

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

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2009
Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 Community Foundation for Southern Arizona
 Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 2250 East Broadway Blvd

City or town, state or country, and ZIP + 4
 Tucson, AZ 85719

D Employer identification number
 94-2681765

E Telephone number
 (520) 770-0800

G Gross receipts \$ 63,735,002

F Name and address of principal officer
 Paul Lindsey
 2250 E Broadway
 Tucson, AZ 85719

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.cfsaoaz.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1980 **M** State of legal domicile AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities To encourage charitable giving to needy organizations of Southern Arizona		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of employees (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total gross 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		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,943,855	16,808,583
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	195,009	237,489
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	501,390	7,628,749
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,952	23,258
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,684,206	24,698,079
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,292,255	2,397,547
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,301,332	1,182,581
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 97,866		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,876,793	2,927,548
19 Revenue less expenses Subtract line 18 from line 12	6,470,380	6,507,676	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	-786,174	18,190,403
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances Subtract line 21 from line 20	37,636,947	53,384,949
		3,210,105	4,558,442
		34,426,842	48,826,507

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: 2011-05-10

J Clinton Mabie, President & CEO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Mike DeVnes Date: _____
 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: DeVnes CPAs of Arizona PC
 4349 East Fifth Street
 Tucson, AZ 857112025

Preparer's identifying number (see instructions): _____
 EIN: _____
 Phone no: (520) 298-6200

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To encourage charitable giving to needy organizations of Southern Arizona

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$ 5,509,441	including grants of \$ 2,397,547	(Revenue \$ 237,489)
The Community Foundation for Southern Arizona (CFSA) distributed 672 grants totaling \$3,419,826 from 154 funds. One hundred fifteen scholarships, totaling \$349,866 were distributed from 37 funds. CFSA revamped its unrestricted grants process to better reflect the organization's mission to make a difference in the community. We focused on funding broad-impact community collaborations on issues identified by the nonprofit leadership. CFSA committed to provide \$900,000 over three years to four projects involving over 40 organizations. Additionally, CFSA has provided the ongoing capacity building support to insure sustainability even after direct funding has ended. Several years ago CFSA identified literacy as a critical priority and provided the funding and administrative support for the development of the Literacy for Life Coalition. Through the work of LLC, several literacy organizations are merging to form a stronger, more integrated approach to literacy services, awareness and advocacy.				

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

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

4d Other program services (Describe in Schedule O) (Revenue \$)

4e Total program service expenses \$ 5,509,441

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 <input checked="" type="checkbox"/>	Yes					
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes					
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		No				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		No				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No				
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 <input checked="" type="checkbox"/>		No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	Yes					
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <input checked="" type="checkbox"/>	Yes					
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	• 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.						
	• 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.						
	• 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.						
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	• 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? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>		No				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <input checked="" type="checkbox"/> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Yes</td><td>No</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Yes	No						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No				
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		No				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II		No				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III		No				
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 <input checked="" type="checkbox"/>		No				
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 <input checked="" type="checkbox"/>	Yes					
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 <input checked="" type="checkbox"/>		No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No				

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 27		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		No
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
	4a		
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		No
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		No
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		No
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d 0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			No
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		No
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
	9b		
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			No
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		18
b	Enter the number of voting members that are independent		18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed **AZ**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **►**
 The Foundation
 2250 E Broadway Blvd
 Tucson, AZ 85719
 (520) 770-0800

