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Form **990**

Department of the Treasury

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)

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

2009

OMB No 1545-0047

Open to Public

Tilleman			<u> </u>		04 0000			Inspection
			lendar yea	r, or tax year beginning 07 C Name of organization	-01-2009 and ending 06-30-2010)	D Employer ide	ntification number
	eck if a dress cl	applicable	Please use IRS	Community Foundation for			94-268176	E
		_	label or	Southern Arizona Doing Business As			E Telephone nu	
	me cha		print or type. See				(520) 770-0	1800
Ind	tıal retu	ırn	Specific Instruc-		ox if mail is not delivered to street addres	s) Room/suite	G Gross receipts	
Te	mınate	ed	tions.	2250 East Broadway Blvd			d Gloss receipts	
┌ Am	ended	return		City or town, state or country	, and ZIP + 4			
┌ _{Ap}	plicatio	n pending		Tucson, AZ 85719				
		L	F Nan	ne and address of principal	officer	H/a) Ta th	 	
			Paul Li	ndsey		affilia	ıs a group returr ıtes?	⊤Yes ▼ No
				E Broadway 1,AZ 85719				
			rucsor	1,82 03/19			l affiliates includ	
 T Ta	x-exen	npt status	▼ 501(c)) (3) 4 (insert no)	(a)(1) or 527	_		(see instructions)
					(4)(4)	H(c) Grou	ıp exemptıon nu	iliber F
	ebsit	e: 🟲 www	v cfsoaz or	g 				
			Corporat	tion Trust Association C	other 🕨	L Year of fo	rmation 1980 M	State of legal domicile AZ
Pa	rt I	Sumr	nary					
	1	•		-	most significant activities			
9		10 enco	urage chai	ntable giving to needy orga	nizations of Southern Arizona			
Ě								
<u> </u>								
Governance	2	Check t	hıs box 🟲	if the organization discor	tinued its operations or disposed	of more than	25% of its net a	issets
	3	Number	of voting r	members of the governing l	oody (Part VI, line 1a)		3	18
ه س	4	Number	ofindepen	ndent voting members of th	e governing body (Part VI, line 1b)	. 4	18
Ě	5	Total nu	ımber of en	nployees (Part V , line 2a)			5	2!
Activities &	6	Total nu	ımber of vo	olunteers (estimate if nece	ssary)		6	!
∢	7a	Total gr	oss unrela	ted business revenue from	Part VIII, column (C), line 12 .	•	7 a	ı
	ь	Net unre	elated busi	iness taxable income from	Form 990-T, line 34		7t)
					Prio	r Year	Current Year	
	8	8 Contributions and grants (Part VIII, line 1h)					4,943,855	16,808,583
를	9	Progra	m service	revenue (Part VIII, line 2g		195,009	237,489	
Reveni	10	Invest	ment incor	me (Part VIII, column (A),		501,390	7,628,749	
Ě	11	Other	revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		43,952	23,258
	12				t equal Part VIII, column (A), line			
							5,684,206	24,698,079
	13				olumn (A), lines 1-3)		2,292,255	2,397,547
	14				lumn (A), line 4)			0
82	15	Salarıe 10)	s, other co	ompensation, employee be	nefits (Part IX, column (A), lines 5	-	1,301,332	1,182,581
Expenses	16a	•	sional fund	Iraising fees (Part IX colur	nn (A), line 11e)			0
क	l .							
Д	b			enses (Part IX, column (D), line			2.076.702	2 0 2 7 5 4 0
	17				11a-11d, 11f-24f)		2,876,793	2,927,548
	18				ual Part IX, column (A), line 25)		6,470,380	6,507,676
. 02	19	Revenu	ie less ext	penses Subtract line 18 fr	om line 12	+	-786,174	18,190,403
Net Assets or Fund Balances	1						g of Current 'ear	End of Year
10 g	20	Totala	ssets (Par	rt X, line 16)		-	37,636,947	53,384,949
줐	21						3,210,105	4,558,442
25	22		-		11 from line 20		34,426,842	48,826,507
	t III	_	ature Blo				, ,	, ,
					nined this return, including accompanying	schedules and st	tatements, and to t	he best of my knowledge
		and belie	ef, it is true,	correct, and complete Declaration	on of preparer (other than officer) is based	on all informati	on of which prepar	er has any knowledge
Sigr		****	ale de				05.40	
Her			ture of office	er		2011- Date	05-10	
			or print nam	resident & CEO ne and title				
					Date	heck if	Preparer's identif	ving number
D-:-I		Preparer's		DeVries	se	elf	(see instructions	
Paid	oro-l-	-				mpolyed 🕨 🦵		
•	arer's Only	Firm's na if self-em	me (or yours	s DeVries CPAs of Arizona PC			EIN Þ	
Use	Only		and ZIP + 4	4349 East Fifth Street				
		<u></u>		Tucson, AZ 857112025			Phone no 🕨 (5	20) 298-6200
May	the IR	RS discus	s this retu	·	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	3	, ,	program services during the year		es 🔽 No
	If "Yes," describe t	hese new services on Sche	dule O		
3			e significant changes in how it cor		es 🔽 No
	If "Yes," describe t	hese changes on Schedule	0		
4	Describe the exem	nt purpose achievements fo	r each of the organization's three l	largest program services by expe	nses
	Section 501(c)(3)	and 501(c)(4) organizations	s and section 4947(a)(1) trusts ai revenue, if any, for each program s	re required to report the amount o	
4a	(Code) (Expenses \$	5,509,441 including grants of \$	2,397,547) (Revenue \$	237,489)
	\$349,866 were distrib community We focus over three years to fo after direct funding ha	uted from 37 funds CFSA revamp ed on funding broad-impact comm ur projects involving over 40 orga is ended Several years ago CFSA teracy for Life Coalition Through	 d) distributed 672 grants totaling \$3,419,8 ed its unrestricted grants process to better nunity collaborations on issues identified b nizations Additionally, CFSA has provided identified literacy as a critical priority and the work of LLC, several literacy organizar 	r reflect the organization's mission to mai by the nonprofit leadership CFSA commit I the ongoing capacity building support to provided the funding and administrative	ke a difference in the ted to provide \$900,000 insure sustainability even support for the
	/0-1-) /F		\/D=\\	`
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program se	rvices (Describe in Schedu	le O)		
	(Expenses \$	•	ng grants of\$) (Revenue \$)
 4е	Total program ser	vice expenses ⊧ \$	5,509,441		
		• • т	, ,		

art IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		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	5		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	6		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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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	9		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	10	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	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		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	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

1 01111	990 (2009)			Page -
Par	t 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νo
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	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	

01111 2 2 0 1	(2003)	
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 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?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	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)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
la	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)?	4a		Νο
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		No
а	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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νo
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		Νo
	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?	8		Νo
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
0	Section 501(c)(7) organizations. Enter			
а	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			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	vear 12b			

Tucson, AZ 85719 (520) 770-0800

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.

