Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01/13 **, and ending** 06/30/14

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): 2250 E. BROADWAY BLVD

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: TUCSON AZ 85719

D Employer identification number: 94-2681765

E Telephone number: 520-770-0800

G Gross receipts $ 41,191,565

F Name and address of principal officer:
MICHAEL SULLIVAN
2250 E. BROADWAY BLVD
TUCSON AZ 85719

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CFSOAZ.ORG/

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1980

M State of legal domicile: AZ

Part I Summary

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	21
	6 Total number of volunteers (estimate if necessary)	**6**	24
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	4,057,546	22,237,232
	9 Program service revenue (Part VIII, line 2g)	160,675	154,071
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,933,041	2,528,982
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,413	28,915
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,215,675	24,949,200
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,310,647	4,719,095
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	997,531	1,039,103
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 234,686		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,022,911	727,948
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,331,089	6,486,146
	19 Revenue less expenses. Subtract line 18 from line 12	884,586	18,463,054

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	62,464,219	88,184,832
	21 Total liabilities (Part X, line 26)	2,516,772	2,788,181
	22 Net assets or fund balances. Subtract line 21 from line 20	59,947,447	85,396,651

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

▶ J. CLINTON MABIE PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

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

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2013)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ENCOURAGE CHARITABLE GIVING TO NEEDY ORGANIZATIONS OF SOUTHERN ARIZONA.

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

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

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

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

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

4a (Code:) (Expenses $ 5,399,539 including grants of $ 4,719,095) (Revenue $ 166,749)

THE COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA (CFSA) DISTRIBUTED 819 GRANTS TOTALING $4,719,095 FROM 179 FUNDS. SEVENTY-EIGHT SCHOLARSHIPS TOTALING $213,857 WERE DISTRIBUTED FROM 33 FUNDS. DURING FISCAL YEAR 2011, CFSA REVAMPED ITS UNRESTRICTED GRANTS PROCESS TO BETTER REFLECT THE ORGANIZATION'S MISSION TO MAKE A DIFFERENCE IN THE COMMUNITY. WE FOCUSED ON FUNDING BROAD-IMPACT COMMUNITY COLLABORATIONS ON ISSUES IDENTIFIED BY THE NONPROFIT LEADERSHIP. ADDITIONALLY, CFSA HAS PROVIDED THE ONGOING CAPACITY BUILDING SUPPORT TO ENSURE SUSTAINABILITY EVEN AFTER DIRECT FUNDING HAS ENDED. IN FISCAL YEAR 2014, CFSA PROVIDED $122,000 TO TWO NONPROFITS TOWARDS THE COLLABORATIVE EFFORTS. CFSA ALSO GRANTED OUT $220,000 TO 17 DIFFERENT NONPROFITS FOR A GRANT ROUND FOCUSED ON POVERTY.

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 5,399,539

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL LINDSEY	0.34									
DIRECTOR	0.00	X						0	0	0
(2) FRED CHAFFEE	0.31									
FIRST VICE CHAIR	0.04	X		X				0	0	0
(3) DONALD LURIA	0.26									
DIRECTOR	0.00	X						0	0	0
(4) RICHARD MUNDINGER	0.48									
DIRECTOR	0.00	X						0	0	0
(5) CARRIE BRENNAN	0.29									
DIRECTOR	0.00	X						0	0	0
(6) ROGER VOGEL	0.25									
DIRECTOR	0.00	X						0	0	0
(7) CANDE GROGAN	0.24									
SECRETARY	0.04	X		X				0	0	0
(8) NIKKI HALLE	0.17									
DIRECTOR	0.00	X						0	0	0
(9) BOB FRIESEN	0.20									
DIRECTOR	0.00	X						0	0	0
(10) JAN LESHER	0.26									
DIRECTOR	0.00	X						0	0	0
(11) WILLIAM NEUBAUER	0.00									
EX-OFFICIO	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MARIAN LALONDE	0.28									
DIRECTOR	0.00	X						0	0	0
(13) BILL HOLMES	0.35									
DIRECTOR	0.00	X						0	0	0
(14) BRADLEY NYSTEDT	0.34									
TREASURER	0.04	X		X				0	0	0
(15) TONY DABDOUB	0.23									
DIRECTOR	0.00	X						0	0	0
(16) JIM ROWLEY	0.28									
DIRECTOR	0.00	X						0	0	0
(17) ROMAN SANDOVAL	0.26									
DIRECTOR	0.00	X						0	0	0
(18) MICHAEL SULLIVAN	0.38									
CHAIR	0.08	X		X				0	0	0
(19) DARRYL DOBRAS	0.30									
DIRECTOR	0.00	X						0	0	0
1b **Sub-total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶								229,882		18,713
d **Total (add lines 1b and 1c)** ▶								229,882		18,713

