

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)

2012

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The Primavera Foundation, Inc. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 151 W. 40th Street City, town, or post office, state, and ZIP code Tucson, AZ 85713 F Name and address of principal officer: Marcy Brell 151 W. 40th Street, Tucson, AZ 85713	D Employer identification number 86-0733182 E Telephone number 520-882-5383 G Gross receipts \$ 7,245,524. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.primavera.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1983 M State of legal domicile: AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Primavera's programs impact over 7,500 individuals and families living in southern Arizona. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 415 6 Total number of volunteers (estimate if necessary) 6 1451 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																												
Revenue	8 Contributions and grants (Part VIII, line 1h) 5,665,312. 9 Program service revenue (Part VIII, line 2g) 1,120,907. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 37,355. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 159,341. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,982,915.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align: center;">Prior Year</th> <th style="width:35%; text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td style="text-align: right;">5,665,312.</td> <td style="text-align: right;">5,568,857.</td> </tr> <tr> <td>9</td> <td style="text-align: right;">1,120,907.</td> <td style="text-align: right;">1,468,033.</td> </tr> <tr> <td>10</td> <td style="text-align: right;">37,355.</td> <td style="text-align: right;">44,285.</td> </tr> <tr> <td>11</td> <td style="text-align: right;">159,341.</td> <td style="text-align: right;">116,373.</td> </tr> <tr> <td>12</td> <td style="text-align: right;">6,982,915.</td> <td style="text-align: right;">7,197,548.</td> </tr> </tbody> </table>		Prior Year	Current Year	8	5,665,312.	5,568,857.	9	1,120,907.	1,468,033.	10	37,355.	44,285.	11	159,341.	116,373.	12	6,982,915.	7,197,548.									
	Prior Year	Current Year																											
8	5,665,312.	5,568,857.																											
9	1,120,907.	1,468,033.																											
10	37,355.	44,285.																											
11	159,341.	116,373.																											
12	6,982,915.	7,197,548.																											
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 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) 3,453,861. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 365,682. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,905,469. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,359,330. 19 Revenue less expenses. Subtract line 18 from line 12 623,585.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align: center;">Prior Year</th> <th style="width:35%; text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>13</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>14</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15</td> <td style="text-align: right;">3,453,861.</td> <td style="text-align: right;">3,759,751.</td> </tr> <tr> <td>16a</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b</td> <td style="text-align: right;">365,682.</td> <td style="text-align: right;">365,682.</td> </tr> <tr> <td>17</td> <td style="text-align: right;">2,905,469.</td> <td style="text-align: right;">3,568,085.</td> </tr> <tr> <td>18</td> <td style="text-align: right;">6,359,330.</td> <td style="text-align: right;">7,327,836.</td> </tr> <tr> <td>19</td> <td style="text-align: right;">623,585.</td> <td style="text-align: right;">-130,288.</td> </tr> </tbody> </table>		Prior Year	Current Year	13	0.	0.	14	0.	0.	15	3,453,861.	3,759,751.	16a	0.	0.	b	365,682.	365,682.	17	2,905,469.	3,568,085.	18	6,359,330.	7,327,836.	19	623,585.	-130,288.
	Prior Year	Current Year																											
13	0.	0.																											
14	0.	0.																											
15	3,453,861.	3,759,751.																											
16a	0.	0.																											
b	365,682.	365,682.																											
17	2,905,469.	3,568,085.																											
18	6,359,330.	7,327,836.																											
19	623,585.	-130,288.																											
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 9,735,679. 21 Total liabilities (Part X, line 26) 1,238,128. 22 Net assets or fund balances. Subtract line 21 from line 20 8,497,551.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align: center;">Beginning of Current Year</th> <th style="width:35%; text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td style="text-align: right;">9,735,679.</td> <td style="text-align: right;">12,738,785.</td> </tr> <tr> <td>21</td> <td style="text-align: right;">1,238,128.</td> <td style="text-align: right;">4,194,349.</td> </tr> <tr> <td>22</td> <td style="text-align: right;">8,497,551.</td> <td style="text-align: right;">8,544,436.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20	9,735,679.	12,738,785.	21	1,238,128.	4,194,349.	22	8,497,551.	8,544,436.															
	Beginning of Current Year	End of Year																											
20	9,735,679.	12,738,785.																											
21	1,238,128.	4,194,349.																											
22	8,497,551.	8,544,436.																											