Se	ction 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?	2		Νο
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?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10b		Νο
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	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	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	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?	16a		Νο
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?			
6.	ection C. Disclosure	16b		Νο
<u> </u>	List the States with which a copy of this Form 990 is required to be filed AZ			
	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			
19	O wn website Another's website Upon request 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 th The Foundation 2250 E Broadway Blvd	e orga	nızatıor	n ►

Part VIII 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page 8
1b	Total			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</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		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? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person \cdot	5		No
S	ection 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 Comper	
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 \(\blacktrianglerightarrow 0.000 \)			
		F	orm 99 0	(2009)

Form 99			f Davis and					Page 9
Part v	/	Statement of	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
‡ \$	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
S,ĕ	С	Fundraising eve	ents 1c	93,292				
##	d	Related organiz	rations 1d					
% ⊞	e	Government grant	s (contributions) 1e	2,270,645				
S.	f	All other contribution	ons, gifts, grants, and 1f	14,444,646				
he e		sımılar amounts no	ot included above butions included in					
글	g		0,451					
걸표	h	· —	s 1a-1f	▶	16,808,583			
				Business Code				
J.L.e	2a	Program income		Business code	237,489	237,489		
Program Serwce Revenue	ь	- rogiam meeme			237,407	237,407		
Š	С .							
Š	d							
an	е .	 						
albo	f	All other progra	am service revenue					
Δ	g	Total. Add lines	s 2a-2f		237,489			
	3	Investment inc	ome (including dividen	ds, interest				
		and other simil	aramounts)	▶ [966,661			966,661
	4	Income from inves	stment of tax-exempt bond p	proceeds . 🕨	0			
	5	Royalties			0			
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	45,594,758					
	ь	Less cost or	38,928,744	3,926				
		other basis and sales expenses						
	С	Gain or (loss)	6,666,014	-3,926				
	d		s)	►	6,662,088			6,662,088
Other Revenue	8a	Ψ	luding ,292 s reported on line 1c)					
Œ		,	a	127,511				
the the	ь	Less direct ex	penses b	104,253				
δ	С	Net income or ((loss) from fundraising	events 🕦	23,258			23,258
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b (loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	с		ا loss) from sales of inve	entory ►	0			
		Miscellaneous		Business Code				
	11a							
	ь							
	с							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		0			
	12	Total revenue.	See Instructions	•	24,698,079	237,489		7,652,007

	990 (2009)				Page 10
Part	Statement of Functional Expenses		- 1		
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to	-		(D).	
Do no	ot include amounts reported on lines 6b, o, 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)				
а	Management	0			
b	Legal	4,019	1,969	1,849	201
с	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)				
а	Program subcontracts	2,152,806	2,152,806		
ь	Printing and Publications	17,782	8,713	8,180	889
С	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 ► ☐ If following SOP 98-2 Complete this line only if the organization reported in			,	<u> </u>
	column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	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, ke	y employees, and			_
		highest compensated employees Complete Part II of				
		Schedule L			5	0
	6	Receivables from other disqualified persons (as defined under section persons described in section $4958(c)(3)(B)$ Complete Part II of	on 4958(f)(1)) and			
60		Schedule L			6	0
ssets	7	Notes and loans receivable, net			7	0
SSI	8	Inventories for sale or use			8	0
⋖	9	Prepaid expenses and deferred charges		5,469	9	9,126
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10	199,479 Da			
	b	Less accumulated depreciation)Ь 106,169	122,648	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
	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	
<u>0</u>	21	Escrow or custodial account liability $\it Complete Part IV of Schedule D$			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ä		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties ${\color{black} \ \ }$.			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
بې		Organizations that follow SFAS 117, check here \blacktriangleright $\overline{\mbox{$ec V$}}$ and complete	lines 27			
Fund Balance		through 29, and lines 33 and 34.				
<u> </u>	27	Unrestricted net assets		23,098,942		34,648,556
ă	28	Temporarily restricted net assets		993,125	_	1,568,744
Ē	29	Permanently restricted net assets		10,334,775	29	12,609,207
五		Organizations that do not follow SFAS 117, check here F and co	mplete			
or.	30	lines 30 through 34. Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.			31	
\$ 5	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		34,426,842	33	48,826,507
Net	34	Total liabilities and net assets/fund balances		37,636,947		53,384,949
ı) ³⁴	rotal navinties and het assets/juliu valances		31,000,947	34	55,564,949

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	Yes	
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 Separate basis Consolidated basis 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?	3a	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	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

MB NO 1545-004

2009

2009

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Community Foundation for

Internal Revenue Service

Т

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

Public Charity Status and Public Support

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

ns. Inspection
Employer identification number

Southern Anzona

94-2681765

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

Par	tΙ	Reason for	Publi	c Charity State	us (All organızatıor	is must complete this p	art.) See instru	ctions		
he oi	ganı	zatıon ıs not a prı	vate fo	undation because	ıtıs (Forlines 1 thro	ugh 11, check only one bo	ox)			
1	\sqcap	A church, conve	ention	of churches, or ass	sociation of churches	section $170(b)(1)(A)(i)$.				
2	\Box	A school descri	bed ın	section 170(b)(1)	(A)(ii). (Attach Sche	dule E)				
3	\sqcap	A hospital or a d	cooper	atıve hospıtal serv	ıce organızatıon desc	rıbed ın section 170(b)(1)	(A)(iii).			
4	Γ	A medical resea hospital's name		-	d in conjunction with	a hospital described in sec	tion 170(b)(1)(A)(iii). Ente	r the	
5	Г	-	-		=	ity owned or operated by a	a governmental un	ıt describe	_ ed in	
_	_			iv). (Complete Pa	•	archad in costion 170/h\/1	\/ A \/ ₁₄ \			
6 7	<u> </u>					cribed in section 170(b)(1		hl	المانية	_
7	10	described in		vi) (Complete Pa		s support from a governme	intal unit or from t	ne generai	public	•
8	Г				170(b)(1)(A)(vi) (Co	mplete Part II)				
9	$\overline{\Box}$	·				of its support from contri	butions, members	hip fees, ai	nd gro	ss
	•	-		•	• •	ct to certain exceptions, a	•		-	
						ess taxable income (less				
		acquired by the	organı	zation after June 3	80, 1975 See section	509(a)(2). (Complete Par	t III)			
.0	\Box		_			public safety See section				
1	Γ	one or more pub	olicly s scribes	upported organizat	tions described in sec rting organization and	nefit of, to perform the fund tion 509(a)(1) or section complete lines 11e throu II - Functionally integrate	509(a)(2) See se gh 11h		a)(3).	Checl
e	Γ		dationi			trolled directly or indirectl iblicly supported organizat				
f g		check this box	7,200			RS that it is a Type I, Typ ft or contribution from any		apporting o	rganız	ation,
		• .		ly or indirectly co	ntrols, either alone or	together with persons des	cribed in (ii)		Yes	No
		and (III) below, t	he gov	erning body of the	the supported organi	zation?		11g(i)		
				f a person describ				11g(ii)		
		(iii) a 35% cont	trolled	entity of a person	described in (i) or (ii)	above?		11g(iii)		
h		Provide the follo	owing ii	nformation about t	he supported organıza	tion(s)				
	(i)) of (ii)		(iii) Type of organization	(iv) Is the organization in	(v) Did you notify the	(vi) Is the	ın	(vii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	Type of Is the organization in (described on ines 1-9 above vour governing		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		ınstructions))	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.)

