See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493121002232

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

C Name of organization
COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Doing Business As

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

Room/suite

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

D Employer identification number
94-2681765

E Telephone number
(520) 770-0800

G Gross receipts $ 14,602,151

F Name and address of principal officer
PAUL LINDSEY
2250 E BROADWAY BLVD
TUCSON,AZ 85719

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CFSOAZ ORG/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1980

M State of legal domicile AZ

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	27
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	16,808,583	6,717,973
9	Program service revenue (Part VIII, line 2g)	237,489	201,272
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,628,749	1,480,114
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,258	5,963
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,698,079	8,405,322
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,397,547	3,972,786
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,182,581	1,189,193
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 87,922		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,927,548	2,783,156
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,507,676	7,945,135
19	Revenue less expenses Subtract line 18 from line 12	18,190,403	460,187

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	53,384,949	59,597,261
21	Total liabilities (Part X, line 26)	4,558,442	4,854,298
22	Net assets or fund balances Subtract line 21 from line 20	48,826,507	54,742,963

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** — Signature of officer — 2012-05-15 — Date

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

Paid Preparer Use Only

Print/Type preparer's name JULIE S KLEWER CPA	Preparer's signature JULIE S KLEWER CPA	Date 2012-04-04	Check if self-employed ☐	PTIN
Firm's name ▶ LUDWIG KLEWER & CO PLLC				Firm's EIN ▶
Firm's address ▶ 4783 E CAMP LOWELL DR TUCSON, AZ 85712				Phone no ▶ (520) 545-0500

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO ENCOURAGE CHARITABLE GIVING TO NEEDY ORGANIZATIONS OF SOUTHERN ARIZONA

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 6,892,473 including grants of $ 3,972,786) (Revenue $ 1,720,144)

THE COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA (CFSA) DISTRIBUTED 672 GRANTS TOTALING 3,419,826 FROM 154 FUNDS ONE HUNDRED FIFTEEN SCHOLARSHIPS, TOTALING 349,866 WERE DISTRIBUTED FROM 37 FUNDS DURING FISCAL YEAR 2010, CFSA REVAMPED ITS UNRESTRICTED GRANTS PROCESS TO BETTER REFLECT THE ORGANIZATION'S MISSION TO MAKE A DIFFERENCE IN THE COMMUNITY WE FOCUSED ON FUNDING BROAD-IMPACT COMMUNITY COLLABORATIONS ON ISSUES IDENTIFIED BY THE NONPROFIT LEADERSHIP CFSA COMMITTED TO PROVIDE 900,000 OVER THREE YEARS TO FOUR PROJECTS INVOLVING OVER 40 ORGANIZATIONS ADDITIONALLY, CFSA HAS PROVIDED THE ONGOING CAPACITY BUILDING SUPPORT TO INSURE SUSTAINABILITY EVEN AFTER DIRECT FUNDING HAS ENDED CFSA HAS ALSO IDENTIFIED LITERACY AS A CRITICAL PRIORITY AND PROVIDED THE FUNDING AND ADMINISTRATIVE SUPPORT FOR THE DEVELOPMENT OF THE LITERACY FOR LIFE COALITION (LLC) THROUGH THE WORK OF LLC, SEVERAL LITERACY ORGANIZATIONS ARE MERGING TO FORM A STRONGER, MORE INTEGRATED APPROACH TO LITERACY SERVICES, AWARENESS AND ADVOCACY

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 6,892,473

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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	Yes	
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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
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? *If "Yes," complete Schedule F, Parts I and IV*	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, Parts II and IV*	15	Yes	
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, Parts III and IV*	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 (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *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**	Yes	
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 lines 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**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *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	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ 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**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	36		
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	**2a**	27		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this 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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AZ

