 S. Montego Drive	621 W. Lester Street	6602 East Villa Dorado Drive	P.O. Box 785	250 E. Continental Road	250 E. Continental Road	1940 E. Silverlake	Box 571252, G19 Healy Hall	825 N Grand Avenue	759 N Campus Way	14128 N. Fawnbrooke Drive	1 Fine Place	220 S. 4th Avenue	401 Elm Street	5732 E 2nd St	P. O. Box 1240	PO Box 130822	P.O. Box 1685	2545 East Adams Street	250 West Elvira Road	839 W. Congress Street	1616 Texas Commerce Bank Blvd.	P. O. Box 172	3809 E. Third Street	P.O. Box 1430	665 W. Roller Coaster Road
Pittsfield Tucson Tucson	Tucson	Jackson	Cincinnati	Ajo	Washington	Tucson	Tucson	Tucson	Tucson	Tucson	Beverly Hills	Tucson	Green Valley	Tucson	Phoenix	Cambridge	Sierra Vista	Tucson	Tucson	Tucson	Green Valley	Green Valley	Green Valley	Tucson	Washington	Nogales	Davis	Oro Valley	French Camp	Tucson	Chillicothe	Tucson	Marble Falls	Ann Arbor	Green Valley	Tucson	Tucson	Tucson	. El Paso	El Frida	Tucson	Thatcher	Tucson
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	86-0096795	86-0623896		86-0778917			00		86-0252610		13-3349872	86-0112798						95-3247091	94-2725100				94-2783969	86-0223401			33-1156194						74-2888658			86-0312162		86-0816675	74-1839536	86-0988722			
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500.00 500.00	7,000.00	8/5.20 4 946 00	350.00	49,483.00	250.00	1,191.00	100.00	500.00	17,124.62	4,500.00	10,000.00	11,308.45	4,000.00	500.00	2,500.00	100.00	582.00	6,194.00	11,201.00	1,000.00	1,500.00	1,500.00	37,993.73	13,158.00	1,200.00	34,000.00	19,978.00	1,000.00	500.00	500.00	4,000.00	25,000.00	100,000.00	2,500.00	2,500.00	44,126.50	500.00	14,000.00	10,000.00	10,000.00	3,011.00	750.00	1,264.00

Our Saviours Lutheran Church OXFAM America	Otras Island Continuonity Foundation Our Family Services, Inc.	Oracle School District	Opportunity Center for the Homeless	Opening Minds Through The Arts Foundation	Open Inn, Inc.	Onaway Camp Trust	Old Pueblo Childrens Academy	Ocotillo Literary Endeavors, Inc	Northern Arizona University	Nogales Community Development Corporation	New York University/Office of the Bursar	New Beginnings for Women & Children, Inc.	Native Seeds/SEARCH	National Multiple Sclerosis Society	National Legal and Policy Center	NAMI of Southern Arizona	Murphy, Brendan Guy	Mt. Graham Safe House, Inc.	Mobile Meals of Tucson, Inc.	Missouri Colleges Fund Inc.	Miracle Square Project, Inc.	Mesa Community College	Memorial Sloan-Kettering Cancer Center	Media Research Center, Inc.	Mariposa Community Health Center	Marion Woodman Foundation	Marine Mammal Center	Many Mouths One Stomach	MAKE WAY FOR BOOKS	Loft Cinema, Inc.	Literary and Prologue Society of The Southwest	Literacy Volunteers of Tucson	Literacy Volunteers of America-Santa Cruz County, Inc.	Linkages	LGBTS Fund	League of Women Voters of Greater Tucson	La Posada Foundation	La Pilita Association	KXCI FM	Kore Press, Inc.	Kids Keeper International, Inc.	Kershisnik, Seth N.	Junior Achievement, Inc.	Judicial Watch, Inc.