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total 127,147 6,199

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c 93,292					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e 2,270,645					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 14,444,646					
	g Noncash contributions included in lines 1a-1f \$ <u>80,451</u>					
	h Total. Add lines 1a-1f ▶	16,808,583				
Program Service Revenue	2a Program income _____ Business Code _____	237,489	237,489			
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue _____					
	g Total. Add lines 2a-2f ▶	237,489				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶	966,661			966,661	
	4 Income from investment of tax-exempt bond proceeds . . . ▶	0				
	5 Royalties ▶	0				
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶	0				
	7a Gross amount from sales of assets other than inventory	(i) Securities	45,594,758			
		(ii) Other				
		b Less cost or other basis and sales expenses	38,928,744	3,926		
		c Gain or (loss)	6,666,014	-3,926		
	d Net gain or (loss) ▶	6,662,088			6,662,088	
	8a Gross income from fundraising events (not including \$ <u>93,292</u> of contributions reported on line 1c) See Part IV, line 18					
	a _____	127,511				
b Less direct expenses b _____	104,253					
c Net income or (loss) from fundraising events . . . ▶	23,258			23,258		
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 . . . ▶	0					
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 . . . ▶	0					
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶	0					
12 Total revenue. See Instructions ▶	24,698,079	237,489		7,652,007		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,397,547	2,397,547		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	162,275	79,515	74,647	8,113
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	847,251	415,153	389,735	42,363
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	95,299	46,697	43,837	4,765
10	Payroll taxes	77,756	38,100	35,768	3,888
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	4,019	1,969	1,849	201
c	Accounting	58,281	28,558	26,809	2,914
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	151,272	74,123	69,585	7,564
g	Other	166,936	81,799	76,791	8,346
12	Advertising and promotion	126,082	61,781	57,998	6,303
13	Office expenses	61,290	30,032	28,193	3,065
14	Information technology	5,923	2,902	2,725	296
15	Royalties	0			
16	Occupancy	28,143	13,790	12,946	1,407
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	11,456	5,613	5,270	573
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	31,662	15,514	14,565	1,583
23	Insurance	10,993	5,387	5,056	550
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Program subcontracts	2,152,806	2,152,806		
b	Printing and Publications	17,782	8,713	8,180	889
c	Licenses and fees	51,360	25,166	23,626	2,568
d	In-kind expenses	22,659	11,103	10,423	1,133
e	Dues	18,290	8,962	8,413	915
f	All other expenses	8,594	4,211	3,953	430
25	Total functional expenses. Add lines 1 through 24f	6,507,676	5,509,441	900,369	97,866
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,755,499	1	1,057,521
	2 Savings and temporary cash investments	4,480,615	2	5,235,007
	3 Pledges and grants receivable, net	575,911	3	871,852
	4 Accounts receivable, net	11,389	4	10,299,854
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges	5,469	9	9,128
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	199,479		
	b Less accumulated depreciation	106,169	10c	93,310
	11 Investments—publicly traded securities	719,846	11	1,926,410
	12 Investments—other securities. See Part IV, line 11	28,475,986	12	33,139,308
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets. See Part IV, line 11	1,489,584	15	752,561
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,636,947	16	53,384,949	
Liabilities	17 Accounts payable and accrued expenses	53,005	17	66,235
	18 Grants payable	809,706	18	638,036
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	2,347,394	25	3,854,171
	26 Total liabilities. Add lines 17 through 25	3,210,105	26	4,558,442
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	23,098,942	27	34,648,556
	28 Temporarily restricted net assets	993,125	28	1,568,744
	29 Permanently restricted net assets	10,334,775	29	12,609,207
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	34,426,842	33	48,826,507	
34 Total liabilities and net assets/fund balances	37,636,947	34	53,384,949	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
2b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization Community Foundation for Southern Arizona	Employer identification number 94-2681765
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,904,261	7,107,871	6,630,141	4,943,855	16,808,583	48,394,711
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	12,904,261	7,107,871	6,630,141	4,943,855	16,808,583	48,394,711
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)						10,479,986
6 Public Support. Subtract line 5 from line 4						37,914,725

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	12,904,261	3,546,569	6,630,141	4,943,855	16,808,583	48,394,711
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,061,950	3,546,569	1,563,108	1,334,755	966,661	8,473,043
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						0
11 Total support (Add lines 7 through 10)						56,867,754
12 Gross receipts from related activities, etc (See instructions)					1,883,162	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here					<input checked="" type="checkbox"/>	

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	66.670 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	75.070 %
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input checked="" type="checkbox"/>	

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a-2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 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?, 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 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items; b If the organization elected, as permitted under SFAS 116, 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; 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 relating to these items.

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table

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

- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if 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	21,707,167	26,248,495			
b Contributions	1,651,047	138,207			
c Investment earnings or losses	2,692,520	-3,810,261			
d Grants or scholarships					
e Other expenditures for facilities and programs	1,397,361	869,274			
f Administrative expenses					
g End of year balance	24,653,373	21,707,167			

- 2** Provide the estimated percentage of the year end balance held as
- a** Board designated or quasi-endowment **▶ 47.500 %**
 - b** Permanent endowment **▶ 51.100 %**
 - c** Term endowment **▶ 1.400 %**
- 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) | No |
| (ii) related organizations | 3a(ii) | No |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b** Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		199,479	106,169	93,310
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				93,310

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,698,079
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,507,676
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	18,190,403
4	Net unrealized gains (losses) on investments	4	-3,676,234
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-114,504
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-3,790,738
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,399,665

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	27,002,772
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-3,676,234
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	5,872,748
e	Add lines 2a through 2d	2e	2,196,514
3	Subtract line 2e from line 1	3	24,806,258
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-108,179
c	Add lines 4a and 4b	4c	-108,179
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	24,698,079

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	12,668,761
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	6,161,085
e	Add lines 2a through 2d	2e	6,161,085
3	Subtract line 2e from line 1	3	6,507,676
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	6,507,676

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Cost of special events \$104253 Loss on disposal of assets \$3926 Expenses from Consolidated entities \$6052906
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Revenues from Consolidated entities \$5872748
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	Endowment funds have been established for various board-designated and donor restricted purposes

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 e-mail 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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>Stone Canyon</u> (event type)	<u>Folklorico</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	81,070	75,502	64,231	220,803
	2 Less Charitable contributions	36,065	41,501	15,726	93,292
	3 Gross income (line 1 minus line 2)	45,005	34,001	48,505	127,511
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	36,065	6,001	15,726	57,792
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,735	28,243	9,483	46,461
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				104,253
11 Net income summary Combine lines 3, column d, and line 10. ▶				23,258	

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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

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

	Yes	No						
<p>13 Indicate the percentage of gaming activity operated in</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; border-bottom: 1px solid black;"> <p>a The organization's facility</p> </td> <td style="width:10%; text-align:center; border-bottom: 1px solid black;">13a</td> <td style="width:10%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"> <p>b An outside facility</p> </td> <td style="text-align:center;">13b</td> <td></td> </tr> </table>	<p>a The organization's facility</p>	13a		<p>b An outside facility</p>	13b			
<p>a The organization's facility</p>	13a							
<p>b An outside facility</p>	13b							
<p>14 Enter the name and address of the person who prepares the organization's gaming/special events books and records</p> <p>Name _____</p> <p>Address _____</p>								
<p>15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?</p> <p>b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____</p> <p>c If "Yes," enter name and address _____</p>	15a							
<p>16 Gaming manager information</p> <p>Name _____</p> <p>Address _____</p>								
<p>17 Mandatory distributions</p> <p>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</p> <p>b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____</p>		17a						

Schedule I (Form 990)

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: Community Foundation for Southern Arizona

Employer identification number: 94-2681765

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code 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. Includes a row for 'See Attached List' with a value of 2,463,295 in column (d).