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 Marcy Brell, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Carla J. Keegan	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00596839
	Firm's name ▶ Keegan, Linscott & Kenon, P.C. Firm's address ▶ 33 N. Stone Avenue, Suite 1100 Tucson, AZ 85701	Firm's EIN ▶ 86-0750225 Phone no. (520) 884-0176

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 [X]

1 Briefly describe the organization's mission: The Primavera Foundation provides pathways out of poverty through safe, affordable housing, workforce development and neighborhood revitalization.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,330,642. including grants of \$) (Revenue \$ 185,110.) Emergency Services - Street outreach, drop-in day centers and overnight shelters, and immediate relief for families and individuals who are homeless and recovering from economic crisis. Other services include: mail and telephone message service, eviction prevention (emergency rent or move-in assistance), food boxes, bus passes, and individual success planning.

4b (Code:) (Expenses \$ 2,046,176. including grants of \$) (Revenue \$ 797,362.) Housing Services - The Primavera Foundation currently owns and operates eleven rental housing facilities with a total of 129 rentable units in a variety of neighborhoods throughout the City of Tucson and City of South Tucson. In partnership with Pima County and the City of Tucson, Primavera also offers scattered site transitional rental housing programs in units not owned by Primavera. Varying levels of individual success planning and life skills classes are available to support those in transitional housing programs who are rebuilding their lives while recovering from homelessness, illness and/or ungrading their employment. Participation in resource specialist services and skills training (including financial education) programs is required in all transitional housing programs. Individual goals and service plans are

4c (Code:) (Expenses \$ 1,134,074. including grants of \$) (Revenue \$ 485,561.) Work Force Development - Primavera's employment services assist homeless and near homeless adults learning news skills, entering or re-entering the workforce and focused on succeeding in the job market. Special emphasis is placed on job placement with veterans and ex-prisoners. A continuum of services including job readiness and retention counseling, resume building, job training, ethical day labor opportunities, and temporary and permanent job placement.

4d Other program services (Describe in Schedule O.) (Expenses \$ 801,051. including grants of \$) (Revenue \$)

4e Total program service expenses 6,311,943.

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

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No columns. Includes rows 1a through 14b with various tax-related questions and numerical inputs.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
The Organization - 520-882-5383
151 W. 40th Street, Tucson, AZ 85713

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. 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Susan Tarrence President	1.50	X		X				0.	0.	0.
(2) David Longoria Vice-President	1.00	X		X				0.	0.	0.
(3) Joel Gastelum Secretary	1.00	X		X				0.	0.	0.
(4) Debbie Wong Treasurer	3.00	X		X				0.	0.	0.
(5) Rosa Maria Borbon Director	1.00	X						0.	0.	0.
(6) Leslie J. Cohen, J.D. Director	1.00	X						0.	0.	0.
(7) Jan Crebbs Director	1.00	X						0.	0.	0.
(8) Doris Gilder Director	1.00	X						0.	0.	0.
(9) Leslie L. Hunter Director	5.00	X						0.	0.	0.
(10) Josue Licea Director	0.50	X						0.	0.	0.
(11) Chayo Long-Mendez Director	1.00	X						0.	0.	0.
(12) John Schwarz Director	1.00	X						0.	0.	0.
(13) Joseph Scott Director	1.00	X						0.	0.	0.
(14) Andy Silverman, J.D. Director	1.00	X						0.	0.	0.
(15) David Wohl Director	1.00	X						0.	0.	0.
(16) Peggy Hutchison CEO	40.00			X				112,716.	0.	0.
(17) Marcy Brell CFO	40.00			X				80,586.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								193,302.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								193,302.	0.	0.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Lloyd Construction 2180 N. Wilmot Road, Tucson, AZ 85712	Construction	2,159,165.
CMH Manufacturing 231 N. Apache Road, Buckeye, AZ 85326	Construction	485,586.
W5 Construction 3131 N. 31st Avenue, Phoenix, AZ 85017	Construction	209,076.
Poster Frost Mirto 317 N. Court Ave, Tucson, AZ 85701	Architectural Design	161,066.
Old Pueblo Community Services 4501 E. 5th St., #1, Tucson, AZ 85711	Subcontractor on Grant	110,611.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5		