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

THE ORGANIZATION
THE ORGANIZATION
2250 E BROADWAY BLVD
2250 E BROADWAY BLVD
TUCSON,AZ 85719
(520) 770-0800

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL LINDSEY BOARD CHAIR	55	X		X				0	0	0
(2) MEGAN DAVIS 1ST VICE CHA	55	X		X				0	0	0
(3) DONALD LURIA 2ND VICE CHA	55	X		X				0	0	0
(4) RICHARD MUNDINGER TREASURER	55	X		X				0	0	0
(5) CARRIE BRENNAN SECRETARY	55	X		X				0	0	0
(6) NANCY DAVIS MEMBER AT LA	55	X		X				0	0	0
(7) ROGER VOGEL MEMBER AT LA	55	X		X				0	0	0
(8) KAREN FRANCIS-BEGAY DIRECTOR	55	X						0	0	0
(9) MARY B BERNAL DIRECTOR	55	X						0	0	0
(10) BOB FRIESEN DIRECTOR	55	X						0	0	0
(11) JAMES J GLASSER DIRECTOR	55	X						0	0	0
(12) BILL HOLMES DIRECTOR	55	X						0	0	0
(13) MARIAN LALONDE DIRECTOR	55	X						0	0	0
(14) GERALD T MIRON DIRECTOR	55	X						0	0	0
(15) BRADLEY NYSTEDT DIRECTOR	55	X						0	0	0
(16) JONATHAN ROTHSCHILD DIRECTOR	55	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JIM ROWLEY DIRECTOR	55	X						0	0	0
(18) ROMAN SANDOVAL DIRECTOR	55	X						0	0	0
(19) MICHAEL SULLIVAN DIRECTOR	55	X						0	0	0
(20) WILLIAM VALENZUELA DIRECTOR	55	X						0	0	0
(21) BETH WALKUP DIRECTOR	55	X						0	0	0
(22) JCLINTON MABIE PRESIDENT &	40 00			X				96,667	0	19,491
(23) EVAN MENDELSON VP DONOR REL	40 00			X				62,500	0	6,371
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								159,167		25,862

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

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	145,206			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,150,841			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,421,926			
	g	Noncash contributions included in lines 1a-1f $		46,749			
	h	**Total.** Add lines 1a-1f			6,717,973		
Program Service Revenue			Business Code				
	2a	MANAGEMENT FEE	541610	201,272	201,272		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			201,272		
	3	Investment income (including dividends, interest and other similar amounts)			1,225,357	1,225,357	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					

		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	6,376,914	3,682			
	b	Less cost or other basis and sales expenses	6,125,839				
	c	Gain or (loss)	251,075	3,682			
	d	Net gain or (loss)			254,757	254,757	
Other Revenue	8a	Gross income from fundraising events (not including $ 145,206 of contributions reported on line 1c) See Part IV, line 18	a	38,195			
	b	Less direct expenses	b	70,990			
	c	Net income or (loss) from fundraising events			-32,795		
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE	900099	38,758	38,758		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d			38,758		
	12	**Total revenue.** See Instructions			8,405,322	1,720,144	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,833,975	3,833,975		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	41,000	41,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	97,811	97,811		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	215,000	99,500	72,000	43,500
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	23,513		23,513	
7 Other salaries and wages	749,864	384,805	359,140	5,919
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	121,291	59,432	55,794	6,065
10 Payroll taxes	79,525	38,967	36,582	3,976
a Fees for services (non-employees) Management				
b Legal	811		811	
c Accounting	110,185		110,185	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	361,453	297,206	62,347	1,900
12 Advertising and promotion	206,849	101,356	95,151	10,342
13 Office expenses	267,614	131,131	123,102	13,381
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,019	15,199	14,269	1,551
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PROGRAM SUBCONTRACTS	1,702,638	1,702,638		
b INVESTMENT FEES	76,833	76,833		
c OTHER EXPENSES	25,754	12,620	11,846	1,288
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	7,945,135	6,892,473	964,740	87,922
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,057,521	1	586,283
	2	Savings and temporary cash investments		5,235,007	2	5,776,547
	3	Pledges and grants receivable, net		871,852	3	10,407,067
	4	Accounts receivable, net		10,299,854	4	888,159
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9,126	9	39,388
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 204,530			
	b	Less accumulated depreciation	10b 137,189	93,310	10c	67,341
	11	Investments—publicly traded securities		1,926,410	11	41,566,615
	12	Investments—other securities See Part IV, line 11		33,139,308	12	229,377
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		752,561	15	36,484
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		53,384,949	16	59,597,261
Liabilities	17	Accounts payable and accrued expenses		66,235	17	113,430
	18	Grants payable		638,036	18	643,503
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		3,854,171	25	4,097,365
	26	**Total liabilities.** Add lines 17 through 25		4,558,442	26	4,854,298
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		34,648,556	27	38,566,781
	28	Temporarily restricted net assets		1,568,744	28	2,828,045
	29	Permanently restricted net assets		12,609,207	29	13,348,137
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		48,826,507	33	54,742,963
	34	Total liabilities and net assets/fund balances		53,384,949	34	59,597,261