Summary rows for total number of section 501(c)(3) and government organizations, and total number of other organizations.

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Foundation for Southern Arizona

Employer identification number
94-2681765

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Other				
25 Other ▶ (Supplies)	X	2	22,659	FMV
Spec Event				
26 Other ▶ (Supp)	X	4	57,792	FMV
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Additional Data

Software ID:
Software Version:

EIN: 94-2681765

Name: Community Foundation for
Southern Arizona

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493130021801
			OMB No. 1545-0047
SCHEDULE O (Form 990)		2009	
Department of the Treasury Internal Revenue Service		Open to Public Inspection	
Name of the organization Community Foundation for Southern Arizona		Employer identification number 94-2681765	
<p align="center">Supplemental Information to Form 990</p> <p align="center">Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.</p>			

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Documents are available on our website

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Officers and directors are required to disclose potential conflicts annually

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	Reviewed, amended and approved by the Finance and Audit Committee, then sent to the Board for final review and approval

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Software ID: 09000047
 Software Version: 2009v1.7
 EIN: 94-2681765
 Name: Community Foundation for Southern Arizona

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entry
Sycamore Canyon Conservation Foundation 2250 E Broadway Tucson, AZ 85719 20-5391377	Conservation	AZ	501(c)(3)	11	N/A
The Howard V Moore Foundation 2250 E Broadway Tucson, AZ 85719 20-3983894	Charitable	AZ	501(c)(3)	11	N/A
Zuckerman Community Outreach Foundation 2250 E Broadway Tucson, AZ 85719 20-3617544	Charitable	AZ	501(c)(3)	11	N/A
Worth and Dot Howard Foundation 3191 N 29th Place Phoenix, AZ 85016 86-0984133	Charitable	AZ	501(c)(3)	11	N/A
Knisely Family Foundation 8360 E Brookwood Drive Tucson, AZ 85750 86-0952581	Charitable	AZ	501(c)(3)	11	N/A
Womens Foundation of Southern Arizona 2250 E Broadway Tucson, AZ 85719 31-1660702	Charitable	AZ	501(c)(3)	7	N/A
The Thomas R Brown Family Foundation PO Box 31930 Tucson, AZ 85751 86-0933380	Charitable	AZ	501(c)(3)	11	N/A
CFSA Properties Inc 2250 E Broadway Tucson, AZ 85719 86-0742820	Property Mgmt	AZ	501(c)(3)	11	N/A
The William E Hall Foundation 2250 E Broadway Blvd Tucson, AZ 85719 13-6105057	Charitable	AZ	501(c)(3)	11	N/A
The Melody S Robidoux Foundation 2850 N Swan Rd Tucson, AZ 85712 86-0667916	Charitable	AZ	501(c)(3)	11	N/A