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	42,500.				
	d	Related organizations	1d	215,896.				
	e	Government grants (contributions)	1e	3,040,852.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,269,609.				
	g	Noncash contributions included in lines 1a-1f: \$		314,570.				
	h	Total. Add lines 1a-1f		5,568,857.				
	Program Service Revenue	2 a	Other Contracts	Business Code 624310	485,561.	485,561.		
b		Rental Income	624200	419,384.	419,384.			
c		Neighborhood Revitaliz	624310	377,978.	377,978.			
d		Client Fees	624310	185,110.	185,110.			
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		1,468,033.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		52,213.			52,213.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			-7,928.			-7,928.
	8 a	Gross income from fundraising events (not including \$ 42,500. of contributions reported on line 1c). See Part IV, line 18	a		131,291.			
		Less: direct expenses	b		38,232.			
		Net income or (loss) from fundraising events			93,059.			93,059.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	Miscellaneous Income	900099		23,314.			23,314.	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			23,314.				
12	Total revenue. See instructions.			7,197,548.	1,468,033.	0.	160,658.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,216,195.	2,625,189.	400,184.	190,822.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,719.	13,647.	2,080.	992.
9 Other employee benefits	256,981.	196,136.	44,927.	15,918.
10 Payroll taxes	269,856.	220,267.	33,578.	16,011.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	32,450.		32,450.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	421,747.	390,582.	16,374.	14,791.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	469,574.	457,338.	8,048.	4,188.
17 Travel	96,822.	94,222.	640.	1,960.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,169.		6,169.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	408,579.	382,865.	20,697.	5,017.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Direct Client Support	1,029,031.	1,029,031.		
b Materials and Supplies	328,208.	200,368.	36,493.	91,347.
c Donated Meals	307,391.	307,391.		
d Operating Expenses	298,191.	230,462.	44,741.	22,988.
e All other expenses	169,923.	164,445.	3,830.	1,648.
25 Total functional expenses. Add lines 1 through 24e	7,327,836.	6,311,943.	650,211.	365,682.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	572,273.	1	250,702.	
	2 Savings and temporary cash investments	583,844.	2	1,273,605.	
	3 Pledges and grants receivable, net	679,875.	3	403,958.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net	180,136.	7	9,732.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	60,534.	9	70,399.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,162,675.			
	b Less: accumulated depreciation	10b 3,305,716.	4,690,989.	10c	6,856,959.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	1,718,473.	12	1,909,329.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,249,555.	15	1,964,101.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,735,679.	16	12,738,785.		
Liabilities	17 Accounts payable and accrued expenses	291,903.	17	550,946.	
	18 Grants payable		18		
	19 Deferred revenue	514,155.	19	2,009,034.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	394,813.	23	1,595,787.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	37,257.	25	38,582.	
	26 Total liabilities. Add lines 17 through 25	1,238,128.	26	4,194,349.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	7,264,020.	27	7,124,789.	
	28 Temporarily restricted net assets	213,068.	28	426,230.	
	29 Permanently restricted net assets	1,020,463.	29	993,417.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	8,497,551.	33	8,544,436.		
34 Total liabilities and net assets/fund balances	9,735,679.	34	12,738,785.		

Part XI Reconciliation 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	7,197,548.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,327,836.
3	Revenue less expenses. Subtract line 2 from line 1	3	-130,288.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,497,551.
5	Net unrealized gains (losses) on investments	5	177,173.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,544,436.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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	X	

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **The Primavera Foundation, Inc.** Employer identification number **86-0733182**

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,622,089.	4,674,731.	4,368,648.	5,665,312.	5,526,357.	24,857,137.
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	4,622,089.	4,674,731.	4,368,648.	5,665,312.	5,526,357.	24,857,137.
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)						
6 Public support. Subtract line 5 from line 4.						24,857,137.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	4,622,089.	4,674,731.	4,368,648.	5,665,312.	5,526,357.	24,857,137.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	188,949.	34,116.	35,249.	37,661.	52,213.	348,188.
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.)	257,951.	139,580.	191,575.	199,516.	197,105.	985,727.
11 Total support. Add lines 7 through 10						26,191,052.
12 Gross receipts from related activities, etc. (see instructions)					12	6,430,277.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	94.91	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	94.66	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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 III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,020,463.	1,365,641.	1,192,264.	1,159,204.	1,109,204.
b Contributions	75,000.	153,000.	182,500.	33,060.	50,000.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	102,046.	498,178.	9,123.		
f Administrative expenses					
g End of year balance	993,417.	1,020,463.	1,365,641.	1,192,264.	1,159,204.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		829,220.		829,220.
b Buildings		6,264,303.	2,885,899.	3,378,404.
c Leasehold improvements		28,525.	22,490.	6,035.
d Equipment		556,325.	397,327.	158,998.
e Other		2,484,302.		2,484,302.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,856,959.