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	8,405,322
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,945,135
3	Revenue less expenses Subtract line 2 from line 1	3	460,187
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	48,826,507
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,456,269
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	54,742,963

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	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 separate basis, consolidated 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		No
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		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493121002232

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number
94-2681765

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,107,871	6,630,141	4,943,855	16,808,583	6,717,973	42,208,423
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	7,107,871	6,630,141	4,943,855	16,808,583	6,717,973	42,208,423
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,652,009
6 **Public Support.** Subtract line 5 from line 4						34,556,414

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	7,107,871	6,630,141	4,943,855	16,808,583	6,717,973	42,208,423
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,546,569	1,563,108	1,334,755	966,661	1,225,357	8,636,450
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						50,844,873

12	Gross receipts from related activities, etc (See instructions)	12	1,503,582

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	67 960 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	66 670 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493121002232

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number
94-2681765

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	24,653,373	21,707,167	26,248,495		
b Contributions	1,131,536	1,651,047	138,207		
c Investment earnings or losses	3,625,617	2,692,520	-3,810,261		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,298,538	1,397,361	869,274		
f Administrative expenses					
g End of year balance	28,111,988	24,653,373	21,707,167		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 47 770 %
- b Permanent endowment ▶ 47 480 %
- c Term endowment ▶ 4 750 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		37,536	29,713	7,823
e Other		166,994	107,476	59,518
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				67,341

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation 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, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO OTHER AGENCIES	4,097,365
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,097,365

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS HAVE BEEN ESTABLISHED FOR VARIOUS BOARD-DESIGNATED AND DONOR RESTRICTED PURPOSES
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	AS OF JUNE 30, 2011, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT ARE POTENTIALLY MATERIAL THE FOUNDATION'S FORM 990'S, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR FISCAL YEARS 2008, 2009 AND 2010 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493121002232

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number
94-2681765

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GENERAL SUPPORT	97,811				

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Additional Data

Software ID:

Software Version:

EIN: 94-2681765

Name: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493121002232

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number
94-2681765

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 CATS IN THE CAN (event type)	(b) Event #2 FOLKLORICO (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	101,622	81,779		183,401
	2 Less Charitable contributions	82,847	62,359		145,206
	3 Gross income (line 1 minus line 2)	18,775	19,420		38,195
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	25,467			25,467
	6 Rent/facility costs		750		750
	7 Food and beverages		19,743		19,743
	8 Entertainment				
	9 Other direct expenses	6,477	18,553		25,030
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				70,990
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-32,795