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CRAIG WISNOM	0.23									
DIRECTOR	0.00	X						0	0	0
(13) JOSEPH BLAIR	0.22									
DIRECTOR	0.00	X						0	0	0
(14) MARC SANDROFF	0.38									
DIRECTOR	0.00	X						0	0	0
(15) ANNE ROEDIGER	0.32									
DIRECTOR	0.00	X						0	0	0
(16) BARBARA SMITH	0.27									
DIRECTOR	0.00	X						0	0	0
(17) MARY OKOYE	0.22									
DIRECTOR	0.63	X						0	0	0
(18) J.CLINTON MABIE	40.00									
PRESIDENT & CEO	2.51			X				134,404	0	13,364
(19) LEAH GEISTFELD	40.00									
EXECUTIVE DIRECTOR	0.04			X				52,887	0	5,285
1b **Sub-total** ▶								187,291		18,649
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MISSY BOWDEN	40.00									
CFO	0.00			X				42,591	0	64
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total ▶								42,591		64
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	39,254				
	b Membership dues	1b					
	c Fundraising events	1c	79,980				
	d Related organizations	1d	17,464,784				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,653,214				
	g Noncash contributions included in lines 1a-1f: $ 7,173						
	h **Total.** Add lines 1a–1f			22,237,232			
Program Service Revenue		Busn. Code					
	2a MANAGEMENT FEE	541610		154,071	154,071		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			154,071			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,510,951			1,510,951
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	17,244,186					
	b Less: cost or other basis & sales exps.	16,226,155					
	c Gain or (loss)	1,018,031					
	d Net gain or (loss)			1,018,031			1,018,031
	8a Gross income from fundraising events (not including $ 79,980 of contributions reported on line 1c). See Part IV, line 18	a	32,402				
	b Less: direct expenses	b	16,210				
	c Net income or (loss) from fundraising events			16,192			
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Busn. Code					
	11a OTHER REVENUE	900099		12,723	12,723		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			12,723			
	12 **Total revenue.** See instructions.			24,949,200	166,794	0	2,528,982

DAA

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,669,982	4,669,982		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	20,000	20,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	29,113	29,113		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	322,979	32,866	250,877	39,236
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	544,332	392,116	148,086	4,130
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	101,339	49,656	46,616	5,067
10 Payroll taxes	70,453	34,522	32,408	3,523
11 Fees for services (non-employees):				
a Management	139,493	34,873	55,797	48,823
b Legal	10,602	2,650	4,241	3,711
c Accounting	43,370	10,843	17,348	15,179
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	185,770		185,770	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	76,518	11,478	7,652	57,388
13 Office expenses	58,885	28,854	27,087	2,944
14 Information technology				
15 Royalties				
16 Occupancy	68,202	33,419	31,373	3,410
17 Travel	20,683	10,135	9,514	1,034
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,873	8,231	5,487	41,155
20 Interest	6,514	2,279	2,606	1,629
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,774	5,170	5,910	3,694
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	39,808	19,506	18,312	1,990
b IN KIND SUPPLIES	7,093	2,483	2,837	1,773
c PROGRAM SUBCONTRACTS	1,363	1,363		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,486,146	5,399,539	851,921	234,686
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		2,251,143	1	3,511,427
	2	Savings and temporary cash investments		3,447,319	2	2,884,099
	3	Pledges and grants receivable, net		395,200	3	664,326
	4	Accounts receivable, net		364	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		476	9	2,214
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 168,396			
	b	Less: accumulated depreciation	10b 100,914	48,624	10c	67,482
	11	Investments—publicly traded securities		56,059,306	11	80,796,075
	12	Investments—other securities. See Part IV, line 11		229,377	12	229,377
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		32,410	15	29,832
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		62,464,219	16	88,184,832
Liabilities	17	Accounts payable and accrued expenses		94,504	17	62,240
	18	Grants payable		195,252	18	358,194
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		31,699	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		2,195,317	25	2,367,747
	26	**Total liabilities.** Add lines 17 through 25		2,516,772	26	2,788,181
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		18,469,608	27	38,718,116
	28	Temporarily restricted net assets		5,027,146	28	8,776,419
	29	Permanently restricted net assets		36,450,693	29	37,902,116
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		59,947,447	33	85,396,651
	34	Total liabilities and net assets/fund balances		62,464,219	34	88,184,832

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,949,200
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,486,146
3	Revenue less expenses. Subtract line 2 from line 1	3	18,463,054
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,947,447
5	Net unrealized gains (losses) on investments	5	7,032,825
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-46,675
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,396,651

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,808,583	6,717,973	7,130,681	4,057,546	22,237,232	56,952,015
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	16,808,583	6,717,973	7,130,681	4,057,546	22,237,232	56,952,015
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)						10,512,312
6 **Public support.** Subtract line 5 from line 4.						46,439,703

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	16,808,583	6,717,973	7,130,681	4,057,546	22,237,232	56,952,015
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	966,661	1,225,357	994,118	1,696,698	1,510,951	6,393,785
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		38,758	21,318	46,940	12,723	119,739
11 **Total support.** Add lines 7 through 10						63,465,539
12 Gross receipts from related activities, etc. (see instructions)					12	1,561,811

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	73.17 %
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	65.28 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

DAA

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME	$ 119,739

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

Name of the organization
COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number
94-2681765

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year ▶ $

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

Name of organization: COMMUNITY FOUNDATION FOR

Employer identification number: 94-2681765

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANONYMOUS 2250 E. BROADWAY BLVD TUCSON AZ 85719	$ 1,769,021	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	ANONYMOUS 2250 E. BROADWAY BLVD TUCSON AZ 85719	$ 500,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	ANONYMOUS 2250 E. BROADWAY BLVD. TUCSON AZ 85719	$ 17,154,784	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number
94-2681765

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	116	42
2	Aggregate contributions to (during year)	20,960,177	89,323
3	Aggregate grants from (during year)	2,831,609	214,689
4	Aggregate value at end of year	42,824,301	5,445,984

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements.