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		
(3) Other		
(A) Bartol Family Partnership	150,000.	End-of-Year Market Value
(B) Mutual Funds	1,759,329.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,909,329.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must 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
(1) Cash Restricted - Capital Purposes	139,829.
(2) Work in Process	1,608,651.
(3) Notes Receivable - Permanent Liens	215,621.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,964,101.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Security Deposits	38,582.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	38,582.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	7,412,953.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	177,173.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	38,232.
e	Add lines 2a through 2d	2e	215,405.
3	Subtract line 2e from line 1	3	7,197,548.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,197,548.

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

1	Total expenses and losses per audited financial statements	1	7,366,068.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	38,232.
e	Add lines 2a through 2d	2e	38,232.
3	Subtract line 2e from line 1	3	7,327,836.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,327,836.

Part XIII 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: Endowment funds are used to support the Organization's mission.

Part X, Line 2: The Organization is exempt from income taxes under both Federal Internal Revenue Code ("IRC") Section 501(c)(3) and Arizona income tax laws, and is classified as other than a private foundation under IRC section 509(a)(1). Accordingly, no provision is made in the financial statements for federal or state income taxes. The Organization

Part XIII Supplemental Information (continued)

also qualifies for the charitable contribution deduction under Section 170(b)(1)(a). Income from certain activities not directly related to the Organization's tax-exempt purpose, however may be subject to taxation as unrelated business income.

Management evaluated the Organization's tax positions in accordance with the accounting standard on accounting for uncertainty in income taxes and concluded that the Organization had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of the accounting standard. In addition, Management is not aware of any matters which would cause the Organization to lose its tax-exempt status. In general, the Organization is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before 2009.

The Organization recognizes interest and penalties related to unrecognized tax benefits as accrued expenses in its accompanying financial statements. During the years ended June 30, 2013 and 2012, the Organization did not recognize any interest and penalties.

Part XI, Line 2d - Other Adjustments:

Special Event Expenses	38,232.
------------------------	---------

Part XII, Line 2d - Other Adjustments:

Special Event Expenses	38,232.
------------------------	---------

Supplemental Information Regarding Fundraising or Gaming Activities

2012

Open To Public Inspection

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

Name of the organization **The Primavera Foundation, Inc.**
Employer identification number **86-0733182**

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

Total

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Primavera Cooks!		None	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	173,791.			173,791.
	2 Less: Contributions	42,500.			42,500.
	3 Gross income (line 1 minus line 2)	131,291.			131,291.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	34,510.			34,510.
	8 Entertainment				
	9 Other direct expenses	3,722.			3,722.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(38,232)
	11 Net income summary. Combine line 3, column (d), and line 10				93,059.

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **The Primavera Foundation, Inc.** Employer identification number **86-0733182**

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 noncash 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	X	1	2,200.	fair market value
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	312,370.	blended rate - actua
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

The Primavera Foundation, Inc.

Employer identification number

86-0733182

Form 990, Part I, Line 1, Description of Organization Mission:

Through partnerships with program participants, volunteers, neighborhoods, and a wide variety of community-based organizations, businesses and public entities, Primavera's continuum of services address the following four goals: Survivial, Stability, Security, and Sustainability.

Form 990, Part III, Line 4b, Program Service Accomplishments:

developed with each participant, using a self-sufficiency self-evaluation process that identifies and builds upon participant strengths. Emphasis is placed on employment/income, housing, and other areas of need that will ensure self-sufficiency once participants have completed the program.

Property and Asset management - The Primavera Foundation owns sixteen properties which include three office buildings, two shelters with 108 beds and 17 units, and eleven multifamily transitional and permanent rental properties with 29 units in various neighborhoods in the community. Valued at approximately \$4,000,000, all properties are 100% owned without any amortizing debt. Two properties have small rehab HOME loans. Primavera's goal in developing and offering rental housing is to ensure that people have fair access to safe and affordable housing, as well as the supports necessary to achieve their maximum potential for self-sufficiency. The majority of tenants fall into the 50% of Area Median Income bracket or below. This business line is responsible for

Name of the organization The Primavera Foundation, Inc.	Employer identification number 86-0733182
------------------------------------------------------------	----------------------------------------------

the management and maintenance of all rental and office properties.