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493121002232

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number
94-2681765

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ _____

3 Enter total number of other organizations . . . ▶ _____

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIP	7	41,000			

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 94-2681765
Name: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
100 CLUB OF ARIZONA 5033 N 19TH AVE SUITE 123 PHOENIX,AZ 85015	23-7172077		9,000				GENERAL SUPPORT
88 CRIME INC32 N STONE AVENUE SUITE 1400 TUCSON,AZ 857011412	86-0407186		5,294				GENERAL SUPPORT
AMERICAN ENDOWMENT FOUNDATIONPO BOX 911 HUDSON,OH 442365911	34-1747398		60,736				GENERAL SUPPORT
AMERICAN RED CROSS SOUTHERN ARIZON2916 E BROADWAY BLVD TUCSON,AZ 85716	86-0098908		20,000				GENERAL SUPPORT
AMPHITHEATER PUBLIC SCHOOLS FOUNDAT701 W WETMORE ROAD TUCSON,AZ 85705	86-0472926		70,000				GENERAL SUPPORT
ARIZONA DIRECT CARE WORKER ASSOCIAT3003 S COUNTRY CLUB ROAD SUITE 22 TUCSON,AZ 85713	26-1332504		10,000				GENERAL SUPPORT
ARIZONA FRIENDS OF CHAMBER MUSICPO BOX 40845 TUCSON,AZ 857170845	86-0683043		5,977				GENERAL SUPPORT
ARIZONA SONORA DESERT MUSEUM INC2021 N KINNEY ROAD TUCSON,AZ 857439719	86-0111675		10,000				GENERAL SUPPORT
ARIZONA THEATRE COMPANYPO BOX 1631 TUCSON,AZ 857021631	86-0211777		25,000				GENERAL SUPPORT
ARIZONAS CHILDREN ASSOCIATION SOUT2700 S 8TH AVENUE TUCSON,AZ 85713	86-0743705		15,000				GENERAL SUPPORT
ASSISTANCE LEAGUE OF TUCSON INC1307 N ALVERNON WAY TUCSON,AZ 85712	86-6057789		10,000				GENERAL SUPPORT
BISBEE COALITION FOR THE HOMELESSPO BOX 5393 BISBEE,AZ 856035393	86-0782752		80,138				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF SANTA CRUZ COU590 N TYLER AVENUE NOGALES,AZ 85621	86-0671818		15,925				GENERAL SUPPORT
CARONDELET FOUNDATION120 N TUCSON BLVD TUCSON,AZ 85716	86-0749574		71,876				GENERAL SUPPORT
CASA DE LOS NINOS1101 N 4TH AVENUE TUCSON,AZ 857057467	86-0314595		25,000				GENERAL SUPPORT
CHELAN-DOUGLAS COUNTY CASA-GAL PROG PO BOX 2027 WENATCHEE,WA 988072027	91-1643408		8,000				GENERAL SUPPORT
COMMUNITY FOOD BANK INCPO BOX 26727 TUCSON,AZ 857266727	51-0192519		37,009				GENERAL SUPPORT
CROSSROADS MISSION 944 S ARIZONA AVENUE YUMA,AZ 85364	86-6052435		12,000				GENERAL SUPPORT
CULTURAL DATA PROJECT-PEW CHARITABL2005 MARKET STREET SUITE 1700 PHILADELPHIA,PA 19103	56-2307147		15,000				GENERAL SUPPORT
DENVER RESCUE MISSION PO BOX 5206 DENVER,CO 802175206	84-6038762		7,000				GENERAL SUPPORT
DEVEREUX ARIZONA6141 E GRANT ROAD TUCSON,AZ 85712	23-1390618		10,000				GENERAL SUPPORT
DIRECT CARE ALLIANCE4 WEST 43RD ST ROOM 611 NEW YORK,NY 10036	26-0116549		10,000				GENERAL SUPPORT
DOERNBECHER CHILDRENS HOSPITAL FOUN1121 SW SALMON PORTLAND,OR 972052021	93-0579589		8,000				GENERAL SUPPORT