Grantee Name	Payment Amount	Payment Date	Federal ID #	IRS Status	Street	Street2	City	State	Zip
AVANCE, Inc - El Paso Chapter	\$5,000.00	09/10/09	91-1916707	501 c 3	616 N Virginia Ste D		El Paso	TX	79902
El Paso Community Foundation	\$5,000.00	09/10/09	74-1839536	501 c 3	P O Box 272		El Paso	TX	79943-0272
Habitat for Humanity Tucson	\$5,000.00	09/10/09	94-2725100	501 c 3	621 W Lester Street		Tucson	AZ	85705
Mountain States Legal Foundation	\$5,000.00	09/30/09	84-0736725	501 c 3	2596 S Lewis Way		Lakewood	CO	80227
Planned Parenthood Arizona, Inc	\$5,000.00	10/30/09	86-0146520	501 c 3	2255 N Wyatt Drive		Tucson	AZ	85712
Primavera Foundation, Inc	\$5,000.00	10/30/09	86-0733182	501 c 3	702 S 6th Avenue		Tucson	AZ	85701-2602
Community Food Bank, Inc	\$5,000.00	10/30/09	51-0192519	501 c 3	P O Box 26727		Tucson	AZ	85726-6727
Association of Fundraising Professionals - SoAZ Chapter	\$5,000.00	10/30/09	86-0633334	501 c 3	P O Box 41176		Tucson	AZ	85717-1176
University of Arizona Foundation	\$5,000.00	10/30/09	86-6050388	501 c 3	PO Box 210109		Tucson	AZ	85721-0109
Pima Community College Foundation, Inc	\$5,000.00	11/17/09	86-0345089	501 c 3	4905-C E Broadway Boulevard		Tucson	AZ	85709-1320
Arizona Sonora Desert Museum, Inc	\$5,000.00	11/18/09	86-0111675	501 c 3	2021 N Kinney Road		Tucson	AZ	85743-9719
YWCA of Tucson	\$5,000.00	11/30/09	86-0111675	501 c 3	2021 N Kinney Road		Tucson	AZ	85745
Arizona Sonora Desert Museum, Inc	\$5,000.00	12/23/09	86-6006371	501 c 3	140 N Main Avenue		Tucson	AZ	85743-9719
Tucson Museum of Art	\$5,000.00	12/31/09	86-6031135	501 c 3	6000 E Valencia Road		Tucson	AZ	85701-8290
Arizona Aerospace Foundation, Inc	\$5,000.00	12/31/09	20-0184741	501 c 3	3208 E Fort Lowell Rd, Suite 106		Tucson	AZ	85756-9403
Opening Minds Through The Arts Foundation	\$5,000.00	01/06/10	20-0184741	501 c 3	3208 E Fort Lowell Rd, Suite 106		Tucson	AZ	85716
Opening Minds Through The Arts Foundation	\$5,000.00	01/29/10	86-6050388	501 c 3	PO Box 210109		Tucson	AZ	85721-0109
University of Arizona Foundation	\$5,000.00	01/26/10	31-1883036	501 c 3	3955 E Fort Lowell, Suite 114		Tucson	AZ	85712
MAKE WAY FOR BOOKS	\$5,000.00	02/08/10	86-6050388	501 c 3	PO Box 210109		Tucson	AZ	85721-0109
University of Arizona Foundation	\$5,000.00	02/08/10	86-6050388	501 c 3	PO Box 210109		Tucson	AZ	85751
Tucson Festival of Books	\$5,000.00	02/08/10	26-2145432	501 c 3	PO Box 30128		Tucson	AZ	85717
Nest, Inc	\$5,000.00	02/18/10	86-0641419	501 c 3	PO Box 41144		Tucson	AZ	85719
Womens Foundation of Southern Arizona	\$5,000.00	02/26/10	31-1660702	501 c 3	Attn Executive Director	2250 E Broadway Boulevard 7380 E Snyder Rd	Tucson	AZ	85750-6208
SciEntek-12 Foundation	\$5,000.00	03/12/10	86-0946185	501 c 3	SARSEF		Tucson	AZ	85754-6750
United Way of Tucson and Southern Arizona	\$5,000.00	03/17/10	86-1014572	501 c 3	P O Box 86750		Tucson	AZ	85751
Desert Dove Farm	\$5,000.00	04/06/10	86-0989932	501 c 3	P O Box 86750		Tucson	AZ	85748
Tanque Verde H S Athletic Booster Club	\$5,000.00	04/06/10	86-1014572	501 c 3	P O Box 31515		Tucson	AZ	85748
Boys & Girls Clubs of Central Wyoming	\$5,000.00	04/06/10	93-0888347	501 c 3	135 South 4th Street		Douglas	WY	82633
Food for Lane County	\$5,000.00	04/06/10	86-0865120	501 c 3	770 Bailey Hill Road		Eugene	OR	97402
Fox Tucson Theatre Foundation	\$5,000.00	04/06/10	86-0327166	501 c 3	P O Box 1008		Tucson	AZ	85702
Jubilee House, Inc	\$5,000.00	04/06/10	86-0985120	501 c 3	P O Box 574		Douglas	WY	82633
Sunnyside Unified School District	\$5,000.00	01/06/11	86-6000792	501 c 3	2238 E Ginter Road		Tucson	AZ	85706
Sunnyside Unified School District	\$5,000.00	04/07/10	86-6000792	501 c 3	2238 E Ginter Road		Tucson	AZ	85706
Pachamama Alliance	\$5,000.00	04/16/10	94-3249793	501 c 3	PO Box 29191		Tucson	AZ	85701-1805
The Drawing Studio, Inc	\$5,000.00	04/16/10	86-0992193	501 c 3	33 South 6th Avenue		Tucson	AZ	85701-1805
Womens Voices Women Vote	\$5,000.00	04/19/10	55-0889748	501 c 3	1640 Rhode Island Avenue NW	Suite 825	Washington	DC	20036
YWCA of Tucson	\$5,000.00	05/06/10	86-0572438	501 c 3	525 N Bonita Avenue		Tucson	AZ	85745
University Medical Center Foundation	\$5,000.00	05/06/10	20-0255199	501 c 3	University Medical Center	PO Box 245128	Tucson	AZ	85724-5128
Alliance for Audience	\$5,000.00	05/25/10	74-2382300	501 c 3	13416 N 32nd Street, Suite 106		Phoenix	AZ	85032
Salpointe Catholic Education Foundation	\$5,000.00	05/28/10	95-4210774	501 c 3	1545 E Copper Street		Tucson	AZ	85719
Dream Street Foundation	\$5,000.00	06/04/10	26-4421872	501 c 3	9536 Wilshire Blvd , Ste 310		Beverly Hills	CA	90212
Games for Life	\$5,000.00	06/07/10	74-2382300	501 c 3	730 N Plumer Avenue		Tucson	AZ	85719
Salpointe Catholic Education Foundation	\$5,000.00	06/07/10	86-0098937	501 c 3	1545 E Copper Street		Tucson	AZ	85719
YWCA of Tucson	\$5,000.00	06/29/10	06-0646784	501 c 3	525 N Bonita Avenue		Tucson	AZ	85745
Primavera Foundation, Inc	\$5,000.00	07/21/10	86-0778917	501 c 3	702 S 6th Avenue		Tucson	AZ	85701-2602
International Sonoran Desert Alliance	\$5,124.00	07/21/10	86-0778917	501 c 3	PO Box 128		Pomfret	CT	06258-0128
St. Andrews Childrens Clinic, Inc	\$5,319.97	11/10/09	86-0684094	501 c 3	401 W Esperanza Ave		Ajo	AZ	85321
Cultural Exchange Council of Tucson, Inc	\$5,500.00	08/28/09	51-0195434	501 c 3	PO Box 67		Green Valley	AZ	85622-0067
Casa de los Gatos	\$6,000.00	12/31/09	20-3022626	501 c 3	PO Box 31302	349 West 31st Street	Tucson	AZ	85713
Senior Citizens Foundation of Douglas	\$6,000.00	04/06/10	83-0255422	501 c 3	312 N 6th Street		Tucson	AZ	85751
University of Arizona Scholarships	\$6,192.00	07/20/10	74-2652689	Government Enit	1111 N Cherry Avenue		Douglas	WY	82633
Tucson Audubon Society	\$6,400.39	08/17/09	86-6053779	501 c 3	300 E University Avenue , #120		Tucson	AZ	85721
Jewish Federation of Southern Arizona	\$6,800.00	12/15/09	86-0096795	501 c 3	3822 E River Road, Suite 100		Tucson	AZ	85705
Patagonia Community United Methodist Church	\$7,000.00	12/08/09	86-0476783	Religious Organi	PO Box 315		Patagonia	AZ	85624-0315
Denver Rescue Mission	\$7,000.00	04/06/10	84-6038762	501 c 3	PO Box 5206		Denver	CO	80217-5206
El Rio Community Health Center	\$7,000.00	04/06/10	86-0285857	501 c 3	839 W Congress Street		Tucson	AZ	85745