1200 N Campbell Ave. 226 Causeway Street	P.O. Box 40250	HCR Box 2743	P.O. Box 63	3208 E. Fort Lowell Rd	PO Box 5766	P.O. Box 4064	450 North Pantano	P.O. Box 44000	P.O. Box 4108	PO Box 421	7 East 12th Street	2590 N. Alvernon Way	526 N. Fourth Avenue	P.O. Box 1217	107 Park Washington Court	6122 E. 22nd Street	25 East 15th Street	P. O. Box 1202	3003 S. Country Club Road	3401 W Truman Blvd.	2601 North Oracle	1833 W. Southern Avenue	P.O. Box 750	325 South Patrick Street	1852 N. Mastick Way	212 Olive Street	1065 Fort Cronkhite	PO Box 15	3955 E Fort Lowell	3233 E. Speedway Boulevard	2398 E Camelback Rd Ste 400	2850 E Speedway Boulevard	125 E Madison Street	1920 E. Silverlake Road	2250 E. Broadway Blvd.	2424 E. Broadway	350 E. Morningside Road	420 S. Main	220 S. 4th Avenue	P.O. Box 42315	4 Quarter Mile Road	2000 E. River Road	2919 East Broadway Blvd. #230	501 School Street, SW
Tucson Boston	Tucson	Cracle Fastsound	El Paso	Tucson	Tucson	Albany	Tucson	Tucson	Flagstaff	Nogales	New York	Tucson	Tucson	White Plains	Falls Church	Tucson	Tucson	Safford	Tucson	Jefferson City	Tucson	Mesa	New York	Alexandria	Nogales	Santa Cruz	Sausalito	Tucson	Tucson	Tucson	Phoenix	Tucson	Nogales	Tucson	Tucson	lucson	Green Valley	lucson	Lucson	lucson	Armonk	Tucson	Tucson	Washington
AZ 85719 MA 02114		AZ 85623 AZ 98245																			AZ 85705-4325	AZ 85202	NY 10131								AZ 85016-9011		AZ 85621	AZ 85713	AZ 85719	AZ 85/19	AZ 85614-9969			AZ 85/33	NY 10504		AZ 85716	DC 20026
		91-1680527		20-0184741			86-1014447		74-2579628	86-0878561								86-0800990	23-7157579						86-0524321			34-2039132	31-1583036			23-7047508								86-0821144	36-4495149		86-0184349	
		501-c-3		501-c-3	)		501-c-3		School	501-c-3	0							501-c-3	501-c-3						501-c-3	)		501-c-3	501-c-3			501-c-3								201-0-0	501-C-0	0	501-c-3	
2,329.30 200.00	400.00	4,000.00 15,208.06	5,000.00 4,000.00	55,250.00	3,400.00	7,000.00	10,000.00	100.00	22,150.00	27,000.00	1,200.00	3,000.00	500.00	100.00	2,000.00	250.00	10,226.00	15,000.00	6,000.00	1,500.00	300.00	4,800.00	100.00	2,000.00	8,683.00	00.00	2,500.00	8,500.00	25,100.00	2,/00.00	300.00	50,437.00	3,000.00	100.00	250.00	0,000.00	1,000.00	1 000.00	1,000.00	3,300.00	£ 500.00	2,000.00	5,000.00	1,000.00

Science and Arts Academy Scottsdale Community College Seattle University Senior Citizens of Livingston County Missouri Senior Citizens of Patagonia, Inc. Seva Foundation SharMoore Childrens Productions Shelton, Richard Skidmore College Sky Island Alliance	Saddlebrooke Rotary Foundation, Inc. Sahuaro Girl Scout Council, Inc. Salgado, John Salpointe Catholic High School San Miguel High School Santa Cruz Council on Aging Santa Cruz County Young Audiences, Inc. Santa Cruz Humane Society, Inc. Schlesing, Jaimy M.	Pima Prevention Partnership Pimeria Alta Historical Society Planned Parenthood Arizona Primavera Foundation, Inc. Rainbow Acres, Inc. Rebuilding Together - Santa Cruz County Refugee Law Center Rocklein, Robyn Michele Rodel Charitable Foundation of Arizona Rogers, Barbara Rotary Club of Tucson Foundation SaddleBrooke Community Outreach Inc.	Patagonia Creative Arts Association Patagonia Volunteer Fire & Rescue, Inc. Patronato San Xavier Patrons of the Arts, Inc. Paws Patrol, Inc. PEO Foundation People For Puget Sound People For the American Way Foundation Phi Delta Theta Educational Foundation Pima Community Access Program Pima Community College Pima Council on Aging, Inc. Pima County Juvenile Court Center Pima County Library Foundation Fund Pima Foundation For Youth, Inc.