Form 990, Part III, Line 4d, Other Program Services:

Neighborhood Revitalization - Primavera began the development of a new 12 unit multifamily rental housing and community center called Las Abuelitas in 2012. The project will be completed in 2013.

Expenses \$ 624,190. including grants of \$ 0. Revenue \$ 0.

Community Engagement

Expenses \$ 176,861. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section A, line 7a: Directors are elected by members of the Board of Directors.

Form 990, Part VI, Section B, line 11: The Chief Executive Officer emails the tax return to the full board asking them to review and approve it via email.

Form 990, Part VI, Section B, Line 12c: The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy.

Each Board member signs the conflict of interest policy when they become a board member as well as signing the policy annually. If anyone on the Board feels that they should not vote on a matter before the Board because they have a personal connection, they are expected to voice their concern. All members are fully aware of this policy. If a member sees or hears something that might be questionable, the concern is brought before the executive

Name of the organization
The Primavera Foundation, Inc.

Employer identification number
86-0733182

committee.

Form 990, Part VI, Section C, Line 19: The applicable documents are available upon request.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. The Primavera Foundation, Inc.	Employer identification number (EIN) or 86-0733182
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 151 W. 40th Street	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tucson, AZ 85713	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The Organization

- The books are in the care of ▶ 151 W. 40th Street - Tucson, AZ 85713
 Telephone No. ▶ 520-882-5383 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2012, and ending JUN 30, 2013.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

2012

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

The Primavera Foundation, Inc.

86-0733182

Name and title of officer

**Marcy Brell
CFO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>7197548</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Keegan, Linscott & Kenon, P.C. to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ******* THIS IS NOT A FILEABLE COPY ***** Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

86032385701
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

ARIZONA FORM 99 **Arizona Exempt Organization Annual Information Return** **2012**

For the calendar year 2012 or fiscal year beginning 07/01/12 and ending 06/30/13

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>	PLS Type or Print	Name The Primavera Foundation, Inc.	Employer identification number (EIN) 86-0733182
Business telephone number (with area code) 520-882-5383		Number and street or PO Box 151 W. 40th Street	AZ transaction privilege tax number
		City or town, state and ZIP code Tucson, AZ 85713	

68 Check box if: This is a first return Name change Address change

A Date Arizona operations began: 01/01/1984

B Nature of Arizona activities: Social Service Agency

C Federal form filed: 990 990-EZ Other (specify) _____

CHECK BOX IF: Return filed under extension.

82 3-mos. Fed 6-mos. AZ - Fed

82C 82F

Attach a copy of the organization's federal return.

Nonprofit Medical Marijuana Dispensary (NMMD) only:

D NMMD Registry Identification Number: _____

E What type of entity is the dispensary?
 Corporation Limited Liability Company (LLC) Partnership S corporation
 Sole Proprietorship

F If the dispensary is an LLC, what is the federal tax classification?
 Corporation Disregarded Entity Partnership S corporation

If the dispensary is an LLC, a partnership or an S corporation, *attach a schedule* that lists ownership information including name, address, TIN, and ownership percentage at the end of the tax year.

G Federal form filed: 1040 1041 1065 1120 1120-S Other (specify) _____

H Check this box if you attached a copy of the dispensary's federal return to its Arizona Form 120S or Form 165 when it was filed; do not attach a copy of the same return to this form. *Otherwise, attach a copy of the dispensary's federal return.*

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

81 **66**

Sources of Income

1 Gross sales from business activities	1	131,291	00	
2 Less: Cost of goods sold or of operations - <i>attach itemized statement</i>	2		00	
3 Gross profit from business activities - <i>subtract line 2 from line 1</i>	3	131,291	00	
4 Interest	4	761	00	
5 Dividends	5	51,452	00	
6 Rents and royalties	6		00	
7 Gain or (loss) from sales of assets, excluding inventory items	7	-7,928	00	
8 Dues, assessments, etc., from members	8		00	
9 Dues, assessments, etc., from affiliates	9	215,896	00	
10 Contributions, gifts, grants, etc., received	10	5,352,961	00	
11 Other income - <i>attach itemized statement</i>	11	1,668,520	00	Statement 2
12 Total income - <i>add lines 3 through 11</i>	12	7,412,953	00	