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

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

- [ ] Preservation of land for public use (e.g., recreation or education)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of a certified historic structure

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	36,441,539	35,146,895	36,038,452	24,653,373	21,707,167
b Contributions	1,452,009	729,410	673,400	1,131,536	1,651,047
c Net investment earnings, gains, and losses	5,928,722	3,779,868	-109,175	3,625,617	2,692,520
d Grants or scholarships					
e Other expenditures for facilities and programs	-2,359,883	-3,214,634	-1,455,242	1,298,538	1,397,361
f Administrative expenses					
g End of year balance	41,462,387	36,441,539	35,146,895	28,111,988	24,653,373

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

- a Board designated or quasi-endowment ▶ ____ %
- b Permanent endowment ▶ 87.00 %
- c Temporarily restricted endowment ▶ 13.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		54,085	2,330	51,755
e Other		114,311	98,584	15,727
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				67,482

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO OTHER AGENCIES	2,367,747
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,367,747

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION'S POLICY IS TO DISCLOSE OR RECOGNIZE INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE, RESPECTIVELY, THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAX POSITIONS. AS OF JUNE 30, 2014, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT ARE POTENTIALLY MATERIAL.

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

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

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

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

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

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

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	GENERAL SUPPORT	29,113				FMV
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ 1

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART V - ADDITIONAL INFORMATION

PART II, LINE 1 - THE ACCRUAL METHOD USED TO ACCOUNT FOR CASH GRANTS PROVIDED TO ENTITIES OUTSIDE THE UNITED STATES.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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

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

		(a) Event #1 STONE CANYON (event type)	(b) Event #2 SUNDAY EVENING (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	70,720	21,080	19,260	111,060
	2 Less: Contributions	51,628	17,955	9,075	78,658
	3 Gross income (line 1 minus line 2)	19,092	3,125	10,185	32,402
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		6,291	8,307	14,598
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				14,598
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				17,804

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

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

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARIZONA CHILDREN ASSOCIATION 2700 S. 8TH AVENUE TUCSON AZ 85713	86-0096772	501C3	23,029		FMV		GENERAL SUPPORT
(2) CASA DE LOS NINOS 1101 N. 4TH AVENUE TUCSON AZ 85705-7467	86-0314595	501C3	43,279		FMV		GENERAL SUPPORT
(3) COMMUNITY FOOD BANK, INC. P.O. BOX 26727 TUCSON AZ 85726-6727	51-0192519	501C3	86,523		FMV		GENERAL SUPPORT
(4) EL PASO COMMUNITY FOUNDATION P.O. BOX 272 EL PASO TX 79943-0272	74-1839536	501C3	40,000		FMV		GENERAL SUPPORT
(5) HABITAT FOR HUMANITY TUCSON 3501 N. MOUNTAIN AVE TUCSON AZ 85719	94-2725100	501C3	7,100		FMV		GENERAL SUPPORT
(6) HANDI-DOGS, INC. 75 S. MONTEGO DRIVE TUCSON AZ 85710-3797	95-3247091	501C3	22,544		FMV		GENERAL SUPPORT
(7) HUMANE SOCIETY OF SOUTHERN ARIZONA 3450 N. KELVIN BOULEVARD TUCSON AZ 85716-1326	86-0112798	501C3	80,764		FMV		GENERAL SUPPORT
(8) INTERNATIONAL SONORAN DESERT ALLIAN P.O. BOX 687 AJO AZ 85321	86-0778917	501C3	60,250		FMV		GENERAL SUPPORT
(9) MCINTOSH COUNTY ACADEMY 8945 U.S. HIGHWAY 17 DARIEN GA 31305	58-6000286	501C3	9,000		FMV		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 133