9000 East Chaparral Road PO Box 222000 515 Washington P.O. Box 1121 1786 Fifth Street 5833 E. South Wilshire 1548 W. Plaza de Lirios 815 N. Broadway P.O. Box 41165	₹ 7 0 2 0 !" O !" m !	2525 E. Broadway Boulevard 136 North Grand Avenue 2255 N. Wyatt Drive 702 S. 6th Avenue P.O. Box 1326 3061 N. Sunrise Place 705 Center Street 2656 W. Desert Bluffs Ct. 6720 N. Scottsdale Road 6161 N. Camino Padre Isidoro 3900 E. Timrod Street 63675 E. SaddleBrooke Blvd.	P.O. Box 1248 P.O. Box 497 P.O. Box 522 P. O. Box 533 P. O. Box 1642 3700 Grand Avenue, 911 Western Avenue 149 5th Avenue, 7th Floor 2 South Campus Avenue 655 E. River Road 4905-D E. Broadway Boulevard 4905-C E. Broadway Boulevard 8467 E. Broadway Boulevard 2225 East Ajo Way P. O. Box 13245 4845 N. Gerhart Road
Scottsdale Scottsdale Seattle Chillicothe Patagonia Berkeley Tucson Tucson Saratoga Springs Tucson	Tucson Tucson Tucson Tucson Tucson Nogales Nogales Nogales Tucson Tucson	Nogales Tucson Tucson Camp Verde Nogales Boston Tucson Tucson Tucson Tucson Tucson Tucson	Patagonia Patagonia Tucson Nogales Green Valley Des Moines Seattle New York Oxford Tucson Tucson Tucson Tucson Tucson Tucson Tucson Tucson Tucson Tucson Tucson Tucson
A N A A C A M W A i	• • • • •	AZ 85628-2281 AZ 85628-2281 AZ 85701-2602 AZ 86322 AZ 85621 MA 2130 AZ 85742 AZ 85718 AZ 85718 AZ 85711 AZ 85739	
20-2006366	48-1270906	86-0146520 86-0733182 86-0941890	31-1641854 74-2371137 74-2354509 20-5537148 13-3065716 13-3065716 86-0345089 86-0251768
501-c-3	School	501-c-3 501-c-3 501-c-3	501-c-3 501-c-3 501-c-3 501-c-3 501-c-3 School 501-c-3
4,050.00 2,000.00 1,000.00 2,500.00 100.00 10,100.00 1,000.00 1,000.00 2,500.00	5,000.00 1,500.00 1,000.00 2,500.00 10,595.00 4,000.00 4,141.00 2,000.00 4,673.96 358.00	2,000.00 33,600.00 40,000.00 501.00 3,000.00 250.00 3,000.00 15,000.00 1,312.80 5,690.28	7,000.00 10,655.00 21,332.50 5,000.00 10,000.00 1,000.00 10,000.00 1,000.00 1,350.00 250.00 41,366.00 12,302.65 500.00 3,100.00 1,000.00

Tu Nidito Children & Family Services Tucson Arthritis Support League Tucson Audubon Society Tucson Botanical Gardens	The the Community is the parts, inc. Therapeutic Riding of Tucson, Inc. Tohe, Laura Tohono Chul Park Touch Point Connection, Inc.	The Salvation Army The Salvation Army - El Paso The Sonoran Institute The Tri-Community Food Bank Inc	The Marisa Magel Memorial Fund-The Missy Project The National Center for Public Policy The Nature Conservancy of Arizona The Newman Foundation at the University of Arizona	The Drawing Guard, The Dream Street Foundation The Glassman Foundation, Inc. The Heritage Foundation The Leadership Institute	Teen Challenge of Arizona, Inc. Temple Emanu-El Mitzvah Corporation The Culinary Institute of America The Drawing Studio Inc.	StrengthBuilding Partners Sunstone Cancer Support Centers Susan G. Komen Breast Cancer Foundation Tamblyn, Dennis Tax Foundation	St. Gregory College Preparatory School St. Marks Presbyterian Church Preschool St. Phillips Preservation and Endowment Fund, Inc. State Policy Network Steele Childrens Research Center Steven M. Gootter Foundation	St. Ambrose Parish- Catholic Scribol St. Andrews Childrens Clinic, Inc. St. Augustine Cathedral St. Edwards University St. Francis in the Foothills United Methodist Church	Skyline Country Club Sons of Orpheus - The Male Chorus of Tucson Southern Arizona AIDS Foundation Southern Arizona Association for the Visually Impaired Southern Arizona Center Against Sexual Assault Southern Arizona Legal Aid, Inc. Spay and Neuter Solutions
