

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

A For the 2020 calendar year, or tax year beginning 07/01/20 , **and ending** 06/30/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5049 E. BROADWAY BLVD, SUITE 201 City or town, state or province, country, and ZIP or foreign postal code TUCSON AZ 85711	D Employer identification number 94-2681765 E Telephone number 520-770-0800 G Gross receipts\$ 67,607,383
F Name and address of principal officer: KATHERINE WAIT 5049 E. BROADWAY BLVD., SUITE 201 TUCSON AZ 85711		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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		H(c) Group exemption number ▶
J Website: ▶ WWW.CFSAZ.ORG/		L Year of formation: <u>1980</u>
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: <u>AZ</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:	TO CREATE AN EQUITABLE AND VIBRANT COMMUNITY FOR ALL SOUTHERN ARIZONANS BY CONNECTING DONORS TO THE CAUSES THEY CARE ABOUT, NOW AND FOREVER.	
	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	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	65
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18,539,745	27,054,921
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	231,322	254,906
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,974,213	8,236,807
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,254	97,711
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	21,841,534	35,644,345
	14 Benefits paid to or for members (Part IX, column (A), line 4)	10,395,954	11,266,903
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,488,388	1,595,049
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 769,308	42,498	42,498
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,370,626	1,646,301
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	13,254,968	14,550,751	
19 Revenue less expenses. Subtract line 18 from line 12	8,586,566	21,093,594	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	131,392,876	172,311,447
	22 Net assets or fund balances. Subtract line 21 from line 20	7,815,687	8,508,306
		123,577,189	163,803,141

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 KATHERINE WAIT	Date CFO
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JULIE S. KLEWER, CPA	Preparer's signature 	Date 	Check <input type="checkbox"/> if self-employed	PTIN P00343046
	Firm's name ▶ LUDWIG KLEWER & RUDNER PLLC			Firm's EIN ▶ 36-4538293	
	Firm's address ▶ TUCSON, AZ 85712			Phone no. 520-545-0500	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO CREATE AN EQUITABLE AND VIBRANT COMMUNITY FOR ALL SOUTHERN ARIZONANS BY CONNECTING DONORS TO THE CAUSES THEY CARE ABOUT, NOW AND FOREVER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 12,145,926 including grants of \$ 11,266,903) (Revenue \$ 257,637)

CFSA HAS BEEN INVOLVED IN PROVIDING CORE GRANTS FOR GENERAL OPERATING SUPPORT, TO HIGH PERFORMING NONPROFITS AND SUPPORTING CROSS SECTOR PARTNERSHIPS WITH THE END OF LIFE CARE PARTNERSHIP. WE CONTINUE OUR WORK TO SUPPORT THE COMMUNITY WITH OUR INITIATIVES, THE AFRICAN AMERICAN LEGACY FUND, LGBTQ+ ALLIANCE FUND, AND THE PIMA ALLIANCE FOR ANIMAL WELFARE. IN ADDITION WE HAVE BEEN PROVIDING TRAINING AND PROFESSIONAL DEVELOPMENT TO OUR LOCAL NONPROFIT COMMUNITY THROUGH OUR CENTER FOR HEALTHY NONPROFITS. LASTLY, WE HAVE BEEN RESPONDING TO THE COVID-19 PANDEMIC WITH RAPID RESPONSE GRANTS TO NONPROFITS.

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 12,145,926

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> (see instructions)?	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 donor-restricted endowments or in 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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> See instructions	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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 23		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

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 (1024 or 1024-A, 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records ►

COMMUNITY FOUND. FOR S. ARIZONA 5049 E. BROADWAY BLVD., SUITE 201
TUCSON AZ 85711

520-770-0800

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

Check if Schedule O contains a response or note to any line 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. See instructions for the order in which to list the persons above.

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 per week (list any hours for related organizations below dotted 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) ALLISON VAILLANCOURT	0.60									
DIRECTOR	0.00	X					0	0	0	
(2) ANNE ROEDIGER	0.60									
DIRECTOR	0.00	X					0	0	0	
(3) BARBARA SMITH	0.60									
DIRECTOR	3.04	X					0	0	0	
(4) CELESTINO FERNANDEZ	0.40									
PAST SECRETARY	0.00	X		X			0	0	0	
(5) COLETTE BARAJAS	0.20									
DIRECTOR	0.62	X					0	0	0	
(6) CLAUDIA JASSO	0.40									
PAST CHAIR	0.00	X		X			0	0	0	
(7) DANIEL ARANA	0.60									
SECRETARY	0.00	X		X			0	0	0	
(8) ETHAN ORR	0.60									
DIRECTOR	0.00	X					0	0	0	
(9) FAISAL ADIL	0.00									
DIRECTOR	0.00	X					0	0	0	
(10) FATIMA LUNA	0.40									
PAST VICE CHAIR	0.00	X		X			0	0	0	
(11) FRED CHAFFEE	0.20									
DIRECTOR	0.02	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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			
(12) HERB HOFFMAN	0.60									
TREASURER	0.00	X		X			0	0	0	
(13) JAN LESHER	0.20									
CHAIR	0.00	X		X			0	0	0	
(14) KENDAL WASHINGTON WHITE	0.20									
DIRECTOR	0.00	X					0	0	0	
(15) MARCEL DABDOUB	0.60									
DIRECTOR	0.00	X					0	0	0	
(16) MARIAN LALONDE	0.60									
DIRECTOR	0.00	X					0	0	0	
(17) MARK RUBIN	0.40									
DIRECTOR	0.00	X					0	0	0	
(18) MARY OKOYE	0.40									
DIRECTOR	0.00	X					0	0	0	
(19) MATT HARRISON	0.60									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A							462,889		81,339	
d Total (add lines 1b and 1c)							462,889		81,339	

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 **3**

	Yes	No
3 Did the organization list any former officer, director, 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