Grantee Name	Payment Amount	Payment Date	Federal ID #	IFS Status	Street	City	State	Zip
Direct Care Alliance	\$7,000.00	04/23/10	26-0116549	501 c 3	4 West 43rd St, Room 611	New York	NY	10036
Arizona Opera Company	\$7,000.00	07/01/10	23-7169261	501 c 3	4600 North 12th Street	Phoenix	AZ	85014
Therapeutic Riding of Tucson, Inc	\$7,000.00	09/07/10	86-0329294	501 c 3	8920 E. Woodland Road	Tucson	AZ	85749
People For Puget Sound	\$7,000.00	09/07/10	91-1518715	501 c 3	911 Western Ave., Suite 580	Seattle	WA	98104
Boys & Girls Clubs of Tucson	\$7,000.00	09/07/10	86-0172257	501 c 3	PO Box 40217	Tucson	AZ	85717-0217
Arizona's Children Association, Southern Region	\$7,000.00	09/07/10	86-0096772	501 c 3	2700 S. 8th Avenue	Tucson	AZ	85713
El Rio Community Health Center	\$7,500.00	09/04/10	86-0285857	501 c 3	839 W. Congress Street	Tucson	AZ	85745
University of Arizona Scholarships	\$7,500.00	07/20/10	74-2652689	Government Entity	1111 N Cherry Avenue	Tucson	AZ	85721
University of Arizona Scholarships	\$7,855.12	07/10/09	74-2652689	Government Entity	1111 N Cherry Avenue	Tucson	AZ	85705
El Grupo Youth Cycling	\$8,000.00	01/15/10	80-0252901	501 c 3	23 West 4th Street	Tucson	AZ	85721
Pima Community College Foundation, Inc	\$8,000.00	01/21/10	86-0545089	501 c 3	4905-C E Broadway Boulevard	Tucson	AZ	85709-1320
Douglas Senior Citizens, Inc	\$8,000.00	04/06/10	83-0222671	501 c 3	340 1st Street West	Douglas	WY	82633
International Guiding Eyes, Inc	\$8,000.00	04/06/10	95-1586088	501 c 3	13445 Glenoaks Boulevard	Sylmar	CA	91342
Community Foundation of North Central Washington	\$8,000.00	04/06/10	91-1349486	501 c 3	PO Box 3332	Wenatchee	WA	98807
Tucson Medical Center Foundation	\$8,000.00	04/16/10	86-0504015	501 c 3	P. O. Box 30400	Tucson	AZ	85751
McIntosh County Academy	\$8,000.00	07/13/10	58-6000286	Government Entity	8945 U S Highway 17	Darien	GA	31305
Tucson Botanical Gardens	\$8,133.43	09/28/09	23-7037310	501 c 3	2150 N Alvernon Way	Tucson	AZ	85712
Handi-Dogs, Inc	\$9,375.42	03/22/10	95-3247091	501 c 3	75 S. Montego Drive	Tucson	AZ	85710-3797
Handi-Dogs, Inc	\$10,000.00	07/29/09	95-3247091	501 c 3	Attn Executive Director	Tucson	AZ	85719
Handi-Dogs, Inc	\$10,000.00	07/31/09	31-1660702	501 c 3	PO Box 522	Tucson	AZ	85702
Womens Foundation of Southern Arizona	\$10,000.00	09/10/09	74-2354509	501 c 3	2609 E Broadway Blvd	Tucson	AZ	85716
Patronato San Xavier	\$10,000.00	09/24/09	86-0830696	501 c 3	University Medical Center	Tucson	AZ	85724-5128
Perimeter Cycling Association of America, Inc	\$10,000.00	11/06/09	86-0572438	501 c 3	3003 S Country Club Rd, Suite 219	Tucson	AZ	85713-4085
Perimeter Medical Center Foundation	\$10,000.00	12/11/09	23-7157579	501 c 3	6601 S San Fernando Road	Tucson	AZ	85756-6644
Mobile Meals of Tucson, Inc	\$10,000.00	12/18/09	48-1270906	501 c 3	4500 E Speedway Blvd., Suite 75	Tucson	AZ	85712
San Miguel High School	\$10,000.00	12/22/09	43-1990345	501 c 3	1001 N Richey Boulevard	Hagerstown	MD	21741
Southern Arizona Community Diaper Bank	\$10,000.00	01/15/10	94-1156347	501 c 3	PO Box 5030	Tucson	AZ	85728-4001
The Salvation Army-Tucson	\$10,000.00	01/20/10	13-3433452	501 c 3	PO Box 64001	Tucson	AZ	85754-6750
