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SCANNED NOV 1 9 2014

Form ,990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

➤ Do not enter Social Security numbers on this form as it may be made public

Information about Form 990-PF and its separate instructions is at www.irs.gov/torm990p1

OMB No 1545 0052
2013
Open to Public Inspection

For	aler	idar year 2013 or tax year beginning		, and ending		
Nai	ne of	foundation			A Employer identification	on number
_T	ΗE	SIDE BY SIDE FOUNDATI	ON		31-164467	7
		nd street (or P.O. box number if mail is not delivered to stre	B Telephone number			
_3	<u>95</u>	5 E. FT. LOWELL DR., S	TE. 115		(520) 721	-2250
		own, state or province, country, and ZIP or foreign ${ t SON, AZ t 85712}$	postal code		C If exemption application is	pending check here
-		all that apply Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organizatio	ns chack hare
u	HECK	Final return	Amended return	ormer public charity	D 1 Toleigh organizatio	iis, check here
		Address change	Name change		2 Foreign organizations r check here and attach	meeting the 85% test,
н	heck		exempt private foundation		1	
\Box	_ ` `	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ution.	E If private foundation s under section 507(b)(
l Fa			nting method X Cash	Acciual	F If the foundation is in	
		· —	Other (specify)		under section 507(b)(
	\$		lumn (d) must be on cash t	basis)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pa	rt I	☐ (The total of amounts in columns (b) (c) and (d) may not	(a) Revenue and expenses per books	(b) Net investment	(c) Adjusted net	(d) Disbursements for chantable purposes
	_	necessarily equal the amounts in column (a))	100,000.		N/A	(cash basis only)
	1	Contributions, gifts, grants letcl, received Check in the foundation is not required to attach Schill B	100,000.		N/A	
	2	Interest on savings and temporary	109.	109.		STATEMENT 1
	3	cash investments Dividends and interest from securities	109.	109.		DIMITMENT I
	4					
		Gross rents				
		Net rental income or (loss)				
Revenue	b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a				
ě	7	Capital gain net income (from Part IV. line 2)		0.		
_	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				
	102	and allowances	_			
		Less Cost of goods sold		······································		
		Gross profit of (Mss)	10 500			CONTRACTOR O
	11	Other income	18,500.	0. 109.		STATEMENT 2
	12	Total Add lines 1 through 1 h. Compensation of officers directors trustees etc	118,609.	0.		
	13			· ·		0.
	14	Other employee salaries and wages				
es	15	Pension plans, emptoyee benefits Legal fees				
ŠĒ		•				
×		Accounting fees Other professional fees			 - · · · · · · · · · · · · · · · · · · 	
ē M		Interest				
aţ.	18	Taxes				
str	19	Depreciation and depletion			-	-
를	20	Occupancy				
Adr	21	Travel, conferences and meetings				
ē	22	Printing and publications		· · · · · · · · · · · · · · · · · · ·		
Ď.	23	Other expenses STMT 3	485.	474.		0.
aţ		Total operating and administrative		•		
Operating and Administrative Expens		expenses Add lines 13 through 23	485.	474.		0.
ō	25	Contributions, gifts, grants paid	82,470.			82,470.
		Total expenses and disbursements				
		Add lines 24 and 25	82,955.	474.		82,470.
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	35,654.			
	b	Net investment income (if negative enter 0)		0.		
	C	Adjusted net income (if negative enter 0.)			N/A	