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 **0**

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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			
(20) NANCY DAVIS DIRECTOR	0.20 0.00	X						0	0	0
(21) RAFAEL DURAZO DIRECTOR	0.60 0.00	X						0	0	0
(22) RICHARD MUNDINGER DIRECTOR	0.20 0.00	X						0	0	0
(23) RON MARX DIRECTOR	0.20 0.00	X						0	0	0
(24) STYNE HILL VICE CHAIR	0.60 0.00	X		X				0	0	0
(25) VIRJINYA TORREZ DIRECTOR	0.40 0.00	X						0	0	0
(26) WANDA MOORE DIRECTOR	0.20 0.00	X						0	0	0
(27) J. CLINTON MABIE CEO	40.00 0.10			X				165,306	0	31,210
1b Subtotal								165,306		31,210
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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			
(28) KATHERINE WAIT CFO	40.00 0.00			X				108,406	0	18,178
(29) MARK MONTOYA COO	40.00 0.10			X				84,740	0	20,281
(30) MARY LOUISE LUNA GIFT PLANNING DIRECT	40.00 0.00					X		104,437	0	11,670
1b Subtotal								297,583		50,129
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	44,788			
	d Related organizations	1d	2,247,104			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,763,029			
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,348,085			
	h Total. Add lines 1a-1f		27,054,921			
Program Service Revenue	2a MANAGEMENT FEES	Business Code 541610	227,581	227,581		
	b ANNUAL EVENT-NON FUNDRAISING	519100	27,325	27,325		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		254,906			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,923,924		2,923,924	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	209,000			
		(ii) Personal				
		6a	209,000			
	b Less: rental expenses	6b	114,020			
	c Rental inc. or (loss)	6c	94,980			
	d Net rental income or (loss)		94,980		94,980	
	7a Gross amount from sales of assets other than inventory	(i) Securities	37,161,901			
		(ii) Other				
		7a	37,161,901			
	b Less: cost or other basis and sales exps.	7b	31,849,018			
	c Gain or (loss)	7c	5,312,883			
	d Net gain or (loss)		5,312,883		5,312,883	
8a Gross income from fundraising events (not including \$ 44,788 of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a OTHER REVENUE	Business Code 900099	2,731	2,731		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		2,731			
12 Total revenue. See instructions		35,644,345	257,637	0	8,331,787	

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	11,256,903	11,256,903		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,000	10,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	547,720	176,014	215,279	156,427
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	823,384	264,190	324,128	235,066
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,970	19,008	24,153	16,809
9 Other employee benefits	66,335	21,755	25,344	19,236
10 Payroll taxes	97,640	31,615	38,023	28,002
11 Fees for services (nonemployees):				
a Management				
b Legal	30,815		30,815	
c Accounting	46,710		46,710	
d Lobbying				
e Professional fundraising services. See Part IV, line 7	42,498			42,498
f Investment management fees	330,752		330,752	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	168,545	90,654	53,412	24,479
12 Advertising and promotion	57,003	21,030	13,772	22,201
13 Office expenses	52,204	16,949	20,243	15,012
14 Information technology	396,085	130,968	149,117	116,000
15 Royalties				
16 Occupancy	168,147	33,167	105,603	29,377
17 Travel	1,120	392	381	347
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,976	2,357	2,531	2,088
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	174,304		174,304	
23 Insurance	29,882	7,044	16,599	6,239
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RECRUITMENT / TRAINING	93,558	31,872	33,457	28,229
b EVENT NON FUNDRAISING	48,494	16,771	16,868	14,855
c DUES AND SUBSCRIPTIONS	35,078	12,155	12,157	10,766
d MISC. EXPENSE	6,628	3,082	1,869	1,677
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	14,550,751	12,145,926	1,635,517	769,308
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	834,498	1	460,770
	2 Savings and temporary cash investments	12,106,052	2	11,602,114
	3 Pledges and grants receivable, net	3,920,827	3	19,178,984
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,464,989	7	1,252,483
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,645	9	38,573
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,550,751		
	b Less: accumulated depreciation	10b 682,314	10c	5,868,437
	11 Investments—publicly traded securities	106,849,153	11	133,639,121
	12 Investments—other securities. See Part IV, line 11	238,587	12	237,954
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	33,011	15	33,011
16 Total assets. Add lines 1 through 15 (must equal line 33)	131,392,876	16	172,311,447	
Liabilities	17 Accounts payable and accrued expenses	134,462	17	242,495
	18 Grants payable	995,594	18	395,856
	19 Deferred revenue		19	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,685,631	25	7,869,955
	26 Total liabilities. Add lines 17 through 25	7,815,687	26	8,508,306
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	59,927,960	27	72,935,289
	28 Net assets with donor restrictions	63,649,229	28	90,867,852
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	123,577,189	32	163,803,141	
33 Total liabilities and net assets/fund balances	131,392,876	33	172,311,447	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,644,345
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,550,751
3	Revenue less expenses. Subtract line 2 from line 1	3	21,093,594
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	123,577,189
5	Net unrealized gains (losses) on investments	5	18,552,656
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 on Schedule O)	9	579,702
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	163,803,141

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 type="checkbox"/> Separate basis <input checked="" 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 on 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 on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA	Employer identification number 94-2681765
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,368,533	10,311,007	6,865,239	18,539,745	27,054,921	78,139,445
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	15,368,533	10,311,007	6,865,239	18,539,745	27,054,921	78,139,445
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)						19,056,248
6 Public support. Subtract line 5 from line 4.						59,083,197

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	15,368,533	10,311,007	6,865,239	18,539,745	27,054,921	78,139,445
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,049,193	2,652,278	2,707,548	2,918,311	3,132,924	13,460,254
9 Net income from unrelated business activities, whether or not the business is regularly carried on	10,439			4,850		15,289
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	74,803	110,840	112,907	52,012	2,731	353,293
11 Total support. Add lines 7 through 10						91,968,281

12 Gross receipts from related activities, etc. (see instructions) **12** 1,243,130

13 First 5 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

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	64.24%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	61.96%

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. 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

17a 10%-facts-and-circumstances test—2020. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 46,312

SPECIAL EVENTS GROSS RECEIPTS \$ 306,981

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA	Employer identification number 94-2681765
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (See instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		4,500
j Total. Add lines 1c through 1i			4,500
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1
 COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA PAID A FIRM TO LOBBY FOR
 THE BENEFIT OF COMMUNITY FOUNDATIONS.

Part IV Supplemental Information *(continued)*

Dotted lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number

94-2681765

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose(s) of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures.