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 5

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PATRONATO SAN XAVIER P.O. BOX 522 TUCSON AZ 85702	74-2354509	501C3	16,000		FMV		GENERAL SUPPORT
(2) UNITED WAY OF TUCSON AND SOUTHERN A P.O. BOX 86750 TUCSON AZ 85754	86-0098932	501C3	96,100		FMV		GENERAL SUPPORT
(3) UNIVERSITY OF ARIZONA FOUNDATION 1111 N. CHERRY AVE. TUCSON AZ 85721-0109	86-6050388	501C3	544,358		FMV		GENERAL SUPPORT
(4) YOUTH ON THEIR OWN 1660 N. ALVERNON WAY TUCSON AZ 85712	86-0644388	501C3	64,100		FMV		GENERAL SUPPORT
(5) ARIZONA STATE UNIVERSITY P.O. BOX 870412 TEMPE AZ 85287	86-0196696		33,000		FMV		GENERAL SUPPORT
(6) LITERACY CONNECTS 200 E. YAVAPAI ROAD TUCSON AZ 85705	23-7047508	501C3	51,026		FMV		GENERAL SUPPORT
(7) PIMA COMMUNITY COLLEGE FOUNDATION 4905C E. BROADWAY BLVD. #252 TUCSON AZ 85709	86-0345089	501C3	18,250		FMV		GENERAL SUPPORT
(8) NORTHERN AZ UNIVERSITY P.O. BOX 870412 TEMPE AZ 85287	74-2579628		47,299		FMV		GENERAL SUPPORT
(9) EDUCATIONAL ENRICHMENT FOUNDATION 3809 E. 3RD STREET TUCSON AZ 85716	74-2354578	501C3	38,234		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOUTHERN AZ AIDS FOUNDATION 375 S. EUCLID AVE. TUCSON AZ 85719	86-0864100	501C3	37,031		FMV		GENERAL SUPPORT
(2) CASAS ADOBES BAPTIST CHURCH 10801 N LA CHOLLA BLVD. TUCSON AZ 85742	86-0314386	501C3	79,874		FMV		GENERAL SUPPORT
(3) SOUTHERN BAPTIST FOUNDATION 901 COMMERCE STREET SUITE 600 NASHVILLE TN 37203	62-0508097	501C3	39,937		FMV		GENERAL SUPPORT
(4) INTERNATIONAL MISSION BOARD 3806 MONUMENT AVE. RICHMOND VA 23230	54-0213930	501C3	43,931		FMV		GENERAL SUPPORT
(5) AWANA CLUBS INTERNATIONAL 1 E. BODE ROAD STREAMWOOD IL 60107	36-2428692	501C3	23,962		FMV		GENERAL SUPPORT
(6) NORTH AMERICAN MISSION BOARD 4200 N. POINTE PARKWAY ATLANTA GA 30022	58-2379481	501C3	19,969		FMV		GENERAL SUPPORT
(7) BAPTIST MEDICAL & DENTAL MISSION 11 PLAZA DRIVE HATTIESBURG MS 39402	64-0811705	501C3	15,975		FMV		GENERAL SUPPORT
(8) BAYLOR UNIVERSITY 1 BEAR PLACE #97026 WACO TX 76798	74-1159753	501C3	59,906		FMV		GENERAL SUPPORT
(9) WOMEN'S MISSIONARY UNION FNDN 100 MISSIONARY RIDGE BIRMINGHAM AL 35242	63-1138772	501C3	15,975		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE SALVATION ARMY TUCSON 1001 N. RICHEY BLVD. TUCSON AZ 85716	94-1156347	501C3	25,940		FMV		GENERAL SUPPORT
(2) PRIMAVERA FOUNDATION, INC. 151 W. 40TH STREET TUCSON AZ 85713	86-0733182	501C3	42,500		FMV		GENERAL SUPPORT
(3) SERENITY BAPTIST CHURCH 15501 W. AJO WAY TUCSON AZ 85735	86-0470457	501C3	15,975		FMV		GENERAL SUPPORT
(4) BIG BROTHERS BIG SISTERS TUCSON 160 E. ALAMEDA STREET TUCSON AZ 85701	86-0188050	501C3	16,000		FMV		GENERAL SUPPORT
(5) NATIONAL PARTNERSHIP FOR WOMEN 1875 CONNECTICUT AVE NW SUITE 650 WASHINGTON DC 20009	23-7124915	501C3	30,000		FMV		GENERAL SUPPORT
(6) TUCSON BOTANICAL GARDENS 2150 N. ALVERNON WAY TUCSON AZ 85712	23-7037310	501C3	115,433		FMV		GENERAL SUPPORT
(7) ARIZONA SOUTHERN BAPTIST CONVENTION 2240 N. HAYDEN RD. STE 100 SCOTTSDALE AZ 85257	86-0123683	501C3	15,975		FMV		GENERAL SUPPORT
(8) TUCSON NURSERY SCHOOLS 2385 S. PLUMER AVE TUCSON AZ 85713	86-0096796	501C3	20,000		FMV		GENERAL SUPPORT
(9) HIGHER GROUND A RESOURCE CENTER 101 W. 44TH STREET TUCSON AZ 85713	27-3585869	501C3	20,000		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GREEN VALLEY ASSISTANCE SERVICES 250 E. CONTINENTAL ROAD STE 102 GREEN VALLEY AZ 85614	94-2783969	501C3	31,935		FMV		GENERAL SUPPORT
(2) PARENT AID-CHILD ABUSE PREVENTION 2580 E. 22ND STREET TUCSON AZ 85713	74-2591577	501C3	7,700		FMV		GENERAL SUPPORT
(3) OUR FAMILY SERVICES 2590 N. ALVERNON WAY TUCSON AZ 85712	94-2598560	501C3	69,500		FMV		GENERAL SUPPORT
(4) TUCSON AUDOBON SOCIETY 300 E. UNIVERSITY AVE. #120 TUCSON AZ 85705	86-6053779	501C3	27,728		FMV		GENERAL SUPPORT