-	ection A. Public Support	ou checked the	box on line 5,	, or 8 or Part I	.)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	12,904,26	1 7,107,871	6,630,141	4,943,855	16	5,808,583	48,394,711
2	Tax revenues levied for the organization's benefit and either paid to or expended on its							0
3	behalf The value of services or facilities furnished by a governmental unit							0
	to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	12,904,26	7,107,871	6,630,141	4,943,855	16	5,808,583	48,394,711
	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							37,914,725
	from line 4							
	ection B. Total Support endar year (or fiscal year							
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts 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
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							0
l1	Total support (Add lines 7 through 10)							56,867,754
L2	Gross receipts from related activiti	es, etc (See ins	tructions)			12		1,883,162
13 Se	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul		·	, thırd, fourth, or f	ofth tax year as a	501(c)(3	;) organız	ation, T
14	Public Support Percentage for 200			11 column (f))		14		66 670 %
15	Public Support Percentage for 2003	8 Schedule A, Pa	rt II, line 14			15		75 070 %
L6a	33 1/3% support test-2009. If the				ıne 14 ıs 33 1/3%	or more	, check ti	his box
	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization mea organization	e organization did n qualifies as a p — 2009. If the org tion meets the "f	not check the bo ublicly supported anization did not o acts and circums	on line 13 or 16 organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16t ck this box and st	and line	e 14 Explain	▶┌
ь 18	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private Foundation If the organizat	nization meets th tion meets the "f	e "facts and circu facts and circums	mstances" test, o ances" test The	theck this box and organization qual	d stop he ifies as a	e re. a publicly	·
-	instructions			_, ,	_,			▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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 A (Form 990 or 990-EZ) 2009

DLN: 93493130021801

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** Community Foundation for Southern Arizona

outrient 7412	20114		94-	2681/65
art I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds	or Accounts. Complete if the
		(a) Donor advised funds	((b) Funds and other accounts
Totalı	number at end of year			
Aggre	gate contributions to (during year)			
Aggre	gate grants from (during year)			
Aggre	gate value at end of year			
	ne organization inform all donors and donor advi are the organization's property, subject to the o		nor adv	rsed Yes N
used	ne organization inform all grantees, donors, and only for charitable purposes and not for the ben rring impermissible private benefit			
rt II	Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Forr	n 990, Part IV, line 7.
	ese(s) of conservation easements held by the or reservation of land for public use (e g , recreati rotection of natural habitat reservation of open space plete lines 2a-2d if the organization held a quali	on or pleasure) Preservation of a	certifie	d historic structure
easen	ment on the last day of the tax year			
				Held at the End of the Year
Total	number of conservation easements		2a	
Total	acreage restricted by conservation easements		2b	
Numb	er of conservation easements on a certified his	toric structure included in (a)	2c	
Numb	er of conservation easements included in (c) ac	equired after 8/17/06	2d	
	er of conservation easements modified, transfe ixable year 🛌	rred, released, extinguished, or terminat	ted by th	ne organization during
Numb	per of states where property subject to conserva	ation easement is located ►		
	the organization have a written policy regarding cement of the conservation easements it holds?		ndling of	violations, and Yes N
Staffa	and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation ease	ments d	uring the year 🟲
A mou	int of expenses incurred in monitoring, inspectii	ng, and enforcing conservation easemen	ts durin	g the year ► \$
Does	each conservation easement reported on line 2 h)(4)(B)(i) and 170(h)(4)(B)(ii)?			⊤Yes
baland	rt XIV, describe how the organization reports co ce sheet, and include, if applicable, the text of t rganization's accounting for conservation easem	he footnote to the organization's financia		•
t III	Organizations Maintaining Collectio Complete of the organization answered		, or Ot	her Similar Assets.
art, hı	organization elected, as permitted under SFAS istorical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	rch ın fu	
hıstor	organization elected, as permitted under SFAS rical treasures, or other similar assets held for p de the following amounts relating to these items	public exhibition, education, or research		
(i) Re	evenues included in Form 990, Part VIII, line 1			► \$
(ii) As	ssets included in Form 990, Part X			► \$
If the	organization received or held works of art, historing amounts required to be reported under SFAS		for finan	• •
Rever	nues included in Form 990, Part VIII, line 1			► \$
Asset	ts included in Form 990, Part X			► \$

ar	Titl Organizations Maintaining Co	llections of Art	, Hist	toric	<u>cal Tre</u>	asur	es, or (<u> </u>	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e foll	owing th	at are	a sıgnıfıc	ant u	ise of its co	llection	Ì	
а	Public exhibition		d	Г	Loan or	exch	ange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ŀ	Provide a description of the organization's co	ollections and expla	ın how	they	further	the or	ganızatıo	n's ex	xempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Γ,	Yes	┌ No
Pa i	t IV Escrow and Custodial Arrang						answere	ed "Y	'es" to For	m 990	,	
	Part IV, line 9, or reported an ar											
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for c	ontributio	ons or	other as:	sets	not	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ng ta	ıble		ı		1			
_										A mou	nt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1 f				
a	Did the organization include an amount on Fe	orm 990, Part X, line	21?							Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	1										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)Prior		(c) Tw	o Years Ba	∶k (d	Three Years	Back (e	Four Ye	ears Back
а	Beginning of year balance	21,707,167		26	,248,495			_				
b	Contributions	1,651,047			138,207			_				
С	Investment earnings or losses	2,692,520		-3	,810,261			_				
d	Grants or scholarships							\perp				
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							
	Provide the estimated percentage of the yea	r end halance held a	15		· · · · · · · · · · · · · · · · · · ·							
		47.500 %										
а	Board designated or quasi-endowment											
b	1 400 0											
C	remi endowment			L_L_					46.			
а	Are there endowment funds not in the posse organization by	ssion of the organiza	ation ti	паса	re neid a	and ad	iministere	a tor	tne		Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations								[3a(ii)		Νο
Ь	If "Yes" to 3a(II), are the related organization	ns listed as required	d on So	ched	ule R?					3b		No
1	Describe in Part XIV the intended uses of th											
a i	t VI Investments—Land, Building	s, and Equipme	nt. Se	ee F	orm 990	0, Pa	rt X, line	10.	<u> </u>		1	
	Description of investment				Cost or o		(b)Cost or basis (ot		(c) Accum deprecia		(d) Bo	ok value
а	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment									<u> </u>		
e	Other			1			19	99,479)	106,169		93,310