Administrative Expenses

13 Compensation of officers, directors, trustees, etc.	13		00	
14 Salaries and wages - <i>other than amounts included on line 2</i>	14	591,006	00	
15 Interest	15	6,169	00	
16 Taxes	16	49,589	00	
17 Rent expense	17	12,236	00	
18 Depreciation - <i>attach schedule</i>	18	25,714	00	Statement 1
19 Miscellaneous expenses - <i>attach itemized statement</i>	19	369,411	00	Statement 3
20 Total expenses - <i>add lines 13 through 19</i>	20	1,054,125	00	

Disbursements

21 Disbursements from current income for exempt purposes - <i>from page 2, line A6</i>	21	6,311,943	00	
22 Disbursements from principal for exempt purposes - <i>from page 2, line B6</i>	22		00	
23 Other disbursements not itemized on Schedule A or Schedule B - <i>attach schedule</i>	23		00	

Accumulation of Income

24 Accumulation of income in current year - <i>line 12 less the sum of lines 20, 21, 22, and 23</i>	24	46,885	00	
25 Accumulation of income at beginning of year	25	8,497,551	00	
26 Accumulation of income at end of year - <i>add lines 24 and 25</i>	26	8,544,436	00	

Penalty

27 Penalty for late filing or incomplete filing. <i>See instructions</i>	27		00	
--------------------------------------------------------------------------------	----	--	----	--

THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. ARS § 42-1125(K).

SCHEDULE A - Disbursements From Current Income for Exempt Purposes

A1	Dues, assessments, etc., to affiliates	A1		00
A2	Contributions, gifts, grants, etc., paid	A2		00
A3	Benefit payments to or for members or their dependents:			
A3a	Death, sickness, hospitalization, disability, or pension benefits	A3a		00
A3b	Other benefits	A3b		00
A4	Dividends and other distributions to members, shareholders, or depositors	A4		00
A5	Other	A5	6,311,943	00
A6	Total - add lines A1 through A5. Enter total here and on page 1, line 21	A6	6,311,943	00

Statement 4

SCHEDULE B - Disbursements From Principal for Exempt Purposes

B1	Dues, assessments, etc., to affiliates	B1		00
B2	Contributions, gifts, grants, etc., paid	B2		00
B3	Benefit payments to or for members or their dependents:			
B3a	Death, sickness, hospitalization, disability, or pension benefits	B3a		00
B3b	Other benefits	B3b		00
B4	Dividends and other distributions to members, shareholders, or depositors	B4		00
B5	Other	B5		00
B6	Total - add lines B1 through B5. Enter total here and on page 1, line 22	B6		00

SCHEDULE C - Balance Sheet

NOTE: Amounts used in attached schedules and in this column should be end of year amounts.		Assets		(a)		(b)		
				Beginning of Year		End of Year		
C1	Cash			1,156,117	00	C1	1,524,307	00
C2a	Accounts receivable	C2a			00			
C2b	Less: allowance for doubtful accounts	C2b			00			
C2c	Line C2a less line C2b. Enter difference in column (b)				00	C2c		00
C3a	Other notes and loans receivable - attach schedule	C3a			00			
C3b	Less: allowance for doubtful accounts	C3b			00			
C3c	Line C3a less line C3b. Enter difference in column (b)			180,136	00	C3c	9,732	00
C4	Inventories				00	C4		00
C5	Investments (securities) - attach schedule				00	C5		00
C6	Investments (other) - attach schedule			1,718,473	00	C6	1,909,329	00
C7a	Land, buildings, and equipment; basis	C7a	10,162,675		00			
C7b	Less: accumulated depreciation - attach schedule	C7b	3,305,716		00			
C7c	Line C7a less line C7b. Enter difference in column (b)			4,690,989	00	C7c	6,856,959	00
C8	Other assets - describe			1,989,964	00	C8	2,438,458	00
C9	Total assets - add lines C1 through C8			9,735,679	00	C9	12,738,785	00
Liabilities								
C10	Accounts payable and accrued expenses			291,903	00	C10	550,946	00
C11	Mortgages and other notes payable - attach schedule			394,813	00	C11	1,595,787	00
C12	Other liabilities - describe			551,412	00	C12	2,047,616	00
C13	Total liabilities - add lines C10 through C12			1,238,128	00	C13	4,194,349	00
Net Assets								
C14	Capital stock or trust principal				00	C14		00
C15	Paid-in or capital surplus				00	C15		00
C16	Retained earnings or accumulated income			8,497,551	00	C16	8,544,436	00
C17	Total net assets - add lines C14 through C16			8,497,551	00	C17	8,544,436	00
C18	Total liabilities and net assets - add lines C13 and C17			9,735,679	00	C18	12,738,785	00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) The Primavera Foundation, Inc.	EIN 86-0733182
-----------------------------------------------------------------	-----------------------