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 make 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 program
- 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" on 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:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	58,738,978	59,169,645	59,269,930	57,731,523	50,383,726
b Contributions	17,109,627	3,726,255	1,208,677	3,719,057	6,657,938
c Net investment earnings, gains, and losses	15,370,571	1,639,937	2,274,212	3,605,420	5,292,588
d Grants or scholarships					
e Other expenditures for facilities and programs	4,254,649	5,796,859	3,583,174	3,576,999	2,900,810
f Administrative expenses				-1,000,000	1,701,919
g End of year balance	86,964,527	58,738,978	59,169,645	62,479,001	57,731,523

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 1.60%
- b Permanent endowment 98.40%
- c Term endowment %

The percentages on 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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		495,782		495,782
b Buildings		5,500,715	426,729	5,073,986
c Leasehold improvements				
d Equipment		148,178	84,293	63,885
e Other		406,076	171,292	234,784
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,868,437

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO OTHER AGENCIES	7,869,955
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,869,955

2. Liability for uncertain tax positions. 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 FASB 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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 - INTENDED USES FOR ENDOWMENT FUNDS

EARNINGS FROM ENDOWMENT FUNDS ARE USED FOR DONOR SPECIFIED PURPOSES.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION'S POLICY IS TO DISCLOSE OR RECOGNIZE INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE, RESPECTIVELY, THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAX POSITIONS. AS OF JUNE 30, 2021, MANAGEMENT IS NOT AWARE OF ANY UNRECOGNIZED TAX POSITIONS THAT ARE POTENTIALLY MATERIAL.

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION

ACCUMULATED EARNINGS FUND DEFICIENCIES ON THE ENDOWMENT FUND TOTAL

Part XIII Supplemental Information *(continued)*

\$2,748,853 AT JUNE 30, 2021 AND ARE INCLUDED AS THE REDUCTION OF NET ASSETS WITH DONOR RESTRICTIONS IN ACCORDANCE WITH THE FASB ASC 958 AND REPORTED ON PART X, LINE 28.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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

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

b If "Yes," list the 10 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			
1 ANDRES CANO 5049 E. BROADWAY BLVD. TUCSON AZ 85711	FUNDRAISER		X	3,650	42,498	-38,848
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,650	42,498	-38,848

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" on 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
		STONE CANYON EV (event type)	FUND AWARDS CER (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	17,852	13,118		30,970
	2 Less: Contributions	17,852	13,118		30,970
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct 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 conduct 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 conducted 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. 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 provide any additional information. See instructions.

Multiple horizontal dotted lines for providing supplemental information.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	3RD DECADE, INC. 4279 E SUNRISE DR., #331 TUCSON AZ 85718	84-2298062	501C3	27,500		FMV		GENERAL SUPPORT
(2)	ACLU FOUNDATION OF ARIZONA P.O. BOX 17148 PHOENIX AZ 85011	23-7238580	501C3	10,000		FMV		GENERAL SUPPORT
(3)	AMERICAN CIVIL LIBERTIES UNION OF W P.O. BOX 2728 SEATTLE WA 98111	23-7076867	501C3	25,000		FMV		GENERAL SUPPORT
(4)	ADULT LITERACY PLUS OF SOUTHERN AZ 825 SOUTH ORANGE AVE. YUMA AZ 85364	86-0511655	501C3	25,000		FMV		GENERAL SUPPORT
(5)	ALS ASSOCIATION ARIZONA CHAPTER 360 E CORONADO RD. SUITE 140 PHOENIX AZ 85004	86-0727136	501C3	10,000		FMV		GENERAL SUPPORT
(6)	AMERICAN HEART ASSOCIATION, INC. 3443 N CAMPBELL AVE., SUITE 155 TUCSON AZ 85719	13-5613797	501C3	20,000		FMV		GENERAL SUPPORT
(7)	AMERICAN RED CROSS, SOUTHERN AZ CHA 2916 E. BROADWAY BLVD. TUCSON AZ 85716	53-0196605	501C3	16,000		FMV		GENERAL SUPPORT
(8)	AMERIND FOUNDATION, INC P.O. BOX 400 DROGOON AZ 85609	86-0122680	501C3	25,000		FMV		GENERAL SUPPORT
(9)	AMISTAD Y SALUD P.O. BOX 27284 TUCSON AZ 85726	75-3060875	501C3	37,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 284
- 3** Enter total number of other organizations listed in the line 1 table ▶ 20

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AMPHITHEATER PUBLIC SCHOOLS FOUND. 701 W. WETMORE RD. TUCSON AZ 85705	86-0472926	501C3	46,490		FMV		GENERAL SUPPORT
(2)	ANGEL HEART PAJAMA PROJECT 1505 W ST.MARY'S RD TUCSON AZ 85745	46-3882856	501C3	10,000		FMV		GENERAL SUPPORT
(3)	ARCHEAOLGY SOUTHWEST 300 N. ASH ALLY TUCSON AZ 85701	86-0640183	501C3	5,453		FMV		GENERAL SUPPORT
(4)	ARICAVA HELPING HEARTS P.O.BOX 201 ARICAVA AZ 85601	80-0534677	501C3	10,000		FMV		GENERAL SUPPORT
(5)	ARIVACA ACTION CENTER INCORPORATED P.O.BOX 457 ARIVACA AZ 85601	45-4383146	501C3	10,000		FMV		GENERAL SUPPORT
(6)	ARIVACA COORDINATING COUNCIL P.O.BOX 93 ARIVACA AZ 85601	86-0609733	501C3	30,000		FMV		GENERAL SUPPORT
(7)	ARIZONA BURN FOUNDATION 1432 N. 7TH STREET PHOENIX AZ 85006	86-0207519	501C3	6,000		FMV		GENERAL SUPPORT
(8)	ARIZONA CENTER FOR EMPOWERMENT 5716 N 19TH AVE PHOENIX AZ 85015	27-2366780	501C3	33,000		FMV		GENERAL SUPPORT
(9)	ARIZONA JUSTICE FOR OUR NEIGHBORS PO BOX 11181 TUCSON AZ 85734	82-3785502	501C3	44,379		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Internal Revenue Service