(5) JEWISH FEDERATION OF SOUTHERN AZ 3822 E. RIVER RD SUITE 100 TUCSON AZ 85718	86-0096795	501C3	23,800		FMV		GENERAL SUPPORT
(6) MAKE WAY FOR BOOKS 3955 E. FT. LOWELL, SUITE 114 TUCSON AZ 85712	31-1583036	501C3	105,836		FMV		GENERAL SUPPORT
(7) DIAPER BANK OF SOUTHERN AZ 4500 E. SPEEDWAY BLVD STE 75 TUCSON AZ 85712	43-1990345	501C3	10,000		FMV		GENERAL SUPPORT
(8) BOY SCOUTS OF AMERICA-CATALINA 5049 E. BROADWAY BLVD. STE 200 TUCSON AZ 85711	86-0107516	501C3	40,955		FMV		GENERAL SUPPORT
(9) YWCA OF TUCSON 525 N. BONITA AVE TUCSON AZ 85745	86-0098937	501C3	8,050		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) STEP STUDENT EXPEDITION PROGRAM 6336 N. ORACLE RD STE 326 TUCSON AZ 85704	22-3879050	501C3	20,000		FMV		GENERAL SUPPORT
(2) JUNIOR ACHIEVEMENT OF ARIZONA 6339 E. SPEEDWAY BLVD. STE 109 TUCSON AZ 85710	86-0184349	501C3	5,250		FMV		GENERAL SUPPORT
(3) SAN MIGUEL HIGH SCHOOL 6601 S. SAN FERNANDO AVE TUCSON AZ 85756	48-1270906	501C3	63,749		FMV		GENERAL SUPPORT
(4) RODEL CHARITABLE FNDN OF ARIZONA 6720 N. SCOTTSDALE RD STE 310 SCOTTSDALE AZ 85253	86-0941890	501C3	35,000		FMV		GENERAL SUPPORT
(5) GOSPEL RESCUE MISSION 707 W. MIRACLE MILE TUCSON AZ 85705	86-6054088	501C3	16,303		FMV		GENERAL SUPPORT
(6) BISBEE COALITION FOR THE HOMELESS P.O. BOX 5393 BISBEE AZ 85603	86-0782752	501C3	90,187		FMV		GENERAL SUPPORT
(7) IMAGO DEI MIDDLE SCHOOL P.O. BOX 3056 TUCSON AZ 85702	86-1155866	501C3	40,000		FMV		GENERAL SUPPORT
(8) CHILD EVANGELISM FELLOWSHIP P.O. BOX 348 WARRENTON MO 63383	38-6091187	501C3	27,956		FMV		GENERAL SUPPORT
(9) ST. ANDREWS CHILDREN'S CLINIC INC P.O. BOX 67 GREEN VALLEY AZ 85622	86-0684094	501C3	156,817		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARIZONA THEATRE COMPANY 343 S. SCOTT AVE TUCSON AZ 85701	86-0211777	501C3	129,000		FMV		GENERAL SUPPORT
(2) ARTS INTEGRATION SOLUTIONS 3208 E. FT. LOWELL, SUITE 106 TUCSON AZ 85716	20-0184741	501C3	20,000		FMV		GENERAL SUPPORT
(3) CASA MARIA CATHOLIC WORKER 401 E. 26TH STREET TUCSON AZ 85713	86-0504528	501C3	30,000		FMV		GENERAL SUPPORT
(4) CATHOLIC COMMUNITY SERVICES 140 W. SPEEDWAY BLVD. SUITE 230 TUCSON AZ 85705	86-0100880	501C3	29,835		FMV		GENERAL SUPPORT
(5) EASTER SEALS BLAKE FOUNDATION 7750 E. SPEEDWAY BLVD. TUCSON AZ 85710	86-0093224	501C3	22,211		FMV		GENERAL SUPPORT
(6) EMERGE! CENTER AGAINST DOM. ABUSE 2545 E. ADAMS STREET TUCSON AZ 85716	86-0312162	501C3	12,108		FMV		GENERAL SUPPORT
(7) GIVE2ASIA 340 PINE STREET SUITE 501 SAN FRANCISCO CA 94104	94-3373670	501C3	22,000		FMV		GENERAL SUPPORT
(8) INTERFAITH COMMUNITY SERVICES 2820 W. INA ROAD TUCSON AZ 85741	86-0520997	501C3	49,397		FMV		GENERAL SUPPORT
(9) NATIONAL CENTER FOR YOUTH LAW 405 14TH STREET OAKLAND CA 94612	94-2506933	501C3	122,000		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PAWSITIVELY CATS P.O. BOX 32115 TUCSON AZ 85751	30-0609374	501C3	10,000		FMV		GENERAL SUPPORT
(2) SALPOINTE CATHOLIC HIGH SCHOOL 1545 E. COPPER STREET TUCSON AZ 85719	86-0705131	501C3	80,605		FMV		GENERAL SUPPORT
(3) TUCSON'S CHILDREN'S MUSEUM 200 S. SIXTH AVE. TUCSON AZ 85701	86-0676237	501C3	10,000		FMV		GENERAL SUPPORT
(4) TUCSON YOUTH DEVELOPMENT 1901 N. STONE AVE TUCSON AZ 85705	86-0199202	501C3	25,000		FMV		GENERAL SUPPORT
(5) YMCA OF S. AZ P.O. BOX 1111 TUCSON AZ 85702	86-0101237	501C3	19,400		FMV		GENERAL SUPPORT
(6) 100 CLUB OF ARIZONA 5033 N. 19TH AVE. SUITE 123 PHOENIX AZ 85015	23-7172077	501C3	7,115		FMV		GENERAL SUPPORT
(7) 4FREEDOM P.O. BOX 68888 ORO VALLEY AZ 85755	46-1109838	501C3	10,000		FMV		GENERAL SUPPORT
(8) AMPHITHEATER PUBLIC SCHOOLS FNDN 701 W. WETMORE RD. TUCSON AZ 85705	86-0472926	501C3	10,305		FMV		GENERAL SUPPORT
(9) ARA PARSEGHIAN MEDICAL RESEARCH 4729 E. SUNRISE DR. #327 TUCSON AZ 85718	86-0775966	501C3	5,500		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARIZONA OPERA COMPANY 1636 N. CENTRAL AVE. PHOENIX AZ 85004	23-7169261	501C3	7,729		FMV		GENERAL SUPPORT