3922 N. Mountain Avenue P.O. Box 31164 300 E. University Boulevard 2150 N. Alvernon Way	8920 E, Woodland Road PO Box 870302 7366 N. Paseo del Norte P. O. Box 36960	1001 N. Richey Boulevard PO Box 10756 7650 E. Broadway Boulevard P. O. Box 38	11303 Dead Oak Lane 501 Capitol Court 1510 E. Fort Lowell Road P. O. Box 40473	9536 Wilshire Blvd., Ste 310 4644 E. Ft. Lowell Road 214 Massachusetts Avenue, N.E. 1101 North Highland Street	P. O. Box 77370 225 N. Country Club 1946 Campus Drive 33 South 6th Avenue	9. O. Box 91313 310 South Williams Blvd P.O. Box 14677 2656 W. Desert Bluffs Ct. 529 14th Street, NW, Suite 420	3231 N. Craycroft Road 3809 E. Third Street P.O. Box 65840 2020 North 14th Street P.O. Box 245073 P.O. Box 64583	P. O. Box 67 192 S. Stone Ave. 3001 South Congress Avenue 4625 E. River Road	5200 E. Saint Andrews Drive P.O. Box 31552 375 S. Euclid Avenue 3767 E. Grant Road 1600 N. Country Club Road 2343 E Broadway Suite 200 P.O. Box 762
Tucson Tucson Tucson Tucson	Tucson Tempe Tucson Tucson	Tucson El Paso Tucson Mammoth	Austin Washington Tucson Tucson	Beverly Hills Tucson Washington Arlington	Tucson Tucson Hyde Park Tucson	Tucson Tucson Tucson Tucson Washington	Tucson Tucson Tucson Arlington Tucson Tucson	Green Valley Tucson Austin Tucson	Tucson Tucson Tucson Tucson Tucson Tucson Tucson Tucson Tucson Tucson
AZ 85719 AZ 85751-1164 AZ 85705-7899 AZ 85712		AZ 85/16 TX 79995-0756 AZ 85710 AZ 85618		CA 90212 AZ 85712 DC 20077-7315 VA 22201	AZ 85703-7370 AZ 85716 NY 12538-1499 AZ 85701-1805	• •	AZ 85/12-520/ AZ 85716 AZ 85728 VA 22201 AZ 85724-5073 AZ 85728-4583 AZ 85759		AZ 85718 AZ 85751-1552 AZ 85719-6644 AZ 85716-2935 AZ 85716 AZ 85716 AZ 85719-6007 AZ 85652 AZ 85716
86-6053779	26-1530589	94-115634/	74-2934750		86-0992193		20-3798976 86-0954216	86-0684094 86-1047742	86-0864100 86-0363205 86-0143449
501-c-3	501-c-3	ეე-ი-ა	501-0-3		501-c-3	-	501-c-3	501-c-3 501-c-3	501-c-3 501-c-3 501-c-3
200.00 100.00 21,562.00 3,000.00	298.40 1,000.00 2,660.00 15,000.00	5,000.00 1,200.00 5,000.00	10,000.00 2,000.00 4,600.00 100.00 12,596.80	5,000.00 500.00 2,000.00 2,000.00	1,000.00 1,550.00 2,363.50 7,500.00	5,000.00 200.00 2,000.00 1,000.00	1,000.00 1,838.00 1,000.00 1,000.00 6,000.00 20,300.00	18,537.00 94,000.00 2,000.00 1,200.00	3,886.50 288.00 27,250.00 288.67 6,000.00 30,000.00 5,000.00 3,753.00

YWCA - Young Womens Christian Association Zonta Foundation of Nogales	YMCA Foundation of Southern Arizona Young Americas Foundation Youth On Their Own	Yale University	Womens Foundation of Southern Arizona	Wingspan	Washington State University Foundation	VSA Arts of Arizona, Inc.	Volunteer Center of Southern Arizona	Voices: Community Stories Past and Present, Inc.	Voices for Education - Arizona Children First, Inc.	Vanderbilt University	University of Washington	University of Phoenix, Southern Arizona Campus	University of Massachusetts Foundation	University of Arkansas/Fulbright	University of Arizona/Scholarship Development	University of Arizona Foundation	University of Arizona	University Medical Center Foundation	United Way of Tucson and Southern Arizona	US Tennis Association, Southern Arizona District	United Community Health Center, Inc.	Unicorn Centers, Inc.	TUSD Fine Arts Dept./Project Shine	Tucson-Pima Library Foundation	Tucson-Pima Arts Council	Tucson Zoological Society	Tucson Symphony Womens Association	Tucson Symphony Society	Tucson Pops Orchestra	Tucson Music Teachers Association	Tucson Museum of Art	Tucson Medical Center Foundation	Tucson Jewish Community Council	Tucson Jewish Community Center, Inc.	Tucson Hebrew Academy	Tucson Festival of Books	Tucson Community Tennis Program	Tucson Centers for Women and Children	Tucson Cares, Inc.