323501 10 10-13 LHA For Paperwork Reduction Act Notice, see instructions

- Table	٠.	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
Pa	ırt	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
\Box	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	147,991.	183,645.	183,645.
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
ł	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶	Ì	Ì	
ı	5	Grants receivable			
ı	6	Receivables due from officers, directors, trustees, and other		-	
	٠	disqualified persons			
	7	Other notes and loans receivable			
	•	Less allowance for doubtful accounts		İ	
.	۰	Inventories for sale or use			
ssets	_		193.	193.	193.
	9	Prepaid expenses and deferred charges	173.	173.	173.
٦ [Investments - U S and state government obligations			· · · · · · · · · · · · · · · · · · ·
		Investments - corporate stock			
	C	Investments - corporate bonds			···
1	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
-	13	Investments - other			
-	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
-	15	Other assets (describe >			· · · · · ·
-		Total assets (to be completed by all filers - see the			
	. •	instructions Also, see page 1, item 1)	148,184.	183,838.	183,838.
	17	Accounts payable and accrued expenses		İ	······································
	18	Grants payable			
	19	Deferred revenue			
<u>•</u>					
	20	Loans from officers, directors, trustees, and other disqualified persons			
<u> </u>	21	Mortgages and other notes payable			
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ູ		and complete lines 24 through 26 and lines 30 and 31.			
စ္ကို	24	Unrestricted			
<u> </u>	25	Temporarily restricted			
<u> </u>	26	Permanently restricted		****	
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ĭ		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	148,184.	183,838.	
Set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
¥š(29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
ē	30	Total net assets or fund balances	148,184.	183,838.	
۷			,	·	
	21	Total liabilities and net assets/lund balances	148,184.	183,838.	
				200/0000	
Pa	<u>irt</u>	Analysis of Changes in Net Assets or Fund B	alances		
1	ota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	148,184.
		r amount from Part I, line 27a		2	35,654.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	183,838.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	nlumn (h) line 30	6	183,838.
<u>6 1</u>	VId	i net assets of fund balances at end of year time 4 fillios line 37 - Part II, Co	סב שוווי למלי ווווב אח	<u> </u>	100,000.

THE SIDE BY SIDE FOUNDATION

2-story brick wa		perty sold (e g , real estate, stock, 200 shs MLC Co.)		`P·	low ac - Purc - Dona			acquired day, yr)	(d) Date sold (mo , day, yr)
1a				<u> </u>					
b NO	NE			<u> </u>				-	
<u>C</u>		 		-				- -	
<u>d</u>				╁					-
<u>e</u>	(f) Departure	allowed (a) C	not or other boors	┸			(5) () }	
(e) Gross sales price	(f) Depreciation (or allowat		expense of sale					Gain or (loss) is (f) minus (
a .			·····						
<u>b</u>									<u>-</u>
<u>c</u>									
<u>d</u>									
Complete only for assets shown	l na asın ın column /h) :	and owned by the foundation	n on 12/31/69				(I) Gains (I	Col (h) gain	minue
Complete only for assets shown		<u> </u>	excess of col (I)					not less thar	
(i) F M V as of 12/31/69	(j) Adjusted as of 12/31		er col (I), if any					(from col (
2			W// 7						
b b								· ·	
C									
d									
e									
	C 4		- 3	7					
2 Capital gain net income or (net ca	ortal loss) If (gain, also enter in Part I, lind loss), enter -0- in Part I, lin	e / o 7	 	2				
	•		<i>c ,</i>	ノ <u>ト</u>					
Net short-term capital gain or (los		ons 1222(5) and (6)		1					
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c)			1	3				
Part V Qualification U						ent In	come		
Part V Qualification U (For optional use by domestic private If section 4940(d)(2) applies, leave the Was the foundation liable for the section 4940(d)(2) applies, leave the foundation does not qual	e foundations subject the his part blank tion 4942 tax on the d lify under section 4940	to the section 4940(a) tax of the section 4940(b) n net investment ir year in the base pe iart	riod?		ent In	come		Yes X No	
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Part V Qualification U For optional use by domestic private of section 4940(d)(2) applies, leave the foundation liable for the section 4940(d)(2) applies, leave the value for the section 4940(d)(2) applies, leave the value for the section for the sectio	e foundations subject to the part blank tion 4942 tax on the duffy under section 4940 each column for each ang in) S-year base period - dunce if less than 5 years ble-use assets for 2013	istributable amount of any solide) Do not complete this pyear, see the instructions by qualifying distributions 108,200,107,550,107,550,112,550,112,550,117,2	n net investment in year in the base per part efore making any e Net value of no	riod? entries (c) enchari	16 18 12 12	use asset 4,077 7,432 0,503 4,08	2. 2. 2. 1. 9. 2	Distrib (col (b) divi	(d) ultion ratio ultion ratio ded by col (c)) .65946 .57380 .93400 .84521 .72475 3.737252 .74745 163,331 122,082
Part V Qualification U For optional use by domestic private of section 4940(d)(2) applies, leave the foundation liable for the section 4940(d)(2) applies, leave the value for the section 4940(d)(2) applies, leave the value for the section for the sectio	e foundations subject to the part blank tion 4942 tax on the duffy under section 4940 each column for each ang in) S-year base period - dunce if less than 5 years ble-use assets for 2013	istributable amount of any solide) Do not complete this pyear, see the instructions by qualifying distributions 108,200,107,550,107,550,112,550,112,550,117,2	n net investment in year in the base per part efore making any e Net value of no	riod? entries (c) enchari	16 18 12 12	use asset 4,077 7,432 0,503 4,08	2.2.2.1.9.	Distrib (col (b) divi	(d) ultion ratio ided by col (c)) .65946 .573808 .934009 .84521 .72475 3.737253 .747456 163,331 122,082
For optional use by domestic private f section 4940(d)(2) applies, leave the figure for the section 4940(d)(2) applies, leave the figure for the section 4940(d)(2) applies, leave the figure for the section 4940(d)(2) applies, leave the figure for the section 4940(d)(2) applies, leave the figure for the section 4940(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(e foundations subject to the part blank stron 4942 tax on the duffy under section 4940 each column for each and in the part base period - during in the part base period - during if less than 5 years alle-use assets for 2013 and (1% of Part I, line 2).	istributable amount of any solide) Do not complete this pyear, see the instructions by qualifying distributions 108,200,107,550,107,550,112,550,112,550,117,2	n net investment in year in the base per part efore making any e Net value of no	riod? entries (c) enchari	16 18 12 12	use asset 4,077 7,432 0,503 4,08	2.2.2.1.9.	Distrib (col (b) divi	(d) ultion ratio ultion ratio ded by col (c)) .65946 .57380 .93400 .84521 .72475 3.737252 .74745 163,331 122,082