DOUGLAS SENIOR CITIZENS INC340 1ST STREET WEST DOUGLAS,WY 82633	83-0222671		10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN ARIZONA COLLEGE FOUNDATIONPO BOX 769 THATCHER,AZ 855520769	23-7031373		50,000				GENERAL SUPPORT
EL PASO CENTER FOR CHILDREN INC2200 N STEVENS ST EL PASO,TX 79930	74-1695944		10,000				GENERAL SUPPORT
EL PASO COMMUNITY FOUNDATIONPO BOX 272 EL PASO,TX 799430272	74-1839536		20,000				GENERAL SUPPORT
EL RIO HEALTH CENTER FOUNDATION IN839 W CONGRESS STREET TUCSON,AZ 85745	86-0816675		7,000				GENERAL SUPPORT
EMERGE - CENTER AGAINST DOMESTIC AB 2545 E ADAMS STREET TUCSON,AZ 85716	86-0312162		42,013				GENERAL SUPPORT
FOOD BANK OF THE ROCKIES10700 E 45TH AVENUE DENVER,CO 802393007	84-0772672		9,000				GENERAL SUPPORT
GOODWILL INDUSTRIES OF SOUTHERN ARI1940 E SILVERLAKE SUITE 405 TUCSON,AZ 85713	86-0223401		7,227				GENERAL SUPPORT
HABITAT FOR HUMANITY TUCSON621 W LESTER STREET TUCSON,AZ 85705	94-2725100		10,000				GENERAL SUPPORT
HANDI-DOGS INC75 S MONTEGO DRIVE TUCSON,AZ 857103797	95-3247091		20,991				GENERAL SUPPORT
HARMONY FOUNDATION INCPO BOX 1989 ESTES PARK,CO 805171989	84-0594732		7,500				GENERAL SUPPORT
HIGH DESERT HUMANE SOCIETYPO BOX 1973 SILVER CITY,NM 880621973	85-0232045		10,000				GENERAL SUPPORT
HOMICIDE SURVIVORS INC32 N STONE AVENUE SUITE 1408 TUCSON,AZ 85701	86-0889964		83,107				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF SOUTHERN ARIZONA3450 N KELVIN BOULEVARD TUCSON,AZ 857161326	86-0112798		25,977				GENERAL SUPPORT
IMMACULATE HEART HIGH SCHOOL625 E MAGEE ROAD TUCSON,AZ 857047298	86-0135568		15,000				GENERAL SUPPORT
INTERNATIONAL GUIDING EYES INC13445 GLENOAKS BOULEVARD SYLMAR,CA 91342	95-1586088		6,000				GENERAL SUPPORT
INTERNATIONAL SONORAN DESERT ALLIAN 401 W ESPERANZA AVE AJO,AZ 85321	86-0778917		136,929				GENERAL SUPPORT
ITZABOUTIME INC402 S STAR AVENUE TUCSON,AZ 857196138	86-0689767		10,000				GENERAL SUPPORT
JEWISH FEDERATION OF SOUTHERN ARIZO3822 E RIVER ROAD SUITE 100 TUCSON,AZ 857186665	86-0096795		6,800				GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF ARIZONA INC6339 E SPEEDWAY SUITE 109 TUCSON,AZ 85710	86-0184349		20,000				GENERAL SUPPORT
LEE & BEULAH MOOR CHILDRENS HOME1100 CLIFF DRIVE EL PASO,TX 79902	74-1329373		10,000				GENERAL SUPPORT
LITERACY VOLUNTEERS OF TUCSON2850 E SPEEDWAY BLVD TUCSON,AZ 85716	23-7047508		140,000				GENERAL SUPPORT
LOFT CINEMA INC3233 E SPEEDWAY BOULEVARD TUCSON,AZ 85716	46-0477843		12,500				GENERAL SUPPORT
MAKE WAY FOR BOOKS 3955 E FORT LOWELL SUITE 114 TUCSON,AZ 85712	31-1583036		50,000				GENERAL SUPPORT
MARIPOSA COMMUNITY HEALTH CENTER1852 N MASTICK WAY NOGALES,AZ 85621	86-0524321		12,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MCINTOSH COUNTY ACADEMY8945 US HIGHWAY 17 DARIEN,GA 31305	58-6000286		8,000				GENERAL SUPPORT