93,310

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
	22.420.200	
Part VIII Investments—Program Related. See	<u> </u>	
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, col (B) line 13)		
(a) Descrip		(b) Book value
Total (Column (b) should equal Form 990, Part Y, col (B) line 1	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 5	6,507,676 8 18,190,403 4 -3,676,234
3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 4	18,190,403 -3,676,234
4 Net unrealized gains (losses) on investments	-3,676,234
The amended gams (rosses) on investments	5
6 Investment expenses	
7 Prior period adjustments	-114,504
8 Other (Describe in Part XIV)	,
9 Total adjustments (net) Add lines 4 - 8	
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	
1 Total revenue, gains, and other support per audited financial statements	
2 A mounts included on line 1 but not on Form 990, Part VIII, line 12	, ,
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	2,196,514
3 Subtract line 2e from line 1	24,806,258
4 A mounts 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)	
c Add lines 4a and 4b	-108,179
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	24,698,079
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return
1 Total expenses and losses per audited financial	12,668,761
statements	·
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	6,161,085
3 Subtract line 2e from line 1	
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	3,557,575
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	.
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	
Part XIV Supplemental Information	1

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

Ident if ier	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

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DLN: 93493130021801

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Name of the organization Community Foundation for

Employer identification number

04-2681765

Fundraising Activities. Complete if the organization answered "Yes" to Form 99 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 a Mail solicitations a Mail solicitations b Internet and e-mail solicitations f Solicitation of government grace. Phone solicitations g Special fundraising events d In-person solicitations 2 Did the organization have a written or oral agreement with any individual (including officers, directors)	apply of grants onts , trustees octivities? Yes V No
a	nt grants ants , trustees activities? Yes No
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising a b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under w to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to comp	
(ii) Name of individual or entity (fundraiser) (iii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No (iv) Gross receipts (or retain fundraiser from activity col	ned by) (or retained by) organization
Total	
3 List all states in which the organization is registered or licensed to solicit funds or has been notified licensing	l it is exempt from registration or

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or report more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.											
		· ·	(a) Event #1 Stone Canyon (event type)	(b) Event #2 Folklorico (event type)	(c) O ther Events 3 (total number)	(d) Tot (Add col					
ĭKU⊕	1	Gross receipts	81,070	75,502	64,231		22	0,803			
Revenue	2	Less Charitable contributions	36,065	41,501	15,726		9	3,292			
	3	Gross income (line 1 minus line 2)	45,005	34,001	48,505		12	7,511			
	4	Cash prizes									
မွာ	5	Non-cash prizes	36,065	6,001	15,726		5	7,792			
Expenses	6	Rent/facility costs									
ă	7	Food and beverages									
DIRect D	8	Entertainment									
Δ	9	Other direct expenses .	8,735	28,243	9,483		4	6,461			
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🕨		10	4,253			
	11	Net income summary Combine lin						3,258			
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1			
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co					
	1	Gross revenue									
မှ	2	Cash prizes									
xpenses	3	Non-cash prizes									
Direct B	4	Rent/facility costs									
<u>ā</u>	5	Other direct expenses									
	6	Volunteer labor	Г Yes	Г Yes	∀es						
		Direct expense summary Add lines									
	8	Net gaming income summary Com	bine lines 1, column d, ar	nd line 7	•		Yes	No			
9 a b	Ist	er the state(s) in which the organiza he organization licensed to operate No," Explain			 .	· 9a					
10a b											
11 12	Is t	es the organization operate gaming a he organization a grantor, beneficiar ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	p or other entity	11					
					Schedule G (Form 9	90 or 990	EZ) 20	09			

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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DLN: 93493130021801

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Name of the organization	Employer identific	mployer identification number					
Community Foundation for Southern Arizona						94-2681765	
	nation on Gran	ts and Assistance				I	
Does the organization ma the selection criteria uses	d to award the grant	ibstantiate the amount of t					▽ Yes ▽
	· ·	dures for monitoring the us					
Form 990, Part I	V, line 21 for any	to Governments and y recipient that receive 990) if additional space	d more than \$5,000.	. Check this box if n	o one recipient recei	ved more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Attached List			2,463,295	0			
		government organizations					<u>0</u> 1

	,											
Part III	Grants and Otl	ner Assista	nce to Individu	als in the Unite	ed States.	Complete ıf t	he organization	answered "	Yes" to Fo	rm 990,	Part IV,	line 22.
	Use Schedule I-											

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Prior to the distribution of funds, organizations are reviewed to ensure that their charitable status is current through IRS publications. At the request of the donor, and within the guidelines of the IRS, grants are further monitored to ensure that grants fulfill the recommendations and/or intentions of the donor.

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DLN: 93493130021801

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service **Employer identification number** Name of the organization Community Foundation for Southern Arizona 94-2681765

Pa	rt I Types of Property			L	54-2001703			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	termını	ng	
1	Art—Works of art							
	Art—Historical treasures .							
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	Q ualified conservation							
	contribution—Other							
	Real estate—Residential .							
16								
17	Real estate—Other							
	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	•							
24	Archeological artifacts Other							
25	Other (Supplies)	l x	2	22,659	 FMV			
	Spec Event							
26	Other ► (Supp)	Х	4	57,792	FMV			
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received							
	for which the organization compl	eted Form 8	3283, Part IV, Donee Ackr	nowledgement	29			
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
Ь	If "Yes," describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

Page 2

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

Schedule M (Form 990) 2009

Additional Data

Software ID: Software Version:

EIN: 94-2681765

Name: Community Foundation for

Southern Arizona

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As Filed Data -

DLN: 93493130021801

OMB No 1545-0047

2009

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

Attach to Form 990.

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization Community Foundation for Southern Arizona Employer identification number

94-2681765

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	1	Documents are available on our website

Supplemental Information to Form 990

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	, , ,	Officers and directors are required to disclose potential conflicts annually

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

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DLN: 93493130021801

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2009

Employer identification number

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Community For Southern Arizor					94-2681765	
Part I	Identification of Disregarded Entities (Complete	ıf the organızatıon a	answered "Yes" on	Form 990, Part	IV, line 33.)	
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizat or more related tax-exempt organizations during the t	ions (Complete if tax year.)	he organization an	swered "Yes" on	Form 990, Part	IV, line 34 because it had one
	(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 stati (if section 501(c)(us Direct controlling entity
See Additional	Data Table					
For Privacy	Act and Paperwork Reduction Act Notice, see the Instructions f	or Form 990.	Cat No 5013	5 Y		Schedule R (Form 990) 2009