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ARIZONA REPERTORY SINGERS 116 S BONANZA AVE TUCSON AZ 85748	86-0507774	501C3	18,615		FMV		GENERAL SUPPORT
(2)	ARIZONA SOUTHERN BAPTIST CONVENTION 2240 N. HAYDEN RD., SUITE 100 SCOTTSDALE AZ 85257	86-0123683		15,464		FMV		GENERAL SUPPORT
(3)	ARIZONA STATE UNIVERSITY P.O. BOX 870412 TEMPE AZ 85287	86-0196696	GOV	25,000		FMV		GENERAL SUPPORT
(4)	ARIZONA STATE UNIVERSITY FOUNDATION P.O. BOX 2260 TEMPE AZ 85280	86-6051042	501C3	20,000		FMV		GENERAL SUPPORT
(5)	ARIZONA THEATRE COMPANY P.O. BOX 1631 TUCSON AZ 85702	86-0211777	501C3	58,239		FMV		GENERAL SUPPORT
(6)	ARIZONA TRAIL ASSOCIATION 738 N 5TH AVE., STE. 201 TUCSON AZ 85705	86-0762149	501C3	10,000		FMV		GENERAL SUPPORT
(7)	ARIZONA'S CHILDREN ASSOCIATION 3716 E. COLUMBIA ST., SUITE 120 TUCSON AZ 85714	86-0096772	501C3	76,756		FMV		GENERAL SUPPORT
(8)	ARIZONA-SONORA DESERT MUSEUM INC. 2021 N. KINNEY RD. TUCSON AZ 85743	86-0111675	501C3	42,000		FMV		GENERAL SUPPORT
(9)	ARTS EXPRESS 4729 E SUNRISE DR TUCSON AZ 85718	86-0941657	501C3	10,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ASSISTANCE LEAGUE OF TUCSON, INC. 1307 N. ALVERNON WAY TUCSON AZ 85712	86-6057789	501C3	45,219		FMV		GENERAL SUPPORT
(2)	AUTISM SOCIETY OF SOUTHERN ARIZONA 2600 N WYATT DR TUCSON AZ 85712	47-2524160	501C3	20,000		FMV		GENERAL SUPPORT
(3)	AVIVA CHILDREN'S SERVICES 153 S PLUMER AVE. TUCSON AZ 85719	86-0948932	501C3	10,000		FMV		GENERAL SUPPORT
(4)	AWANA CLUBS INTERNATIONAL 15877 COLLECTION CENTER DR CHICAGO IL 60107-6658	36-2428692	501C3	23,197		FMV		GENERAL SUPPORT
(5)	BANNER HEALTH FOUNDATION 2901 N. CENTRAL AVENUE SUITE 160 PHOENIX AZ 85012	94-2545356	501C3	10,000		FMV		GENERAL SUPPORT
(6)	BAPTIST MEDICAL AND DENTAL MISSION 11 PLAZA DRIVE HATTIESBURG MS 39402	64-0811705	501C3	15,464		FMV		GENERAL SUPPORT
(7)	BARBEA WILLIAMS PERFORMING COMPANY P.O. BOX 2775 TUCSON AZ 85702	86-0540591	501C3	10,000		FMV		GENERAL SUPPORT
(8)	BAYLOR UNIVERSITY 1 BEAR PLACE, NO. 97050 WACO TX 76798-7026	74-1159753	501C3	57,991		FMV		GENERAL SUPPORT
(9)	BEN'S BELLS, INC. 40 W BROADWAY BLVD TUCSON AZ 85701	76-0779755	501C3	15,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB UT 84741	23-7147797	501C3	7,800		FMV		GENERAL SUPPORT
(2)	BIG BROTHERS BIG SISTERS OF SOUTHER 160 E ALAMEDA ST. TUCSON AZ 85701	86-0188050	501C3	48,806		FMV		GENERAL SUPPORT
(3)	BISBEE COALITION FOR THE HOMELESS P.O. BOX 5393 BISBEE AZ 85603-5393	86-0782752	501C3	73,984		FMV		GENERAL SUPPORT
(4)	BOOTSTRAPS TO SHARE OF TUCSON, INC. 2001 N. 7TH AVENUE TUCSON AZ 85705	74-2580768	501C3	52,500		FMV		GENERAL SUPPORT
(5)	BORDERLANDS RESTORATION NETWORK P.O. BOX 121 PATAGONIA AZ 85624	47-2581032	501C3	20,000		FMV		GENERAL SUPPORT
(6)	BORDERLINKS 620 S. SIXTH AVENUE TUCSON AZ 85701	86-0760505	501C3	21,891		FMV		GENERAL SUPPORT
(7)	BOSTON UNIVERSITY 881 COMMONWEALTH AVE. BOSTON MA 02215	04-2103547	501C3	50,941		FMV		GENERAL SUPPORT
(8)	BOYS & GIRLS CLUB OF SANTA CRUZ COU 590 NORTH TYLER AVENUE NOGALES AZ 85621	86-0671818	501C3	40,635		FMV		GENERAL SUPPORT
(9)	BOYS & GIRLS CLUBS OF SUN CORRIDOR P.O. BOX 10291 CASA GRANDE AZ 85130	86-0864429	501C3	20,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BOYS AND GIRLS CLUB OF TUCSON P.O. BOX 40217 TUCSON AZ 85717-0217	86-0172257	501C3	106,048		FMV		GENERAL SUPPORT
(2)	BOYS TO MEN TUCSON, INC. 5925 E BROADWAY BLVD., STE. 125 TUCSON AZ 85711	80-0432852	501C3	12,500		FMV		GENERAL SUPPORT
(3)	BRIGHT STAR COMMUNITY DEVELOPMENT C P.O. BOX 27833 TUCSON AZ 85726	30-0699146	501C3	10,300		FMV		GENERAL SUPPORT
(4)	CAMPESINOS SIN FRONTERAS P.O. BOX 423 SOMERTON AZ 85350	86-0944114	501C3	30,000		FMV		GENERAL SUPPORT
(5)	CARE P.O. BOX 1870 MERRIFIELD VA 22116	13-1685039	501C3	853,000		FMV		GENERAL SUPPORT
(6)	CASA DE LOS NINOS, INC. 1120 N 5TH AVE TUCSON AZ 85705	86-0314595	501C3	66,756		FMV		GENERAL SUPPORT
(7)	CASA MARIA CATHOLIC WORKER 401 E. 26TH STREET TUCSON AZ 85713	86-0504528	501C3	10,000		FMV		GENERAL SUPPORT
(8)	CASAS ADOBES BAPTIST CHURCH 10801 N LA CHOLLA BOULEVARD TUCSON AZ 85742	86-0314386		77,322		FMV		GENERAL SUPPORT
(9)	CATALINA COUNCIL, BOY SCOUTS OF AME 2250 E BROADWAY BLVD. TUCSON AZ 85719	86-0107516	501C3	39,195		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization
**COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA**