MEDIA MATTERS FOR AMERICA455 MASSACHUSETTS AVE NW SUITE 60 WASHINGTON,DC 20001	47-0928008		21,000				GENERAL SUPPORT
MESA VERDE PARENT TEACHERS ORGANIZA1661 W SAGE TUCSON,AZ 85704	86-1043125		50,000				GENERAL SUPPORT
NATIONAL PARTNERSHIP FOR WOMEN & FA1875 CONNECTICUT AVENUE NW SUITE WASHINGTON,DC 20009	23-7124915		10,000				GENERAL SUPPORT
NEW BEGINNINGS FOR WOMEN & CHILDREN2590 N ALVERNON WAY TUCSON,AZ 85712	86-0597073		20,000				GENERAL SUPPORT
NOURISHPO BOX 35552 TUCSON,AZ 85740	27-4148401		6,000				GENERAL SUPPORT
OPENING MINDS THROUGH THE ARTS FOUN3208 E FORT LOWELL RD SUITE 106 TUCSON,AZ 85716	20-0184741		45,000				GENERAL SUPPORT
OPPORTUNITY CENTER FOR THE HOMELESSPO BOX 63 EL PASO,TX 799410063	74-2634199		10,000				GENERAL SUPPORT
OREGON FOOD BANK INC PO BOX 55370 PORTLAND,OR 972385370	93-0785786		9,000				GENERAL SUPPORT
PARENT AID - CHILD ABUSE PREVENTION2580 E 22ND STREET TUCSON,AZ 85713	74-2591577		8,367				GENERAL SUPPORT
PATRONATO SAN XAVIER PO BOX 522 TUCSON,AZ 85702	74-2354509		10,000				GENERAL SUPPORT
PEAK WELLNESS CENTER INCPO BOX 1005 CHEYENNE,WY 820031005	83-0199695		7,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE FOR THE AMERICAN WAY FOUNDAT1101 15TH STREET NW SUITE 600 WASHINGTON,DC 20005	13-3065716		10,000				GENERAL SUPPORT
PLANNED PARENTHOOD ARIZONA INC2255 N WYATT DRIVE TUCSON,AZ 85712	86-0146520		25,000				GENERAL SUPPORT
PRIMAVERA FOUNDATION INC151 W 40TH STREET TUCSON,AZ 85713	86-0733182		75,344				GENERAL SUPPORT
PRO NEIGHBORHOODSUNITED WAY OF TUC738 N 5TH AVENUE TUCSON,AZ 85705	86-0098932		35,700				GENERAL SUPPORT
READING SEED INC1920 E SILVERLAKE ROAD SUITE 207 TUCSON,AZ 85713	20-5669676		81,750				GENERAL SUPPORT
RINCON CONGREGATIONAL UNITED CHURCH122 N CRAYCROFT ROAD TUCSON,AZ 857113238	86-6007256		5,794				GENERAL SUPPORT
RODEL CHARITABLE FOUNDATION OF ARIZ2201 E CAMELBACK ROAD STUITE 202 PHOENIX,AZ 85016	86-0941890		83,300				GENERAL SUPPORT
SAN MIGUEL CRISTO REY HIGH SCHOOL6601 S SAN FERNANDO ROAD TUCSON,AZ 857566644	48-1270906		50,000				GENERAL SUPPORT
SENIOR CITIZENS FOUNDATION OF DOUGL312 N 6TH STREET DOUGLAS,WY 82633	83-0255422		6,000				GENERAL SUPPORT
SHARMOORE CHILDRENS PRODUCTIONS5833 E SOUTH WILSHIRE TUCSON,AZ 85711	20-2006366		17,000				GENERAL SUPPORT
SOUTHERN ARIZONA COMMUNITY DIAPER B4500 E SPEEDWAY BLVD SUITE 75 TUCSON,AZ 85712	43-1990345		10,000				GENERAL SUPPORT
ST ANDREWS CHILDRENS CLINIC INCPO BOX 67 GREEN VALLEY,AZ 856220067	86-0684094		5,414				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST LUKES IN THE DESERT INC615 E ADAMS STREET TUCSON,AZ 857056714	86-0098924		10,000				GENERAL SUPPORT
TEEN OUTREACH PREGNANCY SERVICES 3024 E FT LOWELL ROAD TUCSON,AZ 85716	86-1005133		10,000				GENERAL SUPPORT
THE BISBEE FOUNDATION INCPO DRAWER BK BISBEE,AZ 85603	86-0560258		8,300				GENERAL SUPPORT