Doctors Without Borders, USA	\$10,000.00	01/15/10	86-0830973	501 c 3	P. O. Box 86750	Tucson	AZ	85712
World Care	\$10,000.00	03/17/10	86-0098932	501 c 3	2590 N Alvernon Way	Tucson	AZ	85701-8290
United Way of Tucson and Southern Arizona	\$10,000.00	03/17/10	86-0597073	501 c 3	140 N Main Avenue	Tucson	AZ	85716
New Beginnings for Women & Children, Inc	\$10,000.00	03/17/10	86-6057789	501 c 3	1307 N Alvernon Way	Tucson	AZ	85716
Tucson Museum of Art	\$10,000.00	03/17/10	86-0184349	501 c 3	2919 E Broadway Blvd Suite 230	Tucson	AZ	85705-7467
Assistance League of Tucson, Inc	\$10,000.00	04/06/10	86-0314595	501 c 3	1101 N 4th Avenue	Portland	OR	97238-5370
Junior Achievement of Arizona, Inc -Southern District	\$10,000.00	04/06/10	93-0785786	501 c 3	P. O. Box 55370	Yuma	AZ	85365
Casa de los Ninos	\$10,000.00	04/06/10	86-0457836	501 c 3	2325 S Engler Avenue	Tucson	AZ	85705
Oregon Food Bank, Inc	\$10,000.00	04/06/10	86-0457836	501 c 3	1661 W Prince Road, Suite 103	Tucson	AZ	85714
Flowing Wells Extension Programs, Inc	\$10,000.00	04/07/10	86-0300466	501 c 3	3481 E Michigan St	Tucson	AZ	85721-0109
Global Sports Alliance-USA	\$10,000.00	04/09/10	20-5827211	501 c 3	PO Box 210109	Tucson	AZ	85702-2088
University of Arizona Foundation	\$10,000.00	04/09/10	86-6050388	501 c 3	P. O. Box 2088	Tucson	AZ	85716
Voces Community Stores Past and Present, Inc	\$10,000.00	05/06/10	86-0951679	501 c 3	3208 E Fort Lowell Rd, Suite 106	Tucson	AZ	85702-1811
Opening Minds Through The Arts Foundation	\$10,000.00	07/01/10	20-0184741	501 c 3	Contributions Processing	New Haven	CT	06521-2038
Yale University	\$10,000.00	09/07/10	06-0648973	501 c 3	PO Box 1811	Tucson	AZ	85702-1811
Booktraps to Share of Tucson, Inc	\$10,000.00	01/15/10	74-2580768	501 c 3	PO Box 1811	Tucson	AZ	85721
University of Arizona Scholarships	\$10,987.00	07/20/10	74-2652689	Government Entity	1111 N Cherry Avenue	Tucson	AZ	85756-6644
San Miguel High School	\$10,995.00	07/15/09	48-1270906	501 c 3	6601 S San Fernando Road	San Francisco	CA	94104
Give2Asia	\$11,000.00	02/04/10	94-3373670	501 c 3	Attn Executive Director	Tucson	AZ	85719
Womens Foundation of Southern Arizona	\$11,386.71	10/05/09	31-1660702	501 c 3	485 California Street, Suite 806	Tucson	AZ	85621
Manposa Community Health Center	\$12,000.00	09/28/09	86-0524321	501 c 3	1852 N Mastock Way	Nogales	AZ	85705-7467
Casa de los Ninos	\$12,500.00	09/10/09	86-0314595	501 c 3	1101 N 4th Avenue	Tucson	AZ	85713
Arizona's Children Association, Southern Region	\$12,500.00	09/10/09	86-0096772	501 c 3	2700 S. 8th Avenue	Tucson	AZ	85716
Faith Academy of Marble Falls	\$13,000.00	05/06/10	74-2888658	501 c 3	P. O. Box 1240	Marble Falls	TX	78654
Perimeter Cycling Association of America, Inc	\$13,000.00	05/06/10	86-0830696	501 c 3	2609 E Broadway Blvd	Tucson	AZ	85716
St. Albans Episcopal Church	\$14,000.00	10/19/09	86-0360308	Religious Organi	3738 Old Sabino Canyon Road	Tucson	AZ	85750
Nogales Community Development Corporation	\$14,000.00	06/07/10	86-0878561	501 c 3	PO Box 421	Nogales	AZ	85628-0421
University of Arizona Scholarships	\$14,000.00	07/20/10	74-2652689	Government Entity	1111 N Cherry Avenue	Tucson	AZ	85721
Tucson Audubon Society	\$14,493.82	08/15/10	86-6053779	501 c 3	300 E University Avenue, #120	Tucson	AZ	85705