Employer identification number
94-2681765

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CATALINA LUTHERAN CHURCH 15855 N TWIN LAKES DR. TUCSON AZ 85739	86-0473060		67,000		FMV		GENERAL SUPPORT
(2)	CATHOLIC COMMUNITY SERVICES OF SOUT 140 W. SPEEDWAY BOULEVARD, SUITE 13 TUCSON AZ 85705	86-0100880	501C3	85,750		FMV		GENERAL SUPPORT
(3)	CENTER FOR BIOLOGICAL DIVERSITY, INC P.O. BOX 710 TUCSON AZ 85702	27-3943866	501C3	5,250		FMV		GENERAL SUPPORT
(4)	CHAMPIONS OF YOUTH FOUNDATION P.O. BOX 227 SONOITA AZ 85637	82-4260844	501C3	10,000		FMV		GENERAL SUPPORT
(5)	CHARLES SCHWAB FBO TUCSON MARKET 4640 E SUNRISE STE, 127 TUCSON AZ 85718	86-6052853	501C3	15,722		FMV		GENERAL SUPPORT
(6)	CHICANOS POR LA CAUSA, INC 1525 N ORACLE RD TUCSON AZ 85705	86-0227210	501C3	20,000		FMV		GENERAL SUPPORT
(7)	CHILD EVANGELISM FELLOWSHIP P.O. BOX 348 WARRENTON MO 63383	38-6091187	501C3	27,063		FMV		GENERAL SUPPORT
(8)	CHILD LANGUAGE CENTER, INC P.O. BOX 43123 TUCSON AZ 85733	86-1037966	501C3	47,063		FMV		GENERAL SUPPORT
(9)	CHILDREN'S ACTION ALLIANCE - PHOENIX 3030 N 3RD ST. PHOENIX AZ 85012	86-0594785	501C3	53,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHILDREN'S CLINICS FOR REHABILITATION 2600 N WYATT DR. TUCSON AZ 85712	86-0667510	501C3	20,000		FMV		GENERAL SUPPORT
(2)	CITY OF TUCSON HOUSING & COMM 310 N COMMERCE PARK LOOP TUCSON AZ 85745		GOV	20,000		FMV		GENERAL SUPPORT
(3)	CLAWS AND PAWS RESCUE, INC 3849 W LIMEQUAT PL TUCSON AZ 85741	47-5324898	501C3	6,000		FMV		GENERAL SUPPORT
(4)	COCHISE COUNTY LIBRARY DISTRICT P.O. DRAWER AK / 100 CLAWSON AVENUE BISBEE AZ 85603		GOV	20,000		FMV		GENERAL SUPPORT
(5)	COCHISE FAMILY ADVOCACY CENTER, INC 214 E TACOMA ST. SIERRA VISTA AZ 85636	47-3408612	501C3	30,000		FMV		GENERAL SUPPORT
(6)	CODY'S FRIENDS, INC. P.O. BOX 36502 TUCSON AZ 85704	47-4052727	501C3	20,000		FMV		GENERAL SUPPORT
(7)	COMMONS: CENTER FOR FOOD SECURITY A P.O. BOX 416 SILVER CITY NM 88062	20-1004201	501C3	25,000		FMV		GENERAL SUPPORT
(8)	COMMUNITY BRIDGES 250 S TOOLE AVE TUCSON AZ 85701	94-2880847	501C3	20,000		FMV		GENERAL SUPPORT
(9)	COMMUNITY FOOD BANK, INC. 3003 S. COUNTRY CLUB ROAD TUCSON AZ 85713	51-0192519	501C3	449,580		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COMMUNITY GARDENS OF TUCSON 5049 E BROADWAY BLVD., STE. 300 TUCSON AZ 85711	86-0981116	501C3	12,500		FMV		GENERAL SUPPORT
(2)	COMMUNITY HOME REPAIR PROJECTS OF A P.O. BOX 26215 TUCSON AZ 85711	86-0682684	501C3	30,000		FMV		GENERAL SUPPORT
(3)	COMMUNITY INVESTMENT CORPORATION 2033 E. GRANT RD. TUCSON AZ 85719	86-0837146	501C3	70,000		FMV		GENERAL SUPPORT
(4)	COMPASS AFFORDABLE HOUSING, INC. 48 N TUCSON BLVD SUITE 102 TUCSON AZ 85716	86-0708645	501C3	20,000		FMV		GENERAL SUPPORT
(5)	CONSTRUYENDO CIRCULES DE PAZ-CONSTR 404 W CRAWFORD STREET NOGALES AZ 85621	20-3452166	501C3	23,000		FMV		GENERAL SUPPORT
(6)	COYOTE TASKFORCE 66 E PENNINGTON ST. TUCSON AZ 85701	86-0679405	501C3	13,000		FMV		GENERAL SUPPORT
(7)	COURTNEY'S COURAGE, INC. 2201 N ORACLE RD SUITE 6 TUCSON AZ 85705	86-0967549	501C3	10,000		FMV		GENERAL SUPPORT
(8)	DESERT CAT RESCUE & SANTUARY OF AZ P.O. BOX 1238 THACHER AZ 85552	47-3983524	501C3	12,500		FMV		GENERAL SUPPORT
(9)	DESERT CHRISTIAN SCHOOLS, INC. 7525 E SPEEDWAY BLVD. TUCSON AZ 85710	87-0419198	501C3	21,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	DEVEREUX ADVANCED BEHAVIOURAL HEALT 6141 E GRANT RD. TUCSON AZ 85712	23-1390618	501C3	20,000		FMV		GENERAL SUPPORT
(2)	DIAPER BANK OF SOUTHERN ARIZONA 1050 S PLUMER AVE TUCSON AZ 85719	43-1990345	501C3	10,000		FMV		GENERAL SUPPORT
(3)	DIRECT CENTER FOR INDEPENDENCE, INC 1001 N ALVERNON WAY TUCSON AZ 85711	86-0780046	501C3	7,000		FMV		GENERAL SUPPORT
(4)	DOUGLAS AREA FOOD BANK INC. P.O.BOX 1546 DOUGLAS AZ 85608	86-0657093	501C3	20,000		FMV		GENERAL SUPPORT
(5)	DOUGLAS ARTS AND HUMANITIES, INC. 620 E 10TH ST. DOUGLAS AZ 85607	86-0339959	501C3	17,500		FMV		GENERAL SUPPORT
(6)	DUNBAR COALITION, INC 325 W 2ND STREET TUCSON AZ 85705	86-0776891	501C3	40,000		FMV		GENERAL SUPPORT
(7)	EARN TO LEARN 4803 E 5TH ST., SUITE 215 TUCSON AZ 85711	26-1151754	501C3	21,000		FMV		GENERAL SUPPORT
(8)	EAST SANTA CRUZ COUNTY COMM. FOOD B P.O.BOX 1147 PATAGONIA AZ 85624	86-0765764	501C3	9,500		FMV		GENERAL SUPPORT
(9)	EASTER SEALS BLAKE FOUNDATION 7750 E. BROADWAY BLVD. STE. A200 TUCSON AZ 85710	86-0093224	501C3	50,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	EASTSIDE AUDUBON SOCIETY P.O. BOX 3115 KIRKLAND WA 98083-3115	91-1123007	501C3	35,000		FMV		GENERAL SUPPORT
(2)	EDUCATIONAL ENRICHMENT FOUNDATION 5049 E. BROADWAY BLVD., STE. 107 TUCSON AZ 85711	74-2354578	501C3	72,165		FMV		GENERAL SUPPORT
(3)	EL GRUPO YOUTH CYCLING P.O. BOX 295 TUCSON AZ 85702	80-0252901	501C3	25,000		FMV		GENERAL SUPPORT
(4)	EL RIO HEALTH CENTER FOUNDATION 839 W. CONGRESS STREET TUCSON AZ 85745	86-0816675	501C3	65,140		FMV		GENERAL SUPPORT
(5)	EL RIO SANTA CRUZ NEIGHBORHOOD HEAL 450 W PAEO REDONDO TUCSON AZ 85701	86-0285857	501C3	30,194		FMV		GENERAL SUPPORT
(6)	EMERGE! CENTER AGAINST DOM. ABUSE 2545 E. ADAMS STREET TUCSON AZ 85716	86-0312162	501C3	208,867		FMV		GENERAL SUPPORT
(7)	ERIK HITE FOUNDATION, INC 9020 E GOLF LINKS RD STE 108 TUCSON AZ 85730	27-2023911	501C3	26,000		FMV		GENERAL SUPPORT
(8)	EXECUTIVE COMMITTEE OF SOUTHERN BAP 901 COMMERCE ST., STE.600 NASHVILLE TN 37203	62-0535346	501C3	38,661		FMV		GENERAL SUPPORT
(9)	EXODUS COMMUNITY SERVICES INC 3726 E HAMPTON STREET TUCSON AZ 85716	27-0381466	501C3	8,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
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Part I General Information on Grants and Assistance