Form 990-PF (2013) THE SIDE BY SIDE FOUNDATION	31-164	4677 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "l	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
1 N/A		
2		
3		-
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		

Total. Add lines 1 through 3

_	m 990-PF (2013) THE SIDE BY SIDE FOUNDATION	31-1	0440// Page 6
F	Minimum Investment Return (All domestic foundations must complete this part. Foreig	n foundations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		·
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	. 1b	165,818.
C	Fair market value of all other assets	10	2 - 1
d	Total (add lines 1a, b, and c)	1d	165,818.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	165,818.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,487.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	163,331.
6	Minimum investment return. Enter 5% of line 5	6	8,167.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation or foreign organizations check here and do not complete this part.)	ons and certain	
_			8,167.
1	Minimum investment return from Part X, line 6 Tax on investment income for 2013 from Part VI, line 5	1	0,107.
2a	Tax on investment income for 2013 from Part VI, line 5 Income tax for 2013 (This does not include the tax from Part VI) 2b		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	8,167.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,167.
6	Deduction from distributable amount (see instructions)	6	0,107.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	8,167.
P	art XII Qualifying Distributions (see instructions)		0,107.
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1 <u>a</u>	82,470. 0.
	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a		3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	82,470.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	82,470.
	Note. The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the found:	ation qualifies for the	section

4940(e) reduction of tax in those years

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				8,167.
2 Undistributed income, if any, as of the end of 2013				700
a Enter amount for 2012 only			0.	
ъ Total for prior years		_		
,,		0.		
3 Excess distributions carryover, if any, to 2013				, , ,
a From 2008 109,260.				
b From 2009 98,673.				
c From 2010 106,530.				
d From 2011 97,678.				
e From 2012 81,996.				
f Total of lines 3a through e	494,137.			
4 Qualifying distributions for 2013 from				
Part XII, line 4 ► \$ 82,470.				
a Applied to 2012, but not more than line 2a	H-I 1-1		0.	,,,w
b Applied to undistributed income of prior				·
years (Election required - see instructions)		0.		4
c Treated as distributions out of corpus				·
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				8,167.
e Remaining amount distributed out of corpus	74,303.		· · · · · · · · · · · · · · · · · · ·	
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	568,440.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2012 Subtract line				***************************************
4a from line 2a Taxable amount - see instr			0.	
1 Undistributed income for 2013 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of				**************************************
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008	,			
not applied on line 5 or line 7	109,260.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	459,180.			
10 Analysis of line 9				
a Excess from 2009 98,673.				
b Excess from 2010 106,530.				
c Excess from 2011 97,678.				
d Excess from 2012 81,996.				
e Excess from 2013 74,303.				