THE SALVATION ARMY - TUCSON1001 N RICHEY BOULEVARD TUCSON,AZ 85716	94-1156347		10,000				GENERAL SUPPORT
THERAPEUTIC RANCH FOR ANIMALS AND K3230 N CRAYCROFT TUCSON,AZ 85712	20-4737638		30,000				GENERAL SUPPORT
TOUCH POINT CONNECTION INCPO BOX 36960 TUCSON,AZ 857406960	26-1530589		15,000				GENERAL SUPPORT
TUCSON AUDUBON SOCIETY300 E UNIVERSITY AVENUE 120 TUCSON,AZ 85705	86-6053779		17,505				GENERAL SUPPORT
TUCSON BOTANICAL GARDENS2150 N ALVERNON WAY TUCSON,AZ 85712	23-7037310		31,000				GENERAL SUPPORT
TUCSON MEET YOURSELF PO BOX 42044 TUCSON,AZ 857332044	51-0195434		7,000				GENERAL SUPPORT
TUCSON MUSEUM OF ART 140 N MAIN AVENUE TUCSON,AZ 857018290	86-6006371		10,000				GENERAL SUPPORT
TUCSON PIMA ARTS COUNCIL100 N STONE AVENUE SUITE 303 TUCSON,AZ 85701	86-0465675		85,000				GENERAL SUPPORT
TUCSON VALUES TEACHERS4400 E BROADWAY BLVD SUITE 307 TUCSON,AZ 85711	26-4637708		54,212				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUCSON WALDORF EDUCATION ASSOCIATIO 3349 E PRESIDIO RD TUCSON,AZ 85716	86-0729122		303,000				GENERAL SUPPORT
UA COLLEGE OF ARCHITECTURE-UA FOUND PO BOX 210075 TUCSON,AZ 857210075	86-6050388		50,000				GENERAL SUPPORT
UA COLLEGE OF EDUCATION-UA FOUNDATIPO BOX 210 TUCSON,AZ 857210069	86-6050388		30,000				GENERAL SUPPORT
UA COLLEGE OF FINE ARTS-UA FOUNDATIPO BOX 210004 TUCSON,AZ 857210004	86-6050388		10,000				GENERAL SUPPORT
UA COLLEGE OF MEDICINE-UA FOUNDATIO PO BOX 245017 TUCSON,AZ 857245017	86-6050388		186,500				GENERAL SUPPORT
UA POETRY CENTER-UA FOUNDATIONPO BOX 210150 TUCSON,AZ 857210150	86-6050388		145,000				GENERAL SUPPORT
UNITED WAY OF TUCSON AND SOUTHERN A330 N COMMERCE PARK LOOP STE 200 TUCSON,AZ 85745	86-0098932		97,750				GENERAL SUPPORT
UNITED WAY OF TUCSON AND SOUTHERN APO BOX 86750 TUCSON,AZ 857546750	86-0098932		44,750				GENERAL SUPPORT
UNIVERSITY OF ARIZONA FOUNDATIONPO BOX 210109 TUCSON,AZ 857210109	86-6050388		62,000				GENERAL SUPPORT
UNIVERSITY OF ARIZONA SCHOLARSHIPS1111 N CHERRY AVENUE TUCSON,AZ 85721	74-2652689		19,536				GENERAL SUPPORT
UP WITH PEOPLE6830 BROADWAY UNIT A DENVER,CO 802212851	95-2563102		210,849				GENERAL SUPPORT
VALLEY ASSISTANCE SERVICES INC250 E CONTINENTAL ROAD SUITE 102 GREEN VALLEY,AZ 85614	94-2783969		177,991				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VOICES FOR EDUCATION PO BOX 44200 TUCSON,AZ 857334200	86-0996116		10,000				GENERAL SUPPORT
WOMENS FOUNDATION OF SOUTHERN ARIZO2250 E BROADWAY BOULEVARD TUCSON,AZ 85719	31-1660702		72,487				GENERAL SUPPORT
YMCA FOUNDATION OF SOUTHERN ARIZONAPO BOX 1111 TUCSON,AZ 857021111	86-0326724		20,000				GENERAL SUPPORT
YOUTH ON THEIR OWN 1443 W PRINCE ROAD TUCSON,AZ 857053037	86-0644388		45,000				GENERAL SUPPORT
YWCA OF TUCSON525 N BONITA AVENUE TUCSON,AZ 85745	86-0098937		47,500				GENERAL SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493121002232