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	EQUINE VOICES RESCUE AND SANCTUARY P.O. BOX 1685 GREEN VALLEY AZ 85622	74-3127794	501C3	6,000		FMV		GENERAL SUPPORT
(2)	FAMILY HEALTH CARE AMIGOS P.O. BOX 13 PATAGONIA AZ 85624	51-0206952	501C3	10,000		FMV		GENERAL SUPPORT
(3)	FAMILY HOUSING RESOURCES, INC. 3505 N CAMPBELL AVE., SUITE 501 TUCSON AZ 85719	86-0750139	501C3	20,000		FMV		GENERAL SUPPORT
(4)	FINALLY MY FOREVER HOME RESCUE 6646 S GILA AVE. TUCSON AZ 85746	83-2405094	501C3	8,500		FMV		GENERAL SUPPORT
(5)	FLORENCE IMMIGRANT AND REFUGEE RIGH P.O. BOX 86299 TUCSON AZ 85754	86-0658103	501C3	36,000		FMV		GENERAL SUPPORT
(6)	FLOWING WELLS EXTENSION PROGRAMS 1444 WEST PRINCE RD TUCSON AZ 85705	86-0300466	501C3	12,000		FMV		GENERAL SUPPORT
(7)	FOOD BANK OF TOMBSTONE, INC P.O. BOX 1102 TOMBSTONE AZ 85638	30-0393505	501C3	20,000		FMV		GENERAL SUPPORT
(8)	FOUNDATION FOR CREATIVE BROADCASTIN 220 S 4TH AVE. TUCSON AZ 85701	94-2746379	501C3	24,500		FMV		GENERAL SUPPORT
(9)	FRIENDS OF APHASIA P.O. BOX 12232 TUCSON AZ 85732	81-4575180	501C3	20,345		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FRIENDS OF PIMA ANIMAL CARE CENTER P.O. BOX 85370 TUCSON AZ 85745	47-4160770	501C3	7,500		FMV		GENERAL SUPPORT
(2)	GALLAUDET UNIVERSITY CHAPEL HALL G-02 WASHINGTON DC 20002	53-0199507	501C3	23,000		FMV		GENERAL SUPPORT
(3)	GAP MINISTRIES 2025 W HIGHWAY DRIVE TUCSON AZ 85705	86-0999503	501C3	8,987		FMV		GENERAL SUPPORT
(4)	GIRL SCOUTS OF SOUTHERN ARIZONA 4300 E. BROADWAY BOULEVARD TUCSON AZ 85711	86-0098917	501C3	24,000		FMV		GENERAL SUPPORT
(5)	GIVE2ASIA 600 CALIFORNIA ST., 11TH FLOOR SAN FRANCISCO CA 94108	94-3373670	501C3	25,750		FMV		GENERAL SUPPORT
(6)	GOSPEL RESCUE MISSION, INC. P.O. BOX 28813 TUCSON AZ 85726-8813	86-6054088	501C3	40,702		FMV		GENERAL SUPPORT
(7)	GRACE-ST. PAUL'S EPISCOPAL CHURCH 2331 E ADAMS ST. TUCSON AZ 85719	86-0677399		46,000		FMV		GENERAL SUPPORT
(8)	GRAND CANYON UNIVERSITY FOUNDATION P.O. BOX 11590 PHOENIX AZ 85061	90-0615620	501C3	16,000		FMV		GENERAL SUPPORT
(9)	GREATER TUCSON FIRE FOUNDATION 8987 E TANQUE VERDE RD STE 309 TUCSON AZ 85749	27-3155431	501C3	20,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	GREATER VAIL COMMUNITY RESOURCES 13105 E COLOSSAL CAVE RD VAIL AZ 85641	81-2593049	501C3	30,000		FMV		GENERAL SUPPORT
(2)	GREEN VALLEY ASSISTANCE SERVICES 3905 S. CAMINO DEL HEROE GREEN VALLEY AZ 85614	94-2783969	501C3	16,700		FMV		GENERAL SUPPORT
(3)	GROWTH PARTNERS ARIZONA 333 N WILMOT RD., STE. 227 TUCSON AZ 85711	45-5021995	501C3	92,181		FMV		GENERAL SUPPORT
(4)	HABITAT FOR HUMANITY TUCSON 3501 N. MOUNTAIN AVENUE TUCSON AZ 85719	94-2725100	501C3	17,000		FMV		GENERAL SUPPORT
(5)	HANDI-DOGS, INC. 75 S. MONTEGO DRIVE TUCSON AZ 85710-3797	95-3247091	501C3	39,518		FMV		GENERAL SUPPORT
(6)	HANDMAKER FOUNDATION 2221 N ROSEMONT BLVD TUCSON AZ 85712	83-0415132	501C3	20,000		FMV		GENERAL SUPPORT
(7)	HAVEN, INC.^THE 2601 N CAMPBELL AVE., STE. 110 TUCSON AZ 85719	23-7112026	501C3	19,737		FMV		GENERAL SUPPORT
(8)	HELPING OURSELVES PURSUE ENRICHMENT 877 S ALVERNON WAY, SUITE 200 TUCSON AZ 85711	86-0655390	501C3	20,000		FMV		GENERAL SUPPORT
(9)	HERENCIA GUADALUPANA PO BOX 11172 TUCSON AZ 85734	45-2473142	501C3	20,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HERMITAGE NO-KILL CAT SHELTER P.O. BOX 13508 TUCSON AZ 85732	86-0213263	501C3	10,800		FMV		GENERAL SUPPORT