Part XV Supplementary Information 3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
ALTRUSA INTERNATIONAL 332 S. MICHIGAN AVE., STE 1123	NONE	PUBLIC CHARITY		
CHICAGO, IL 60604			COMMUNITY WELFARE	50
AMERICAN RED CROSS 4601 E. BROADWAY BLVD. TUCSON, AZ 85711	NONE	PUBLIC CHARITY	COMMUNITY WELFARE	10,000
ARIZONA THEATRE CO. 40 E. 14TH ST. FUCSON. AZ 85701	NONE	PUBLIC CHARITY	COMMUNITY WELFARE	25.000
10CSON, RZ 65701				25,000
CARE USA 151 ELLIS STREET, NE ATLANTA, GA 30303	NONE	PUBLIC CHARITY	INTERNATIONAL COMMUNITY WELFARE	10,000
COMMUNITY FOOD BANK OF SOUTHERN ARIZONA 3003 S COUNTRY CLUB RD, STE 221	none	PUBLIC CHARITY	COMMUNITY WELFARE	
TUCSON, AZ 85713		<u>L</u> .		1,500
Total SEE CC b Approved for future payment	ONTINUATION SHEE	ET(S)	► 3a	82,470
NONE		;		
Total .	_·		b 3b	m 990-PF (201:

Part XVI-A	Analysis of	Income-Producing	Activities
------------	-------------	------------------	-------------------

Enter gross amounts unless otherwise indicated	Unrelated	l business income		ded by section 512, 513, or 514	(e)
·	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue	code	Aniount	code	Amount	function income
a	1				·
b	+				
<u> </u>	1		-		
d			 		
e	 		_		
g Fees and contracts from government agencies	-				
2 Membership dues and assessments					
3 Interest on savings and temporary cash	-		+ +		
investments			14	109.	
4 Dividends and interest from securities			1 - 1		
5 Net rental income or (loss) from real estate					· · · · · · · · · · · · · · · · · · ·
a Debt-financed property	1				
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue	}				
a PRIOR YEAR VOID CHECKS					18,500.
b	ļ				
c					
d			_ _		
8				100	10 500
12 Subtotal Add columns (b), (d), and (e)).	109.	
13 Total. Add line 12, columns (b), (d), and (e)				13	18,609.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Acco	mplishment of	Exempt	Purposes	

Tille No.	the foundation's exempt purposes (other than by providing funds for such purposes)

Part XVII	Information Re Exempt Organ		fers To	and Transaction	s and Relations	ships With Nonc	haritable	9
1 Did the o	rganization directly or indi		f the follows	ng with any other organiz	zation described in sec	tion 501(c) of		Yes No
	(other than section 501(c							
	from the reporting found				•			
(1) Cash	. •		•	•			1a(1)	[
(2) Othe							1a(2)	X
b Other tran								
(1) Sales	s of assets to a noncharita	ble exempt organization	on				15(1)	X
	hases of assets from a no						1b(2)	Х
(3) Rent	al of facilities, equipment,	or other assets	•				1b(3)	Х
(4) Reim	bursement arrangements	į					1b(4)	X
(5) Loan	s or loan guarantees						1b(5)	X
(6) Perfo	ormance of services or me	embership or fundraisi	ing solicitation	ons			1b(6)	X
c Sharing o	f facilities, equipment, ma	illing lists, other assets	s, or paid en	nployees	-		10	X
d If the ans	wer to any of the above is	"Yes," complete the fo	llowing sch	edule Column (b) should	l always show the fair i	market value of the good	ls, other ass	ets,
or service	s given by the reporting f	oundation. If the found	dation receiv	red less than fair market	value in any transaction	n or sharing arrangemer	nt, show in	
column (c	i) the value of the goods,							
(a) Line no	(b) Amount involved	(c) Name of n		e exempt organization	(d) Descriptio	n of transfers, transactions, a	and shanng an	rangements
			N/A					
						<u> </u>		
			 			·		
								