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	egal (d) micile Direct controlling ate or entity reign	(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) Disproprtionate allocations?				(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f))		(-)	(5)		
(a) Name, address, and EIN o	f related organization	(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 34, 35, or 36.)		V	N.	
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No	
	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		-			
_	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No	
b	Gift, grant, or capital contribution to other organization(s)		1b		No 	
	Gift, grant, or capital contribution from other organization(s)		1c		No	
	Loans or loan guarantees to or for other organization(s)		1d		No	
е	Loans or loan guarantees by other organization(s)		1e		No	
f	Sale of assets to other organization(s)		1f		No	
g	Purchase of assets from other organization(s)		1 g		No	
h	Exchange of assets		1h		No	
i	Lease of facilities, equipment, or other assets to other organization(s)		1i		No_	
j	Lease of facilities, equipment, or other assets from other organization(s)		1 j		No	
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		No	
I	Performance of services or membership or fundraising solicitations by other organization(s)		11		No	
m	Sharing of facilities, equipment, mailing lists, or other assets		1m		No	
n Sharing of paid employees						
o	Reimbursement paid to other organization for expenses		10		No	
р	Reimbursement paid by other organization for expenses		1 p		No	
q	O ther transfer of cash or property to other organization(s)		1 q		No	
r	O ther transfer of cash or property from other organization(s)		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 thres	holds			
	(a)	(b)		(c)		
	Name of other organization	Transaction type(a-r)		t involve	ed	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)			1			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
									+-	╁
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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

Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organiz	:ations	•	I	ı
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Sycamore Canyon Conservation Foundation	Conservation	ΑZ	501(c)(3)	11	N/A
2250 E Broadway Tucson, A Z 8 5 7 1 9 _ 20 - 5 3 9 1 3 7 7					
The Howard V Moore Foundation	Charitable	ΑZ	501(c)(3)	11	N/A
2250 E Broadway Tucson, AZ85719 20-3983894					
Zuckerman Community Outreach Foundation	Charitable	ΑZ	501(c)(3)	11	N/A
2250 E Broadway Tucson, A Z 8 5 7 1 9 20 - 3 6 1 7 5 4 4					
Worth and Dot Howard Foundation	Charitable	ΑZ	501(c)(3)	11	N/A
3191 N 29th Place Phoenix, A Z85016 86-0984133					
Knisely Family Foundation	Charitable	ΑZ	501(c)(3)	11	N/A
8360 E Brookwood Drive Tucson, AZ85750 86-0952581					
Womens Foundation of Southern Arizona	Charitable	ΑZ	501(c)(3)	7	N/A
2250 E Broadway Tucson, AZ85719 31-1660702					
The Thomas R Brown Family Foundation	Charitable	ΑZ	501(c)(3)	11	N/A
PO Box 31930 Tucson, AZ85751 86-0933380					
CFSA Properties Inc	Property Mgmt	A Z	501(c)(3)	11	N/A
2250 E Broadway Tucson, A Z 8 5 7 1 9 86-07 4 2 8 2 0					
The William E Hall Foundation	Charitable	A Z	501(c)(3)	11	N/A
2250 E Broadway Blvd Tucson, AZ85719 _13-6105057					
The Melody S Robidoux Foundation	Charitable	ΑZ	501(c)(3)	11	N/A
2850 N Swan Rd Tucson, AZ85712 86-0667916					

Grantee Name	Payment Amount	Payment Date	Federal ID#	IRS Status	Street	Street2	Cıty	ابه
AVANCE, Inc El Paso Chapter	\$5,000 00	09/10/09	91-1916707	501 c 3	616 N Virginia Ste D		El Paso	
El Paso Community Foundation	\$5,000 00	09/10/09	74-1839536	501 c 3	P O Box 272		El Paso	
Habitat for Humanity Tucson	\$5,000 00		94-2725100	501 c 3	621 W Lester Street		Tucson	
Mountain States Legal Foundation	00 000,04	_	84-0736725	501 C 3	2596 S Lewis Way		Lakewood	
Prantied Parenthood Arizona, inc	00 000 54	10/30/09	86-0146520	501 c 3	2255 N Wyatt Drive		Tucson	
Comminute Cood Donk Inc	00 000 54	10/30/08	80-0733182	50103	7UZ S 5th Avenue		lucson	
Association of Fundraising Professionals - SoA7 Chapter	00 000 SE	10/30/09	91-0192919	501 53	P O Box 20/2/ P O Box 41176		Tucson	AZ 85/26-6/2/
University of Arizona Foundation	\$5,000 00	10/30/09	86-6050388	501 c 3	PO Box 210109		Tucson	
Pima Community College Foundation, Inc	\$5,000 00	11/17/09	86-0345089	50103	4905-C E Broadway Boulevard		Tueson	
Arizona Sonora Desert Museum, Inc	\$5,000 00	11/17/09	86-0111675	50103	2021 N Kinney Road		Tueson	
YWCA of Tucson	\$5,000 00	11/18/09	86-0098937	501 c 3	525 N Bonita Avenue		Tireson	
Arizona Sonora Desert Museum, Inc	\$5,000 00	11/30/09	86-0111675	50103	2021 N Kinney Road		Tucson	
Tucson Museum of Art	\$5,000 00	12/23/09	86-6006371	501 c 3	140 N Main Avenue		Tucson	
Arizona Aerospace Foundation, Inc	\$5,000 00	12/31/09	86-6031135	501 c 3	6000 E Valencia Road		Tucson	
Opening Minds Through The Arts Foundation	\$5,000 00	12/31/09	20-0184741	501 c 3	3208 E Fort Lowell Rd, Suite 106		Tucson	
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
University of Arizona Foundation	\$5,000 00	01/29/10	86-6050388	501 c 3	PO Box 210109		Tucson	
MAKE WAY FOR BOOKS	\$5,000 00	01/26/10	31-1583036	501 c 3	3955 E Fort Lowell, Surte 114		Tucson	
University of Arizona Foundation	\$5,000 00	02/08/10	86-6050388	501 c 3	PO Box 210109		Tucson	AZ 85721-0109
Tucson Festival of Books	\$5,000 00	02/08/10	26-2145432	501 c 3	PO Box 30128		Tucson	AZ 85751
Nest, Inc	\$5,000 00	02/18/10	86-0641419	501 c 3	P O Box 41144		Tucson	AZ 85717
Womens Foundation of Southern Arizona	\$5,000 00	02/26/10	31-1660702	501 c 3	Attn Executive Director	2250 E Broadway Boulevard	Tucson	AZ 85719
SciEnTeK-12 Foundation	\$5,000 00	03/12/10	86-0946185	501 c 3	SARSEF	7380 E Synder Rd	Tucson	
United Way of Tucson and Southern Anzona	\$5,000 00	03/15/10	86-0098932	501 c 3	P O Box 86750		Tucson	
Desert Dove Farm	\$5,000 00	03/17/10	86-1014572	501 c 3			Tucson	
Panque Verde H S. Athletic Booster Club	\$5,000 00	04/06/10	86-0713475	Government Entity			Tucson	
Boys & Girls Clubs of Central Wyoming	\$5,000 00	04/06/10	23-7060727	501 c3	135 South 4th Street		Douglas	
Food for Lane County	\$5,000 00	04/06/10	93-0888347	501 c 3	770 Bailey Hill Road		Eugene	
Fox lucson Ineatre Foundation	\$5,000 00	04/06/10	86-0965120	501 c 3	P O Box 1008		Tucson	
Jubilee House, Inc	\$5,000 00	04/06/10	83-032/166	501 c 3	P O Box 574		Douglas	
Summyside Unitied School District	\$5,000 00	01/06/11	86-6000792	501 c 3	2238 E Ginter Road		Tucson	
Darbomana Alicaso	95,000 00	04/07/10	26/0000-09	50103	2238 E. Ginter Koad		lucson	
Tacitatiana Analice The Drawing Studio Inc	\$5,000,00	04/16/10	94-3249793	501 C 3	PO Box 29191		San Francisco	
Womens Voices Women Vote	\$2,000 00	04/10/10	66-0992193	501 03	33 South off Avenue	7000	lucson	
YWCA of Tucson	\$5,000,00	04/19/10	86-0098937	501 03	525 N. Bonta Avenue	onie ozo	Tuccon	A7 85745
University Medical Center Foundation	\$5,000,00	05/06/10	86-0572438	50103	University Medical Center	PO Box 245128	Ticson	
Alliance for Audience	\$5,000 00	05/06/10	20-0255199	501 c 3	13416 N 32nd Street, Suite 106		Phoenix	
Salpointe Catholic Education Foundation	\$5,000 00	05/25/10	74-2382300	501 c 3	1545 E Copper Street		Tucson	
Dream Street Foundation	\$5,000 00	05/28/10	95-4210774	501 c 3	9536 Wilshire Blvd, Ste 310		Beverly Hills	
Games for Life	\$5,000 00	06/04/10	26-4421872	501 c 3	730 N Plumer Avenue		Tucson	
Salpointe Catholic Education Foundation	\$5,000 00	06/07/10	74-2382300	501 c 3	1545 E Copper Street		Tucson	AZ 85719
YWCA of Tucson	\$5,000 00	07/21/10	86-0098937	501 c 3	525 N Bonita Avenue		Tucson	
Primavera Foundation, Inc	\$5,000 00	07/21/10	86-0733182		702 S 6th Avenue		Tucson	
Pomíret School, Inc	\$5,000 00	06/29/10	06-0646784	501 c 3	PO Box 128		Pomfret	
International Sonoran Desert Alliance	\$5,124 00	01/12//0	86-07/8917	501 c 3	401 W Esperanza Ave		Ajo	
Or Midlews Childrens Child, inc.	45,319 97	60/01/11	86-0684094	501 C 3	PO Box 6/		Green Valley	
Casa de los Gatos	\$6,000 00	12/31/09	20-3022626	501 c 3	Robelt Sharz, freasurer PO Box 31302	349 West 31st Street	Tucson	AZ 85/13 AZ 85751
Senior Citizens Foundation of Douglas	\$6,000 00	04/06/10	83-0255422	501 c 3	312 N 6th Street		Douglas	
University of Arizona Scholarships	\$6,192.00	07/20/10	74-2652689	Government Entit	1111 N Cherry Avenue		Tucson	
Tucson Audubon Society	\$6,400 39	08/17/09	86-6053779	501 c 3	300 E University Avenue, #120		Tucson	
Jewish Federation of Southern Arizona	\$6,800 00	12/15/09	86-0096795	501 c 3	3822 E River Road, Suite 100		Tucson	AZ 85718-6665
Patagonia Community United Methodist Church	\$7,000 00	12/08/09	86-0478783	Religious Organi	PO Box 315		Patagonia	
Deliver Rescue Mission El Río Community Health Center	\$7,000,00	04/06/10	84-6038/62	501 c 3	PO Box 5206		Denver	CO 80217-5206
	00 000'	01/00/10	1000070-00	20100	osa w congress sueer		l ucson	AZ 85/45