(2)	HIGHER GROUND A RESOURCE CENTER 101 W. 44TH STREET TUCSON AZ 85713	27-3585869	501C3	44,500		FMV		GENERAL SUPPORT
(3)	THE HOWARD V MOORE FOUNDATION 5049 E. BROADWAY BLVD., SUITE 201 TUCSON AZ 85711	20-3983894	501C3	437,763		FMV		GENERAL SUPPORT
(4)	HOMICIDE SURVIVORS, INC 2315 E SPEEDWAY BLVD TUCSON AZ 85719	86-0889964	501C3	20,000		FMV		GENERAL SUPPORT
(5)	HUMANE SOCIETY OF SOUTHERN ARIZONA 635 W. ROGER RD. TUCSON AZ 85705	86-0112798	501C3	29,719		FMV		GENERAL SUPPORT
(6)	I AM YOU 360 P.O. BOX 16161 TUCSON AZ 85732	46-5550945	501C3	22,250		FMV		GENERAL SUPPORT
(7)	IMAGO DEI MIDDLE SCHOOL P.O. BOX 3056 TUCSON AZ 85702	86-1155866	501C3	91,000		FMV		GENERAL SUPPORT
(8)	IMPACT OF SOUTHERN ARIZONA 3535 E HAWSER STREET TUCSON AZ 85739	86-0968242	501C3	15,000		FMV		GENERAL SUPPORT
(9)	INSTITUTE OF REAL ESTATE MANAGEMENT 7739 E BROADWAY BLVD., #279 TUCSON AZ 85710	51-0203909	501C3	9,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	INTEGRATIVE TOUCH FOR KIDS 5675 N. ORACLE RD. SUITE #3201 TUCSON AZ 85704	74-3145036	501C3	5,250		FMV		GENERAL SUPPORT
(2)	INTERCULTURAL CENTER FOR THE STUDY P.O. BOX 44208 TUCSON AZ 85733	86-0578996	501C3	6,000		FMV		GENERAL SUPPORT
(3)	INTERFAITH COMMUNITY SERVICES 2820 W. INA ROAD TUCSON AZ 85741-2502	86-0520997	501C3	51,002		FMV		GENERAL SUPPORT
(4)	INTERMOUNTAIN CENTERS FOR HUMAN DEV P.O. BOX 86537 TUCSON AZ 85754	85-0254535	501C3	20,250		FMV		GENERAL SUPPORT
(5)	INTERNATIONAL COMMUNITY FOUNDATION 2505 N. AVENUE NATIONAL CITY CA 91950	33-0457858	501C3	80,250		FMV		GENERAL SUPPORT
(6)	INTERNATIONAL MISSION BOARD OF THE 3806 MONUMENT AVENUE RICHMOND VA 23230-0767	54-0213930	501C3	42,527		FMV		GENERAL SUPPORT
(7)	INTERNATIONAL RESCUE COMMITTEE, INC 1011 N CRAYCROFT RD SUITE 404 TUCSON AZ 85711	13-5660870	501C3	20,000		FMV		GENERAL SUPPORT
(8)	INTERNATIONAL SONORAN DESERT ALLIAN P.O. BOX 687 AJO AZ 85321	86-0778917	501C3	109,108		FMV		GENERAL SUPPORT
(9)	INTERNATIONAL SCHOOL FOR PEACE 4625 EAST RIVER ROAD TUCSON AZ 85718	86-0388672	501C3	25,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	IZI AZI FOUNDATION 5995 E GRANT RD., STE. 200 TUCSON AZ 85712	26-3758898	501C3	20,000		FMV		GENERAL SUPPORT
(2)	JEWISH FAMILY AND CHILDREN'S SERVIC 4301 E FIFTH ST. TUCSON AZ 85711-2005	86-0623896	501C3	40,698		FMV		GENERAL SUPPORT
(3)	JEWISH FEDERATION OF SOUTHERN ARIZO 3718 E RIVER RD. SUITE 100 TUCSON AZ 85718	86-0096795	501C3	43,750		FMV		GENERAL SUPPORT
(4)	JOBPATH, INC 616 N. COUNTRY CLUB RD. SUITE 110 TUCSON AZ 85716	65-1190309	501C3	91,078		FMV		GENERAL SUPPORT
(5)	JUNIOR ACHIEVEMENT OF ARIZONA, INC. 6339 E SPEEDWAY BLVD. TUCSON AZ 85710	86-0184349	501C3	10,000		FMV		GENERAL SUPPORT
(6)	JUNIOR STATE OF AMERICA FOUNDATION 70 WASHINGTON ST., STE. 320 OAKLAND CA 94607	94-6050452	501C3	65,000		FMV		GENERAL SUPPORT
(7)	KINO LEARNING CENTER, INC 6625 N FIRST AVE TUCSON AZ 85718	86-0266371	501C3	10,000		FMV		GENERAL SUPPORT
(8)	LARAMIE COUNTY COMMUNITY COLLEGE 1400 E COLLEGE DR CHEYENNE WY 82007	23-7033750	501C3	13,813		FMV		GENERAL SUPPORT
(9)	LAW COLLEGE ASSOCIATION OF THE UNIV 1201 E. SPEEDWAY TUCSON AZ 85721-0176	86-6037148	501C3	31,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LEND A HAND SENIOR ASSISTANCE, INC P.O. BOX 41323 TUCSON AZ 85717	20-3851170	501C3	10,000		FMV		GENERAL SUPPORT
(2)	LEGAL VOICE 907 PINE STREET, SUITE 500 SEATTLE WA 98101	91-1047900	501C3	30,000		FMV		GENERAL SUPPORT