525 N. Bonita Avenue 1839 N San Carlos Loop	110 Elden Street	P.O. Box 2038	2250 E. Broadway Boulevard	425 East 7th Street	Chemical Engineering Dept. 1880 Washington Ave	330 S Scott Avenue	924 N. Alvernon Way	P.O. Box 2088	P.O. Box 44200	VU Station B #357727	PO Box 24967	870 W. Mariposa Rd.	109 Hills North	525 Old Main/Deans Office	1111 N. Cherry Avenue	PO Box 210109	P.O. Box 210096	P. O. Box 245128	330 N. Commerce Park Loop	P.O. Box 35661	81 W. Esperanza Boulevard	4630 Hamilton Wolfe Road	2025 East Winsett	P.O. Box 13245	100 North Stone Ave, Ste 303	1030 S. Randolph Way	P. O. Box 42654	2175 N. Sixth Avenue	P.O. Box 14545	5831 E. Bellevue Street	140 N. Main Avenue	Ш		3800 E. River Road	3888 E. River Road	P.O. Box 30128	P.O. Box 65916	2545 E. Adams Street	P. O. Box 41702
Tucson Nogales	Herndon Tucson	New Haven	Tucson Washington	Tucson	Lexington	Pulman	Tucson	Tucson	Tucson	Nashville	Seattle	Nogales	Amherst	Fayetteville	Tucson	Tucson	Tucson	Tucson	Tucson	Tucson	Green Valley	San Antonio	Tucson	Tucson	Tucson	Tucson	Tucson	Tucson	Tucson	Tucson	Tucson	Tucson	Tucson	Tucson	Tucson	Tucson	Tucson	Tucson	Tucson
AZ 85745 AZ 85621	VA 20170 AZ 85705-3037		AZ 85719 DC 20037-1193	AZ 85705	MO 64067	AZ 85/07 N/A 99163-9975	AZ 85/11		AZ 85733	TN 37235-7727	WA 98124-1967	AZ 85621	MA 01003-9328	AR 72701	AZ 85721		AZ 85721-0096		AZ 85745		AZ 85614	TX 78229-3331		AZ 85732-3245	AZ 85701	AZ 85716		AZ 85705-5606		AZ 85712		AZ 85712	AZ 85718	AZ 85718-6600	AZ 85718	AZ 85751	AZ 85728-5916	AZ 85716	AZ 85717-1702
51-0204094	86-0644388	06-0646973	31-1660702					86-0951679							74-2652689	86-6050388		86-0572438	86-0098932						86-0465675			86-0107538			86-6006371					26-2145432			26-1129087
501-c-3	501-c-3	School	501-c-3					501-c-3	)						School	501-c-3	)	501-c-3	501-c-3	i ) )					5U-C-3			501-c-3	)		501-c-3					501-c-3			501-c-3
5,344.63	1,000.00 22,135.00	10,000.00 1.250.00	11,600.00 1,000.00	3,000.00	1,500.00	1,100.00	2,000.00 1 186 00	39,800.00	5,000.00	2,500.00	1,200.00	4,050.00	3,000.00	1,147.00	164,890.89	93,050.00	100.00	20,100.00	93,768.26	7,039.88 1,039.88	1,000.00	20.00	2,500.00	5,000.00	5,000.00	1, 100.40	1,000.00	7,307.86	1,000.00	2,775.00	16,891.40	500.00	2,500.00	1,550.00	3,500.00	16,000.00	1,039.87	100.00	8,000.00