	_							
		<u> </u>						
	ndation directly or indirec 501(c) of the Code (othe	•	-	, ,	anizations described		Yes	X No
b If "Yes," c	omplete the following sch	edule						
	(a) Name of org	janization		(b) Type of organization	on	(c) Description of relation	onship	
	N/A							
						· · · · · · · · · · · · · · · · · · ·		·
							<u>.</u>	
								
				<u></u>				
	r penalties of penury, I declare eller it is true, correct, and cor				formation of which prepare		May the IRS of return with the shown below X Yes	e preparer (see instr)?
Sigi	nature of officer or trustee	<u> </u>		Date	Title			
•	Print/Type preparer's na	ame	Prezenter's s	ignature	Date r/4/1	Check if PT self- employed		
Paid	THOMAS FUR		LINLA	1-90-			00140	
Preparer	Firm's name ► R &	A CPAS A	PROFE	SSTONAL COR	RPORATION	Firm's EIN ► 86-	05509	47
Use Only								
	Firm's address ► 45			LL STE. 100)			
	TU	CSON, AZ 8	35712			Phone no (520		<u>-4900</u>
							Form 990)-PF (2013)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

OMB No 1545-0047

Name of the organization

Employer identification number

T	THE SIDE BY SIDE FOUNDATION	31-1644677					
Organization type (check	cone):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	ıal Rule. See ınstructions.					
X For an organizati	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more aplete Parts I and II.	(in money or property) from any one					
Special Rules							
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990·EZ that met the 33 1/3% support test of th 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of n (i) Form 990, Part VIII, line 1h, or (ii) Form 990·EZ, line 1. Complete Parts I and II.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III							
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributior, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year							
-	that is not covered by the General Rule and/or the Special Rules does not file Sched						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

THE SIDE BY SIDE FOUNDATION

31-1644677

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAUL D. AND MARY JAN BANCROFT 3955 E FORT LOWELL RD STE 115 TUCSON, AZ 85712	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE SIDE BY SIDE FOUNDATION

31-1644677

(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	2010 7000.100
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ _			
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

		Employer identification number		
UNDATION		31-1644677		
haritable, etc., individual contributions (a) through (e) and the following line ent digious, charitable, etc., contributions of S	\$1,000 or less for the year	or (10) organizations that total more than \$1,000 for the		
	·	(d) Description of how gift is held		
(e)	Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
f gift (c) L	lse of gift	(d) Description of how gift is held		
(6)	Transfer of gift			
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
····				
f gift (c) U	lse of gift	(d) Description of how gift is held		
(e)	Transfer of gift			
.,	elationship of transferor to transferee			
f gift (c) L	lse of gift	(d) Description of how gift is held		
(4)	Transfer of sift			
	-	elationship of transferor to transferee		
Transferee 5 fidnie, audress, and ZIF + 4				
	f gift (c) U f gift (c) U f gift (c) U f gift (c) U f gift (c) U f gift (c) U f gift (c) U f gift (c) U f gift (c) U f gift (c) U f gift (c) U	tharitable, etc., individual contributions to section 501(c)(7), (8), (a) through (e) and the following line entry For organizations compiligious, charitable, etc., contributions of \$1,000 or less for the year of Part III if additional space is needed. (e) Transfer of gift		