Grantee Name	Payment Amount	Payment Date	Federal ID #	IRS Status	Street	Street2	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	
Arizona Opera Company	\$7,000 00	07/01/10	23-7169261	501 c 3	4600 North 12th Street		Phoenix	
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	
Arizonas Children Association, Southern Region	\$7,000 00	09/07/10	86-0096772	501 c 3	2700 S 8th Avenue		Tucson	
El Rio Community Health Center	\$7,500 00	06/04/10	86-0285857	501 c 3	839 W Congress Street		Tucson	
University of Arizona Scholarships	\$7,500 00	07/20/10	74-2652689	Government Entit	1111 N Cherry Avenue		Tucson	
University of Arizona Scholarships	\$7,855 12	02/10/09	74-2652689	Government Entit	1111 N Cherry Avenue		Tucson	AZ 85721
El Grupo Youth Cycling	\$8,000 00	01/15/10	80-0252901	501 c 3	23 West 4th Street		Tucson	
Pima Community College Foundation, Inc	\$8,000 00	01/21/10	86-0345089	501 c 3	4905-C E Broadway Boulevard		Tucson	
Douglas Senior Crtizens, Inc	\$8,000 00	04/06/10	83-0222671	501 c 3	340 1st Street West	P O Box 192	Douglas	
International Guiding Eyes, Inc	\$8,000 00	04/06/10	95-1586088	501 c 3	13445 Glenoaks Boulevard		Sylmar	
Community Foundation of North Central Washington	\$8,000 00	04/06/10	91-1349486	501 c 3	PO Box 3332		Wenatchee	_
Tucson Medical Center Foundation	\$8,000 00	04/16/10	86-0504015	501 c 3	P O Box 30400		Tucson	
McIntosh County Academy	\$8,000 00	07/13/10	58-6000286	Government Entit	8945 U S Highway 17		Darien	
Tucson Botanical Gardens	\$8,913 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	75 S Montego Drive		Tucson	
Womens Foundation of Southern Arizona	\$10,000 00	07/31/09	31-1660702	501 c 3	Attn Executive Director	2250 E Broadway Boulevard	Tucson	
Patronato San Xavier	\$10,000 00	09/10/09	74-2354509		PO Box 522		Tucson	
Perimeter Bicycling Association of America, Inc	\$10,000 00	09/24/09	86-0830696	501 c 3	2609 E Broadway Blvd		Tucson	
University Medical Center Foundation	\$10,000 00	11/06/09	86-0572438	501 c 3	University Medical Center	PO Box 245128	Tucson	
Mobile Meals of Tucson, Inc	\$10,000 00	12/11/09	23-7157579		3003 S Country Club Rd, Suite 219		Tucson	
San Miguel High School	\$10,000 00	12/18/09	48-1270906		6601 S San Fernando Road		lucson	
Southern Arizona Community Diaper Bank	\$10,000 00	12/22/09	43-1990345		4500 E. Speedway Blvd., Suite 75		Tucson	AZ 85/12
The Salvation Army-Tucson	\$10,000 00	01/61/10	94-1156347	50103	1001 N Richey Boulevard		lacson	AZ 83/ 10
Doctors Without Borders, USA	\$10,000 00	01/20/10	13-3433432		PO Box susu		Tagerstown	•
World Care	\$10,000 00	01/21/10	86-0830973	501 63	PO Box 64001		Tueson	AZ 83/26-4001
United Way of Lucson and Southern Arizona	\$10,000.00	03/15/10	86-0098932	50103	F C Box 86/50		Tueson	AZ 65/34-6/30
Trigge Manager of Art	410,000,00	03/1/10	96 6006371		2000 N Mare Overior		Tucson	
Assistance Leavise of Tucson Inc.	\$10,000,00	03/1//10	86-6057789	501.03	140 N Mail Averige		Tucson	
Possistance Ecagos of Lacson, inc. Linner Achievement of Arizona Inc., Southern District	\$10,000,00	03/17/10	86-0184349	501.03	2919 F Broadway Blyd Stute 230		Tirson	
Casa de los Ninos	\$10,000,00	04/06/10	86-0104349	501.03	Ath Avenue		Tireon	
Oregon Food Bank Inc	\$10,000,00	04/06/10	93-0785786	501 c 3	P O Box 55370		Porfland	
Yuma Community Food Bank	\$10,000 00	04/06/10	86-0457836	501 c 3	2325 S Engler Avenue		Yuma	
Flowing Wells Extension Programs, Inc	\$10,000 00	04/07/10	86-0300466	501 c 3	1661 W Prince Road, Suite 103		Tucson	AZ 85705
Global Sports Alliance-USA	\$10,000 00	04/09/10	20-5827211	501 c 3	3481 E Michigan St		Tucson	
University of Arizona Foundation	\$10,000 00	04/09/10	86-6050388	501 c 3	PO Box 210109		Tucson	
Voices Community Stories Past and Present, Inc	\$10,000 00	05/06/10	86-0951679	501 c 3	P O Box 2088		Tucson	
Opening Minds Through The Arts Foundation	\$10,000 00	07/01/10	20-0184741	501 c 3	3208 E. Fort Lowell Rd, Suite 106		Tucson	
Yale University	\$10,000 00	09/07/10	06-0646973	501 c 3	Contributions Processing	PO Box 2038	New Haven	
bootstraps to shall of August 1000 the contraction of August 2000 the contraction of August 2	910,000,00	01/15/10	74 2652590	Congramont Fatit	FO BOX 1811		Tueson	
Offiversity of Arizona Scholarships	810,987,00	07/20/10	48 1270008	Sovernment Entit	6601 S. Son Equands Dood		Tucson	AZ 03/21
Galve2Asia	\$11,000,00	02/04/10	94-3373670	501 c 3	465 California Street Suite 806		San Francisco	
Womens Foundation of Southern Anzona	\$11,386 71	10/05/09	31-1660702	501 c 3	Attn Executive Director	2250 E Broadway Boulevard	Tucson	
Mariposa Community Health Center	\$12,000 00	09/28/09	86-0524321	ပ		•	Nogales	
Casa de los Ninos	\$12,500 00	09/10/09	86-0314595	501 c 3	1101 N 4th Avenue		Tucson	
Arizonas Children Association, Southern Region	\$12,500 00	09/10/09	86-0096772	501 c 3			Tucson	
Faith Academy of Marble Falls	\$13,000 00	10/23/09	74-2888658	501 c 3	P O Box 1240		Marble Falls	
Perimeter Bicycling Association of America, Inc	\$13,000 00	05/06/10	86-0830696	501 c 3	2609 E. Broadway Blvd		Tucson	
Note Community Programme Community	\$14,000 00	10/19/09	86-0360308	Religious Organi	3/38 Old Sabino Canyon Road		lucson	
Nogales Community Development Corporation	\$ 14,000 00	05/07/10	24 2652690	501 63	FU Box 421		Nogales	AZ 85628-0421
University of Artzona ocholarsinps Tueson Audubon Society	\$ 14,000 00 617 703 82		86 605279	GOVERNMENT ENUM	200 E Jamerek Avenue		Tucson	AZ 65/21
racsor Addition Society	70 064,419	01/01/00	67700000	50.00	SOUTE Offiversity Averline, #120		Incsoll	