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number
94-2681765

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	541	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	1	500	FAIR MARKET VALUE
26 Other ▶ (SOFTWARE)	X	1	400	FAIR MARKET VALUE
27 Other ▶ (MICELLANEOUS)	X	1	19,841	FAIR MARKET VALUE
28 Other ▶ (PRIZES)	X	1	25,467	FAIR MARKET VALUE

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

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

Part II

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493121002232

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number
94-2681765

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	DURING THE YEAR CFSA HAD ONE VOLUNTEER WHO PERFORMED ADMINISTRATIVE TASKS INCLUDING FILNG AND ANSWERING PHONES IN THE ADMINISTRATIVE OFFICES

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	CFSA HAS ALSO IDENTIFIED LITERACY AS A CRITICAL PRIORITY AND PROVIDED THE FUNDING AND ADMINISTRATIVE SUPPORT FOR THE DEVELOPMENT OF THE LITERACY FOR LIFE COALITION (LLC) THROUGH THE WORK OF LLC, SEVERAL LITERACY ORGANIZATIONS ARE MERGING TO FORM A STRONGER, MORE INTEGRATED APPROACH TO LITERACY SERVICES, AWARENESS AND ADVOCACY

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW WAS OR WILL BE CONDUCTED

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS ANNUALLY

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	AVAILABLE BY REQUEST

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART XI	LINE 5, INCLUDES UNREALIZED GAIN ON INVESTEMENTS OF 5,349,278 AND 106,991 OF UNRESTRICTED NET ASSETS RELATED TO ORO VALLEY COMMUNITY FOUNDATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493121002232

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number
94-2681765

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

(a) Name, address, and EIN 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 Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID:
Software Version:
EIN: 94-2681765
Name: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
ZUCKERMAN COMMUNITY OUTREACH FDD 2250 E BROADWAY BOULEVARD TUCSON, AZ85719 20-3617544	CHARITABLE	AZ	501(C)	11A	N/A		No
THE HOWARD V MOORE FOUNDATION 2250 E BROADWAY BOULEVARD TUCSON, AZ85719 20-3983894	CHARITABLE	AZ	501(C)	11A	N/A		No
SYCAMORE CANYON CONSERVATION FDN 2250 E BROADWAY BOULEVARD TUCSON, AZ85719 20-5391377	CONSERVATI	AZ	501(C)	11A	N/A		No
THE WILLIAM E HALL FOUNDATION 2250 E BROADWAY BOULEVARD TUCSON, AZ85719 13-6105057	CHARITABLE	AZ	501(C)	11A	N/A		No
WOMEN'S FOUNDATION OF SOUTHERN AZ 2250 E BROADWAY BOULEVARD TUCSON, AZ85719 31-1660702	CHARITABLE	AZ	501(C)	7	N/A		No
THE MELODY S ROBIDOUX FOUNDATION 2033 E SPEEDWAY BOULEVARD 102 TUCSON, AZ85719 86-0667916	CHARITABLE	AZ	501(C)	11A	N/A		No
CFSA PROPERTIES INC 2250 E BROADWAY BOULEVARD TUCSON, AZ85719 86-0742820	PROP MNGMT	AZ	501(C)	11A	N/A		No
THE THOMAS R BROWN FAMILY FDN PO BOX 31930 TUCSON, AZ85751 86-0933380	CHARITABLE	AZ	501(C)	11A	N/A		No
KNISELY FAMILY FOUNDATION 8360 E BROOKWOOD DRIVE TUCSON, AZ85750 86-0952581	CHARITABLE	AZ	501(C)	11A	N/A		No
WORTH AND DOT HOWARD FOUNDATION 3191 N 29TH PLACE PHOENIX, AZ85016 86-0984133	CHARITABLE	AZ	501(C)	11A	N/A		No