Grantee Name	Payment Amount	Payment Date	Federal ID #	IRS Status	Street	City	State	Zip
Fundacion del Empresariado Sonorense, A C	\$14,550.00	01/15/10	FES 990609 BE4	501 c 3	C/O Santa Cruz Comm Foundation	Nogales	AZ	85621
University of Arizona Foundation	\$15,000.00	07/29/09	86-6050388	501 c 3	PO Box 210109	Tucson	AZ	85721-0109
University of Arizona Foundation	\$15,000.00	08/25/09	86-6050388	501 c 3	PO Box 210109	Tucson	AZ	85716
Penmeter Bicycling Association of America, Inc	\$15,000.00	09/24/09	86-0830696	501 c 3	2609 E Broadway Blvd	Tucson	AZ	85754-6750
United Way of Tucson and Southern Arizona	\$15,000.00	12/11/09	86-0098932	501 c 3	P O Box 86750	Tucson	AZ	85701-2602
Primavera Foundation, Inc	\$15,000.00	12/11/09	86-0733182	501 c 3	702 S 6th Avenue	Tucson	AZ	85712
Southern Arizona Community Diaper Bank	\$15,000.00	12/11/09	43-1990345	501 c 3	4500 E Speedway Blvd, Suite 75	Tucson	AZ	85716
The Salvation Army-Tucson	\$15,000.00	12/11/09	94-1156347	501 c 3	1001 N Richey Boulevard	Tucson	AZ	85726-6727
Community Food Bank, Inc	\$15,000.00	12/11/09	51-0192519	501 c 3	P O Box 26727	Tucson	AZ	85716
Emerge - Center Against Domestic Abuse	\$15,000.00	02/05/10	86-0312162	501 c 3	2545 E Adams Street	Tucson	AZ	85721-0069
UA College of Education-UA Foundation	\$15,000.00	02/05/10	86-6050388	501 c 3	Office of Development	Tucson	AZ	85754-6750
United Way of Tucson and Southern Arizona	\$15,000.00	03/15/10	86-0098932	501 c 3	P O Box 86750	Tucson	AZ	85740-6960
Touch Point Connection, Inc	\$15,000.00	03/17/10	26-1530589	501 c 3	PO Box 36960	Tucson	AZ	85716
Our Family Services, Inc	\$15,000.00	04/06/10	94-2598560	501 c 3	3830 East Bellevue	Tucson	AZ	85721-0109
University of Arizona Foundation	\$15,000.00	04/05/10	86-6050388	501 c 3	PO Box 210109	Tucson	AZ	85621
Boys & Girls Club of Santa Cruz County	\$15,914.79	09/18/09	86-0671818	501 c 3	590 N Tyler Avenue	Nogales	AZ	85716
Up With People	\$16,338.19	12/17/09	95-2563102	501 c 3	6830 Broadway, Unit A	Denver	CO	80221-2851
Opening Minds Through The Arts Foundation	\$16,628.31	01/29/10	20-0184741	501 c 3	3208 E Fort Lowell Rd, Suite 106	Tucson	AZ	85716
Literacy Volunteers of Tucson	\$17,000.00	01/19/10	23-7047508	501 c 3	2850 E Speedway Blvd	Tucson	AZ	85709-1320
Pima Community College Foundation, Inc	\$18,000.00	01/26/10	86-0345089	501 c 3	4905-C E Broadway Boulevard	Tucson	AZ	85721-0109
University of Arizona Foundation	\$18,276.00	09/18/09	86-6050388	501 c 3	PO Box 210109	Silver City	NM	88062-2795
Episcopal Church of the Good Shepherd	\$20,000.00	09/30/09	85-6064091	Religious Organi	PO Box 2795	Tucson	AZ	85716
American Red Cross, Southern Arizona Chapter	\$20,000.00	12/22/09	86-0098908	501 c 3	2916 E Broadway Blvd	Tucson	AZ	85726-6727
Community Food Bank, Inc	\$20,000.00	12/22/09	51-0192519	501 c 3	P O Box 26727	Tucson	AZ	85705-3037
Youth On Their Own	\$20,000.00	03/17/10	86-0644388	501 c 3	1443 W Prince Road	Tucson	AZ	85704
Bag It	\$20,000.00	05/06/10	74-3097354	501 c 3	7090 N Oracle Road	Tucson	AZ	85721-0109
University of Arizona Foundation	\$20,212.90	11/23/09	86-6050388	501 c 3	PO Box 210109	Tucson	AZ	85701
Tucson Pima Arts Council	\$23,500.00	07/20/10	86-0465675	501 c 3	100 N Stone Avenue, Suite 303	Tucson	AZ	85756-6644
San Miguel High School	\$25,000.00	07/22/09	48-1270906	501 c 3	6601 S San Fernando Road	El Paso	TX	79902
The University of Texas at El Paso	\$25,000.00	09/10/09	74-6000813	Government Entit	1100 N Stanton, Suite 201	El Paso	TX	78746
Alliance of Arizona Nonprofits	\$25,000.00	09/11/09	20-2529887	501 c 3	P O Box 16162	Phoenix	AZ	85011-6162
Alliance of Arizona Nonprofits	\$25,000.00	10/12/09	20-2529887	501 c 3	P O Box 16162	Phoenix	AZ	85011-6162
St Stephens Episcopal School	\$25,000.00	11/30/09	74-1109670	Religious Organi	6500 St Stephens Drive	Austin	TX	78746
University of Arizona Foundation	\$25,000.00	10/26/09	86-6050388	501 c 3	PO Box 210109	Tucson	AZ	85721-0109
MAKE WAY FOR BOOKS	\$25,000.00	12/08/09	31-1586036	501 c 3	3855 E Fort Lowell, Suite 114	Tucson	AZ	85712
Literacy Volunteers of Tucson	\$25,000.00	12/08/09	86-0951679	501 c 3	2850 E Speedway Blvd	Tucson	AZ	85702-2088
Voces Community Stories Past and Present, Inc	\$25,000.00	12/03/09	86-0951679	501 c 3	P O Box 2088	Tucson	AZ	85712
Tucson Botanical Gardens	\$25,000.00	12/18/09	86-6000792	501 c 3	2150 N Alvernon Way	Tucson	AZ	85706
Sunnyside Unified School District	\$25,000.00	12/18/09	86-6000792	501 c 3	2238 E Ginter Road	Tucson	AZ	85706
Sunnyside Unified School District	\$25,000.00	12/18/09	86-6000792	501 c 3	2238 E Ginter Road	Tucson	AZ	85705
PRO Neighborhoods/United Way of Tucson	\$25,000.00	12/01/10	86-6000792	501 c 3	738 N 5th Avenue	Tucson	AZ	85751
Tucson Medical Center Foundation	\$25,000.00	05/06/10	86-0098932	501 c 3	P O Box 30400	Tucson	AZ	85733-4200
Voices for Education	\$25,000.00	05/06/10	86-0504015	501 c 3	P O Box 44200	Tucson	AZ	85614
Valley Assistance Services, Inc	\$26,347.56	01/13/10	86-0996116	501 c 3	250 E Continental Road, Suite 102	Green Valley	AZ	85016
Rodel Charitable Foundation of Arizona	\$26,700.00	05/06/10	86-0941890	501 c 3	2201 E Camelback Road, Suite 202	Phoenix	AZ	85016
Rodel Charitable Foundation of Arizona	\$30,000.00	01/29/10	86-0941890	501 c 3	2201 E Camelback Road, Suite 202	Phoenix	AZ	85614
Casa de Esperanza, Inc	\$50,000.00	09/11/09	86-0603592	501 c 3	780 S Park Centre Avenue	Marble Falls	TX	78654
Faith Academy of Marble Falls	\$50,000.00	10/23/09	74-2888658	501 c 3	P O Box 1240	Tucson	AZ	85733-4200
Voices for Education	\$50,000.00	02/04/10	86-0996116	501 c 3	PO Box 44200	Tucson	AZ	85752
American Advertising Federation Tucson, Inc	\$65,344.96	09/16/09	86-0381678	501 c 7	P O Box 90167	Tucson	AZ	85701
Tucson Pima Arts Council	\$67,000.00	08/11/09	86-0465675	501 c 3	100 N Stone Avenue, Suite 303	Tucson	AZ	85705-5606
Tucson Symphony Society	\$75,000.00	06/23/10	86-0107538	501 c 3	2175 N Sixth Avenue	Tucson	AZ	85603-5393
Bisbee Coalition for the Homeless	\$82,863.81	10/26/09	86-0782752	501 c 3	P O Box 5393	Bisbee	AZ	85705
Tucson Audubon Society	\$100,000.00	05/12/10	86-6053779	501 c 3	300 E University Avenue, #120	Tucson	AZ	85721-0109
University of Arizona Foundation	\$132,776.08	02/18/10	86-6050388	501 c 3	PO Box 210109	Tucson	AZ	85721-0109