Grantee Name	Payment Amount	Payment Date	Federal ID #	IRS Status	Street	Street2	Cit	State	Zip
Fundacion del Empresariado Sonorense, A C	\$14,550 00	01/15/10	FES 990609 8E4	501	C/O Santa Cruz Comm Foundation	825 N Grand Avenue, Suite 104B	4B Nogales	AZ 8	85621
	\$15,000 00	07/29/09	86-6050388	501 c 3	PO Box 210109		Tucson		85721-0109
University of Arizona Foundation	\$15,000 00	08/25/09	86-6050388	501 c 3	PO Box 210109		Tucson	AZ 8	85721-0109
Perimeter Bicycling Association of America, Inc.	\$15,000 00	09/24/09	96-0830696	501 c 3	2609 E Broadway Blvd		Tucson	AZ 8	85716
United Way of Tucson and Southern Arizona	\$15,000 00	12/11/09	86-0098932	501 c 3	P O Box 86750		Tucson		85754-6750
Primavera Foundation, Inc	\$15,000 00	12/11/09	86-0733182	501 c 3	702 S 6th Avenue		Tucson		85701-2602
Southern Arizona Community Diaper Bank	\$15,000 00	12/11/09	43-1990345	501 c 3	4500 E Speedway Blvd, Suite 75		Tucson		85712
The Salvation Army-Tucson	\$15,000 00	12/11/09	94-1156347	501 c 3	1001 N Richey Boulevard		Tucson		85716
Community Food Bank, Inc	\$15,000 00	12/11/09	51-0192519	501 c 3	P O Box 26727		Tucson		85726-6727
Emerge - Center Against Domestic Abuse	\$15,000 00	12/11/09	86-0312162	501 c 3	2545 E Adams Street		Tucson		85/16
UA College of Education-UA Foundation	\$15,000 00	02/05/10	86-6050388	501 c 3	Office of Development	P O Box 210069	Tucson		85/21-0069
United Way of Tucson and Southern Arizona	\$15,000 00	03/15/10	86-0098932	501 c 3	P O Box 86750		Tucson		85754-6750
Touch Point Connection, Inc	\$15,000 00	03/17/10	26-1530589	501 c 3	PO Box 36960		Tucson		85740-6960
Our Family Services, Inc	\$15,000 00	04/06/10	94-2598560	501 c 3	3830 East Bellevue		Tucson		85716
University of Arizona Foundation		04/05/10	86-6050388	501 c 3	PO Box 210109		Tucson		85721-0109
Boys & Girls Club of Santa Cruz County	\$15,914 79	09/18/09	86-0671818	501 c 3	590 N Tyler Avenue		Nogales		85621
Up With People		12/17/09	95-2563102	501 c 3	6830 Broadway, Unit A		Denver		80221-2851
Opening Minds Through The Arts Foundation	\$16,628 31	01/29/10	20-0184741	501 c 3			Lucson		85/16
Literacy Volunteers of Tucson	00 000,714	01/61/10	23-7047508	501 03	2850 E. Speedway Bivd		noson		85710
Pima Community College Foundation, Inc	\$18,000 00	01/26/10	86-0345089	501 c 3	4905-C E Broadway Boulevard		Lucson		85/09-1320
University of Arizona Foundation	\$18,276 00	09/18/09	86-6050388	501 03	PO Box 210109		Lucson	74	82/21-0109
Episcopal Church of the Good Shepherd	\$20,000 00	09/30/08	85-6064091	Keligious Organi	PU BOX 2795		Silver City		66002-2/93 06716
American Red Cross, confirm Anzona Chapter	00 000 000	00/00/01	64-009640	20.00	Calo E. Brodoway Bivo		Tioson		05/10
Coffilliating Food ballik, Inc.	\$20,000,00	03/17/10	91-0192319 86-0644388	501 03	1443 W Prince Road		Ticson		85705-3037
	\$20,000,00	05/06/10	74-3097354	501.03	2090 N. Oracle Road	178-184	Ticson		85704
Linyersity of Arizona Foundation	\$20,222,90	11/23/09	86-6050388	501 c 3	PO Box 210109		Tucson		85721-0109
Tiroson Pima Arts Council	\$23,500 00	07/20/10	86-0465675	501 c 3	100 N Stone Avenue, Suite 303		Tucson		85701
San Miggel High School	\$25,000 00	07/22/09	48-1270906	50103	6601 S San Fernando Road		Tucson		85756-6644
The University of Texas at El Paso	\$25,000 00	09/10/09	74-6000813	Government Entit			El Paso		79902
Alliance of Arizona Nonprofits	\$25,000 00	09/11/09	20-2529887	501 c 3			Phoenix	AZ 8	85011-6162
Alliance of Arizona Nonprofits	\$25,000 00	10/12/09	20-2529887	501 c 3	P O Box 16162		Phoenix		85011-6162
St Stephens Episcopal School	\$25,000 00	10/26/09	74-1109670	Religious Organi	6500 St Stephens Drive		Austin		78746
University of Arizona Foundation	\$25,000 00	11/30/09	86-6050388	501 c 3	PO Box 210109		Tucson		85721-0109
MAKE WAY FOR BOOKS	\$25,000 00	12/08/09	31-1583036	501 c 3			Tucson		85712
Literacy Volunteers of Tucson	\$25,000 00	12/08/09	23-7047508	501 c 3	2850 E Speedway Blvd		Tucson		85716
Voices Community Stories Past and Present, Inc	\$25,000 00	12/08/09	86-0951679	501 c 3	P O Box 2088		Tucson		85702-2088
Tucson Botanical Gardens	\$25,000 00	12/03/09	23-7037310	501 c 3			Tucson		85712
Sunnyside Unified School District	\$25,000 00	12/18/09	86-6000792	501 c 3			lucson		85/06
Sunnyside Unified School District	\$25,000 00	12/01/10	86-6000792	50103	2238 E GINTER ROAD		Tueson	9 6 74 6	93700
PRU Neighbornoods/United way of lucson	825,000 00	04/01/10	86-0098932	501 03	738 N Stri Avenue		Tueson		03703
l ucson Medical Center Foundation	\$25,000 00	05/06/10	86-0504015	501 G 3	P U BOX 30400		Tucson		63/31 85733_4200
Volces for Education	\$25,000,00	03/00/10	04 2783060	501 03	250 E. Controprial Bood. Suite 102		Green Valley		85614
Valley Assistance Services, Inc. Rodel Chantable Foundation of Auzona		05/06/10	86-0941890	501.03	200 E. Continierral road, Julie 102,		Phoenix		85016
Rodel Charitable Foundation of Arizona	\$30,000,00	01/29/10	86-0941890	501 c 3	2201 E. Camelback Road, Sturte 202		Phoenix		85016
Casa de Esperanza, Inc	\$50,000 00	09/11/09	86-0603592	501 c 3	780 S Park Centre Avenue		Green Valley		85614
Faith Academy of Marble Falls	\$50,000 00	10/23/09	74-2888658	501 c 3	P O Box 1240		Marble Falls		78654
Voices for Education	\$50,000 00	02/04/10	86-0996116	501 c 3	PO Box 44200		Tucson		85733-4200
American Advertising Federation Tucson, Inc	\$65,344 96	09/16/09	86-0381678	501 c 7	P O Box 90167		Tucson		85752
Tucson Pima Arts Council	\$67,000 00	08/11/09	86-0465675	501 c 3	100 N Stone Avenue, Suite 303		Tucson		85701
Tucson Symphony Society	\$75,000 00	06/23/10	86-010/538	501 c 3	21/5 N Sixth Avenue		lucson	AZ 8	85/05-5506
There are conficultion for the notificials	402,003 01	05/12/10	86 6053770	501 C 3	300 Elloweretty Aveough #100		Tuceon		85705
Lacson Audubol Society Howersty of Arzona Foundation	\$132,776.08	02/16/10	86-6050388	501.03	PO Box 210109		Tucson		85721-0109
Office out of the foliation of the folia	,	-	,)	2		:]	