Certification Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.										
Please Sign Here	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 40%;"></td> </tr> <tr> <td style="font-size: small;">Officer's Signature</td> <td style="font-size: small;">Date</td> <td style="font-size: small;">Title</td> </tr> </table>				Officer's Signature	Date	Title	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 100%;"></td> </tr> <tr> <td style="font-size: small;">CFO</td> </tr> </table>		CFO
Officer's Signature	Date	Title								
CFO										
Paid Preparer's Use Only	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 40%;"></td> </tr> <tr> <td style="font-size: small;">Preparer's Signature</td> <td style="font-size: small;">Date</td> <td style="font-size: small;">Preparer's PTIN</td> </tr> </table>				Preparer's Signature	Date	Preparer's PTIN	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 100%;"></td> </tr> <tr> <td style="font-size: small;">P00596839</td> </tr> </table>		P00596839
Preparer's Signature	Date	Preparer's PTIN								
P00596839										
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;"></td> <td style="border-bottom: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="font-size: small;">Firm's Name (or Preparer's Name, if self-employed)</td> <td style="font-size: small;">Firm's <input checked="" type="checkbox"/> EIN or <input type="checkbox"/> SSN</td> </tr> </table>			Firm's Name (or Preparer's Name, if self-employed)	Firm's <input checked="" type="checkbox"/> EIN or <input type="checkbox"/> SSN	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 100%;"></td> </tr> <tr> <td style="font-size: small;">86-0750225</td> </tr> </table>		86-0750225		
Firm's Name (or Preparer's Name, if self-employed)	Firm's <input checked="" type="checkbox"/> EIN or <input type="checkbox"/> SSN									
86-0750225										
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 40%;"></td> </tr> <tr> <td style="font-size: small;">Firm's Address</td> <td style="font-size: small;">ZIP Code</td> <td style="font-size: small;">Firm's Telephone Number</td> </tr> </table>				Firm's Address	ZIP Code	Firm's Telephone Number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 100%;"></td> </tr> <tr> <td style="font-size: small;">(520) 884-0176</td> </tr> </table>		(520) 884-0176
Firm's Address	ZIP Code	Firm's Telephone Number								
(520) 884-0176										

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153

AZ 99	Depreciation/Amortization Expense	Statement	1
-------	-----------------------------------	-----------	---

<u>Description</u>	<u>Amount</u>
Depreciation/Amortization	25,714.
Total to Form 99, Page 1, Line 18	25,714.

AZ 99	Other Income	Statement	2
-------	--------------	-----------	---

<u>Description</u>	<u>Amount</u>
Unrealized Gain	177,173.
Miscellaneous Income	23,314.
Other Contracts	485,561.
Rental Income	419,384.
Neighborhood Revitaliz	377,978.
Client Fees	185,110.
Total to Form 99, Page 1, Line 11	1,668,520.

AZ 99	Misc Expenses	Statement	3
-------	---------------	-----------	---

<u>Description</u>	<u>Amount</u>
Direct expenses of fundraising events	38,232.
Pension plan contributions	3,072.
Other employee benefits	60,845.
Accounting fees	32,450.
Other professional fees	31,165.
Travel	2,600.
Materials and Supplies	127,840.
Operating Expenses	67,729.
All other expenses	5,478.
Total to Form 99, Page 1, Line 19	369,411.

AZ 99	Other Expenses	Statement	4
Description			Amount
Other salaries and wages			2,625,189.
Pension plan contributions			13,647.
Other employee benefits			196,136.
Payroll taxes			220,267.
Other professional fees			390,582.
Occupancy			457,338.
Travel			94,222.
Depreciation/Amortization			382,865.
Direct Client Support			1,029,031.
Materials and Supplies			200,368.
Donated Meals			307,391.
Operating Expenses			230,462.
All other expenses			164,445.
Total to Form 99, Page 2, Schedule A, Line A5			6,311,943.