\$2,463,295.46

Additional Data

Software ID:
Software Version:
EIN: 94-2681765
Name: Community Foundation for
 Southern Arizona

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William G Valenzuela Director	2 00	X					0	0	0	
Thomas Warne 1st Vice Chair	5 00	X		X			0	0	0	
Steve Alley Former Pres/CEO	40 00				X		127,147	0	6,199	
Roman Sandoval Director	2 00	X					0	0	0	
Roger Vogel Director	2 00	X					0	0	0	
Richard Munding Member at Large	2 00	X		X			0	0	0	
R Michael Sullivan Director	2 00	X					0	0	0	
Paul Lindsey Chairman	5 00	X		X			0	0	0	
Nancy Davis Member at Large	5 00	X		X			0	0	0	
Megan Davis 2nd Vice Chair	2 00	X		X			0	0	0	
Mary B Bernal Director	2 00	X					0	0	0	
Marian LaLonde Director	2 00	X					0	0	0	
Larry Hecker Director	2 00	X					0	0	0	
Judith Brown Director	2 00	X					0	0	0	
Jonathan Rothschild Director	2 00	X					0	0	0	
James Glasser Director	2 00	X					0	0	0	
J Clinton Mabie President & CEO	40 00				X		0	0	0	
Gerald Miron Treasurer	5 00	X		X			0	0	0	
Donald Luria Director	2 00	X					0	0	0	
Cindy Godwin Director	2 00	X					0	0	0	
Carrie Brennan Secretary	2 00	X		X			0	0	0	
Carmen Marriott Ex-Officio	5 00	X		X			0	0	0	
Bradley Nystedt Director	2 00	X					0	0	0	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Program subcontracts	2,152,806	2,152,806		
Printing and Publications	17,782	8,713	8,180	889
Licenses and fees	51,360	25,166	23,626	2,568
In-kind expenses	22,659	11,103	10,423	1,133
Dues	18,290	8,962	8,413	915