(2) ASSISTANCE LEAGUE OF TUCSON, INC. 1307 N. ALVERNON WAY TUCSON AZ 85712	86-6057789	501C3	15,025		FMV		GENERAL SUPPORT
(3) ARIZONA SONORA DESERT MUSEUM 2021 N. KINNEY ROAD TUCSON AZ 85743	86-0111675	501C3	25,000		FMV		GENERAL SUPPORT
(4) ARTS FOR ALL, INC. 2520 N. ORACLE ROAD TUCSON AZ 85705	86-0389138	501C3	15,000		FMV		GENERAL SUPPORT
(5) ASSOCIATION FOR FUNDRAISING PROFESS P.O. BOX 41176 TUCSON AZ 85717	86-0633334	501C3	10,000		FMV		GENERAL SUPPORT
(6) BEADS OF COURAGE, INC. 3230 N. DODGE BLVD. SUITE J TUCSON AZ 85719	20-2721500	501C3	25,000		FMV		GENERAL SUPPORT
(7) BOYS AND GIRLS CLUB OF SANTA CRUZ 590 N. TYLER AVENUE NOGALES AZ 85621	86-0671818	501C3	21,535		FMV		GENERAL SUPPORT
(8) BOYS AND GIRLS CLUB OF TUCSON P.O. BOX 40217 TUCSON AZ 85717	86-0172257	501C3	41,476		FMV		GENERAL SUPPORT
(9) BUTLER UNIVERSITY OFFICE OF ADVANCEMENT INDIANAPOLIS IN 46208	35-0867977		10,000		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CANDLELIGHTERS CHILDHOOD CANCER P.O. BOX 42436 TUCSON AZ 85733	43-2080690	501C3	5,525		FMV		GENERAL SUPPORT
(2) CENTER FOR RESPONSIVE POLITICS 1101 14TH ST. NW SUITE 1030 WASHINGTON DC 20005	52-1275227	501C3	10,000		FMV		GENERAL SUPPORT
(3) GREEN KIRLAND PARTNERSHIP 123 FIFTH AVE. KIRKLAND WA 98033	91-6001255	501C3	12,000		FMV		GENERAL SUPPORT
(4) CODAC BEHAVIORAL HEALTH 1650 E. FT. LOWELL RD. SUITE 202 TUCSON AZ 85719	23-7086112	501C3	5,500		FMV		GENERAL SUPPORT
(5) COMMUNITY HOME REPAIR PROJECTS P.O. BOX 26215 TUCSON AZ 85726	86-0682684	5013C	9,500		FMV		GENERAL SUPPORT
(6) EASTSIDE AUDUBON SOCIETY P.O. BOX 3115 KIRKLAND WA 98083	91-1123007	501C3	15,000		FMV		GENERAL SUPPORT
(7) EDGE SCHOOL INC. 2555 E. FIRST STREET TUCSON AZ 85716	86-0850116	501C3	21,500		FMV		GENERAL SUPPORT
(8) EL GRUPO YOUTH CYCLING 23 WEST 4TH STREET TUCSON AZ 85705	80-0252901	501C3	8,680		FMV		GENERAL SUPPORT
(9) EL RIO HEALTH CENTER FOUNDATION 839 W. CONGRESS STREET TUCSON AZ 85745	86-0816675	501C3	20,500		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FEED THE HUNGRY SAN MIGUEL PMB 636 LAREDO TX 78043	20-1193434	501C3	17,173		FMV		GENERAL SUPPORT
(2) FOX TUCSON THEATRE FOUNDATION P.O. BOX 1008 TUCSON AZ 85702	86-0965120	501C3	6,000		FMV		GENERAL SUPPORT
(3) FRED LEWIS FOUNDATION 10153 E. ARIZMO STREET TUCSON AZ 85748	46-2100162	501C3	6,148		FMV		GENERAL SUPPORT
(4) FRIENDS OF THE SIERRA VISTA LIBRARY 2600 E. TACOMA STREET SIERRA VISTA AZ 85636	23-7305245	501C3	10,000		FMV		GENERAL SUPPORT
(5) FTC INTERNATIONAL INC. C/O PATRONATO PRO NINOS LAREDO TX 78043	20-0793506	501C3	20,000		FMV		GENERAL SUPPORT
(6) GIRL SCOUTS OF SOUTHERN AZ 4300 E. BROADWAY BLVD. TUCSON AZ 85711	86-0098917	501C3	15,500		FMV		GENERAL SUPPORT
(7) GRAND CANYON TRUST 2601 N. FORT VALLEY RD. FLAGSTAFF AZ 86001	86-0512633	501C3	10,000		FMV		GENERAL SUPPORT
(8) HANDMAKER FOUNDATION 2221 N. ROSEMONT BLVD. TUCSON AZ 85712	83-0415132	501C3	6,545		FMV		GENERAL SUPPORT
(9) KXCI COMMUNITY RADIO 220 S. 4TH AVE. TUCSON AZ 85701	94-2746379	501C3	25,000		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LEGAL VOICE 907 PINE STREET, SUITE 500 SEATTLE WA 98101	91-1047900	501C3	30,000		FMV		GENERAL SUPPORT
(2) LIVE THE SOLUTION 1517 N. WILMOT ROAD #130 TUCSON AZ 85712	26-1151754	501C3	20,000		FMV		GENERAL SUPPORT
(3) LIVING STREETS ALLIANCE P.O. BOX 2641 TUCSON AZ 85712	27-4678502	501C3	9,000		FMV		GENERAL SUPPORT
(4) LOFT CINEMA, INC. 3233 E. SPEEDWAY BLVD. TUCSON AZ 85716	46-0477843	501C3	36,750		FMV		GENERAL SUPPORT
(5) MARIPOSA COMMUNITY HEALTH CENTER 1852 N. MASTICK WAY NOGALES AZ 85621	86-0524321	501C3	5,223		FMV		GENERAL SUPPORT
(6) NORTH DAKOTA STATE UNIVERSITY CERES HALL 202 FARGO ND 58108			6,000		FMV		GENERAL SUPPORT
(7) OUR MOTHER OF SORROW'S CHURCH 1800 S. KOLB RD. TUCSON AZ 85710	86-0146535	501C3	25,000		FMV		GENERAL SUPPORT