Part XV Supplementary Information 3 Grants and Contributions Paid During the				T
Recipient	If recipient is an individual.	Fr. 1415	Durant	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MAKE WAY FOR BOOKS 3955 E. FT. LOWELL DR. FUCSON, AZ 85712	NONE	PUBLIC CHARITY	PROMOTE READING	10.000
rucson, AZ 65/12		:		10,000
ST GREGORY'S KENYA CLUB 3231 N CRAYCROFT RD TUCSON, AZ 85712	NONE	PUBLIC CHARITY	SUPPORT EDUCATION	500
ST. ALBAN'S EPISCOPAL CHURCH 3737 OLD SABINO CANYON RD. TUCSON, AZ 85750	NONE	RELIGIOUS ORGANIZATION	GENERAL SUPPORT	10,000
U.S. FUND FOR UNICEF 5342 E. SPEEDWAY BLVD FUCSON, AZ 85712	NONE	PUBLIC CHARITY	INTERNATIONAL COMMUNITY WELFARE	15,000
AMIGOS DE LAS AMERICANS 2030 N FORT BUCHANAN TRAIL TUCSON, AZ 85750	NONE	PUBLIC CHARITY	YOUTH ORGANIZATION	250
WORLD WILDLIFE FUND 1250 24TH STREET NW WASHINGTON, DC 20037	NONE	PUBLIC CHARITY	WILDLIFE WELFARE	100
BRADFIELD ELEMENTARY	NONE	PUBLIC CHARITY	EDUCATION	70
Total from continuation sheets				35,920

(B) INVESTMENT INVESTMENT INCOME	(C) ADJUSTED
INVESTMENT	ADJUSTED
	NET INCOME
109.	
109.	
	STATEMENT
(B) NET INVEST- MENT INCOME	
0.	
0.	•
	STATEMENT
(C) ADJUSTED NET INCOME	
	0 0
	0
:	NET INCOM

NAME OF MANAGER

PAUL D. BANCROFT MARY JAN BANCROFT

	,						
Form	8868 (Rev. 1-2014)					Page 2	
	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box						
-	Only complete Part II if you have already been granted an		· · · · · · · · · · · · · · · · · · ·		8868.		
	you are filing for an Automatic 3-Month Extension, comple		•				
Pai	t II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies needed)		
			Enter filer's	identifyi	ng number, see ins	tructions	
Туре					Employer identification number (EIN)		
print							
File by	MUE CIDE BY CIDE EQUINDAMION				31-1644677		
due da	I Mulliber, Street, and fooling street in. If a r.O. box, s	ee instruc	tions	Social security number (SSN)			
filing y retum	our 2055 p. pm. TOWELT DD. COP. 115						
instruc	City, town or post office, state, and ZIP code. For a fo	oreign add	tress, see instructions.				
	TUCSON, AZ 85712						
Enter the Return code for the return that this application is for (file a separate application for each return)						0 4	
Application			Application			Return	
ls Fo		Code	Is For			Code	
Form	990 or Form 990-EZ	01					
	990-BL	02	Form 1041-A		'	08	
Form	4720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870					12		
STOR	P! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a previ	ously file	ed Form 8868.	•	
	R & A CPAS					-	
	e books are in the care of > 4542 E. CAMP LO	DWELL			ON, AZ 857	12	
Te	lephone No. ► (520) 881-4900		Fax No. ► (520)881-14	75			
• If 1	he organization does not have an office or place of business	s in the Ur	nited States, check this box		<u> </u>		
• If	his is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If	this is fo	r the whole group, c	heck this	
box			ach a list with the names and EINs of	<u>all memb</u>	ers the extension is	for	
4	· · · · · · · · · · · · · · · · · · ·	NOVEM	BER 15, 2014				
5	For calendar year 2013, or other tax year beginning, and ending						
6	If the tax year entered in line 5 is for less than 12 months, check reason Initial return						
	Change in accounting period						
7	State in detail why you need the extension						
				- 1	r		
8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			_	
	nonrefundable credits See instructions.			8a	\$	0.	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069		•				
	tax payments made. Include any prior year overpayment all	lowed as a	a credit and any amount paid	<u> </u>		^	
	previously with Form 8868.			8b	 \$	0.	

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature >

Title ► CPA

c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using

EFTPS (Electronic Federal Tax Payment System) See instructions.

Date 🕨

8c

Form 8868 (Rev. 1-2014)

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