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

Compensated Employees, and	Independ	Jeni C	UIILI	acı	UIS	<u> </u>				
(A) Name and Title	(B) Average hours		tion (that a	che)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Wıllıam G Valenzuela Dırector	2 00	Х						0	0	0
Thomas Warne 1st Vice Chair	5 00	Х		х				0	0	0
Steve Alley Former Pres/CEO	40 00				х			127,147	0	6,199
Roman Sandoval Dırector	2 00	Х						0	0	0
Roger Vogel Dırector	2 00	Х						0	0	0
Rıchard Mundınger Member at Large	2 00	Х		x				0	0	0
R Mıchael Sullıvan Dırector	2 00	Х						0	0	0
Paul Lindsey Chairman	5 00	Х		х				0	0	0
Nancy Davis Member at Large	5 00	Х		х				0	0	0
Megan Davis 2nd Vice Chair	2 00	Х		х				0	0	0
Mary B Bernal Dırector	2 00	Х						0	0	0
Marian LaLonde Director	2 00	Х						0	0	0
Larry Hecker Dırector	2 00	Х						0	0	0
Judith Brown Director	2 00	Х						0	0	0
Jonathan Rothschild Director	2 00	Х						0	0	0
James Glasser Dırector	2 00	Х						0	0	0
J Clinton Mabie President & CEO	40 00				х			0	0	0
Gerald Miron Treasurer	5 00	Х		х				0	0	0
Donald Luria Director	2 00	Х						0	0	0
Cındy Godwin Dırector	2 00	Х						0	0	0
Carrie Brennan Secretary	2 00	Х		х				0	0	0
Carmen Marriott Ex-Officio	5 00	Х		х				0	0	0
Bradley Nystedt Director	2 00	х						0	0	0

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(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-kınd expenses	22,659	11,103	10,423	1,133
Dues	18,290	8,962	8,413	915