(8) SEDGWICK FAMILY FOUNDATION P.O. BOX 1386 NOGALES AZ 85628	20-4177878	501C3	10,172		FMV		GENERAL SUPPORT
(9) PIMA COUNCIL ON AGING, INC. 8467 E. BROADWAY BLVD. TUCSON AZ 85710	86-0251768	501C3	33,479		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PIO DECIMO CENTER 848 S. SEVENTH AVE TUCSON AZ 85701	86-0100880	501C3	10,000		FMV		GENEAL SUPPORT
(2) PLANNED PARENTHOOD OF ARIZONA 2255 N. WYATT DRIVE TUCSON AZ 85712	86-0146520	501C3	6,250		FMV		GENERAL SUPPORT
(3) RAINBOW ACRES INC 2120 W. RESERVATION LOOP RD. CAMP VERDE AZ 86322	86-0286420	501C3	20,409		FMV		GENERAL SUPPORT
(4) SAN MIGUEL CASA INC. 220 N. ZAPATA HWY #1 LAREDO TX 78043	74-2837551	501C3	24,700		FMV		GENERAL SUPPORT
(5) SCIENTEK-12 INC. 3247 N. CHRISTMAS AVE. TUCSON AZ 85716	86-0946185	501C3	7,750		FMV		GENERAL SUPPORT
(6) SONORAN ART FOUNDATION, INC. 633 W. 18TH STREET TUCSON AZ 85701	86-1041970	501C3	15,114		FMV		GENERAL SUPPORT
(7) S. AZ ASSOC. FOR THE VISUALLY IMP. 3767 E. GRANT RD. TUCSON AZ 85716	86-6056057	501C3	7,764		FMV		GENERAL SUPPORT
(8) SPECIAL OLYMPICS ARIZONA 3340 N. COUNTRY CLUB RD. SUITE 102 TUCSON AZ 85716	86-0307564	501C3	5,500		FMV		GENERAL SUPPORT
(9) ST. AUGUSTINE CATHOLIC HIGH SCHOOL 8800 E. 22ND STREET TUCSON AZ 85710	86-0408580	501C3	50,000		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TEMPLE EMANU-EL 225 N. COUNTRY CLUB RD. TUCSON AZ 85716	86-0117389	501C3	8,450		FMV		GENERAL SUPPORT
(2) TOHONO CHUL PARK, INC. 7366 N. PASEO DEL NORTE TUCSON AZ 85704	86-0438592	501C3	7,835		FMV		GENERAL SUPPORT
(3) TOHONO O'ODHAM COMMUNITY ACTION P.O. BOX 1790 SELLS AZ 85634	86-0883222	501C3	15,000		FMV		GENERAL SUPPORT
(4) TUCSON BREAKFAST LION'S FNDN P.O. BOX 12512 TUCSON AZ 85732	74-2538679	501C3	17,160		FMV		GENERAL SUPPORT
(5) TUCSON JEWISH COMM. CENTER 3800 E. RIVER RD. TUCSON AZ 85718	86-0183578	501C3	32,850		FMV		GENERAL SUPPORT
(6) TUCSON MEDICAL CENTER FNDN 5301 E. GRANT RD. TUCSON AZ 85712	86-0504015	501C3	37,500		FMV		GENERAL SUPPORT
(7) TUCSON MEET YOURSELF P.O. BOX 42044 TUCSON AZ 85733	51-0195434	501C3	13,500		FMV		GENERAL SUPPORT
(8) TUCSON MUSEUM OF ART 140 N. MAIN AVE. TUCSON AZ 85701	86-6006371	501C3	6,993		FMV		GENERAL SUPPORT
(9) TUCSON PARKS FOUNDATION 600 S. ALVERNON WAY TUCSON AZ 85711	86-0462825	501C3	10,000		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TUCSON VALUES TEACHERS 3497 N. CAMPBELL, SUITE 703 TUCSON AZ 85719	26-4637708	501C3	5,500		FMV		GENERAL SUPPORT
(2) UMC FOUNDATION 1501 N. CAMPBELL AVE. TUCSON AZ 85724	86-0572438	501C3	10,000		FMV		GENERAL SUPPORT
(3) UNIVERSITY OF TEXAS EL PASO 500 W. UNIVERSITY AVE. EL PASO TX 79968	74-6000813		20,000		FMV		GENERAL SUPPORT
(4) VOLUNTEER CENTER OF GRANT COUNTY P.O. BOX 416 SILVER CITY NM 88062	20-1004201	501C3	15,000		FMV		GENERAL SUPPORT
(5) WASHINGTON WOMEN IN NEED 700 108TH AVE NE STE 207 BELLEVUE WA 98004	91-1559848	501C3	20,000		FMV		GENERAL SUPPORT
(6) WOMEN DONORS NETWORK 565 COMMERCIAL STREET SUITE 300 SAN FRANCISCO CA 94111	05-0542397	501C3	20,000		FMV		GENERAL SUPPORT
(7) WOMEN'S FOUNDATION OF S. AZ 2250 E. BROADWAY BLVD. TUCSON AZ 85719	31-1660702	501C3	66,500		FMV		GENERAL SUPPORT
(8) YMCA OF S. ARIZONA-LOHSE FAMILY 60 W. ALEMEDA ST. TUCSON AZ 85701	86-0101237	501C3	15,250		FMV		GENERAL SUPPORT
(9) YOUTH EASTSIDE SERVICES 999 16TH AVE. NE BELLEVUE WA 98008	91-0849093	501C3	25,000		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNITED COMMUNITY HEALTH CENTERS 1260 S. CAMPBELL AVE. BLDG 2 GREEN VALLEY AZ 85614	94-2905416	501C3	19,000		FMV		GENERAL SUPPORT
(2) EL RIO SANTA CRUZ NEIGHBOORHOOD 839 W. CONGRESS STREET TUCSON AZ 85745	86-0285857	501C3	16,429		FMV		GENERAL SUPPORT
(3) PHOENIX ART MUSUEM 1625 NORTH CENTRAL AVENUE PHOENIX AZ 85004	86-0072608	501C3	10,000		FMV		GENERAL SUPPORT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

3 Enter total number of other organizations listed in the line 1 table ▶

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	GENERAL SUPPORT	2	20,000			
2						
3						
4						
5						
6						
7						

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

PART IV - ADDITIONAL INFORMATION

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

MANAGEMENT REVIEWS THE FORM 990 PRIOR TO FILING.

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

OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS ANNUALLY.

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

AVAILABLE BY REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

TRANSFER TO SUPPORTING ORGANIZATION	$ 46,675

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

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

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

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

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

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

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

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)	THE MELODY S. ROBIDOUX FOUNDATION 2033 E SPEEDWAY BOULEVARD # 102 86-0667916 TUCSON AZ 85719	CHARITABLE	AZ	501C	11A	N/A		X
(2)	CFSA PROPERTIES, INC. 2250 E BROADWAY BOULEVARD 86-0742820 TUCSON AZ 85719	PROP MNGMT	AZ	501C	11A	N/A		X
(3)	THE THOMAS R. BROWN FAMILY FDN PO BOX 31930 86-0933380 TUCSON AZ 85751	CHARITABLE	AZ	501C	11A	N/A		X
(4)	WORTH AND DOT HOWARD FOUNDATION 3191 N 29TH PLACE 86-0984133 PHOENIX AZ 85016	CHARITABLE	AZ	501C	11A	N/A		X
(5)	NONPROFIT LOAN FUND 2250 E BROADWAY 45-5021995 TUCSON AZ 85719	CHARITABLE	AZ	501C3	11A	N/A		X

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

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

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THOMAS R. BROWN FAMILY FOUNDATION	C	165,000	FAIR MARKET VALUE
(2)	MELODY S. ROBIDOUX FOUNDATION	C	17,154,784	FAIR MARKET VALUE
(3)	HOWARD V. MOORE FOUNDATION	C	145,000	FAIR MARKET VALUE
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).