(3)	LIBRARIES, LTD. P.O. BOX 57013 TUCSON AZ 85732	86-6056882	501C3	25,000		FMV		GENERAL SUPPORT
(4)	LITERACY CONNECTS 200 E. YAVAPAI RD. TUCSON AZ 85705-3650	23-7047508	501C3	79,928		FMV		GENERAL SUPPORT
(5)	LIVE THEATRE WORKSHOP 3322 E FORT LOWELL RD TUCSON AZ 85716	86-0759887	501C3	35,708		FMV		GENERAL SUPPORT
(6)	LIVING STREETS ALLIANCE P.O. BOX 2641 TUCSON AZ 85702	27-4678502	501C3	42,000		FMV		GENERAL SUPPORT
(7)	LOFT CINEMA, INC. 3233 E. SPEEDWAY BLVD. TUCSON AZ 85716	46-0477843	501C3	15,754		FMV		GENERAL SUPPORT
(8)	LOS CHARROS FOUNDATION, INC. PO BOX 32816 TUCSON AZ 85751	47-4181377	501C3	6,000		FMV		GENERAL SUPPORT
(9)	LUTHERAN SOCIAL SERVICES OF THE SOU 2502 E UNIVERSITY DR., SUITE 125 PHOENIX AZ 85034	86-0252302	501C3	45,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MAKE WAY FOR BOOKS 700 N STONE AVE. TUCSON AZ 85705	31-1583036	501C3	126,250		FMV		GENERAL SUPPORT
(2)	MALPAI BORDERLANDS GROUP, INC. P.O. BOX 3536 DOUGLAS AZ 85608	86-0760007	501C3	10,000		FMV		GENERAL SUPPORT
(3)	MARANA HEALTH CENTER, INC 13395 N MARANA MAIN ST. MARANA AZ 85653	86-6053462	501C3	15,000		FMV		GENERAL SUPPORT
(4)	MARIPOSA COMMUNITY HEALTH CENTER 825 N. GRAND AVE., STE. 100-102 NOGALES AZ 85621	86-0524321	501C3	25,279		FMV		GENERAL SUPPORT
(5)	MCINTOSH COUNTY ACADEMY 8945 U.S. HIGHWAY 17 DARIEN GA 31305	58-6000286	GOV	7,500		FMV		GENERAL SUPPORT
(6)	METROPOLITAN EDUCATION COMMISSION 1080 S. 10TH AVENUE TUCSON AZ 85701	86-0670259	5013C	20,000		FMV		GENERAL SUPPORT
(7)	MOBILE MEALS OF SOUTHERN ARIZONA 4803 E. 5TH ST., SUITE 209 TUCSON AZ 85711	23-7157579	501C3	42,000		FMV		GENERAL SUPPORT
(8)	MUSEUM OF CONTEMPORARY ART TUCSON 265 SOUTH CHURCH AVENUE TUCSON AZ 85701	86-0850880	501C3	12,000		FMV		GENERAL SUPPORT
(9)	MORE THAN A BED 3637 N 1ST AVE. TUCSON AZ 85719	47-1660757	501C3	50,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	NAMI OF SOUTHERN AZ 6122 E. 22ND STREET TUCSON AZ 85711	86-0450977	501C3	20,000		FMV		GENERAL SUPPORT
(2)	NATIONAL AUDUBON SOCIETY-APPLETON/W 366 RESEARCH RANCH RD ELGIN AZ 85611	13-1624102	501C3	10,000		FMV		GENERAL SUPPORT
(3)	NATIVE AMERICAN ADVANCEMENT FOUNDAT P.O. BOX 64877 TUCSON AZ 85728	45-2725155	501C3	38,000		FMV		GENERAL SUPPORT
(4)	NO KILL PIMA COUNTY P.O. BOX 86231 TUCSON AZ 85754	46-3333316	501C3	30,000		FMV		GENERAL SUPPORT
(5)	NOGALES COMMUNITY DEVELOPMENT CORPO P.O. BOX 421 NOGALES AZ 85621	86-0878561	501C3	20,000		FMV		GENERAL SUPPORT
(6)	NORTH AMERICAN MISSION BOARD OF THE 4200 N. POINT PARKWAY ALPHARETTA GA 30022-4176	58-2379481	501C3	19,330		FMV		GENERAL SUPPORT
(7)	NORTHERN ARIZONA UNIVERSITY P.O. BOX 4108 FLAGSTAFF AZ 86011-4108	74-2579628	GOV	35,000		FMV		GENERAL SUPPORT
(8)	OLD PUEBLO COMMUNITY SERVICES 4501 E. 5TH STREET TUCSON AZ 85711-7015	86-0836556	501C3	30,000		FMV		GENERAL SUPPORT
(9)	OUR NEIGHORS FARM & PANTRY 1020 S 10TH AVE SAFFORD AZ 85546	20-0972668	501C3	30,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	OVERLAKE MEDICAL CENTER FOUNDATION 1035 116TH AVE NE BELLEVUE WA 98004	91-1050325	501C3	50,000		FMV		GENERAL SUPPORT
(2)	OUR FAMILY SERVICES, INC. 2590 N ALVERNON WAY TUCSON AZ 85712	94-2598560	501C3	28,450		FMV		GENERAL SUPPORT
(3)	PARENT AID - CHILD ABUSE PREVENTION 2580 E 22ND ST. TUCSON AZ 85713	74-2591577	501C3	46,224		FMV		GENERAL SUPPORT
(4)	PATAGONIA COMMUNITY RADIO P.O. BOX 271 PATAGONIA AZ 85624	80-0254197	501C3	11,500		FMV		GENERAL SUPPORT
(5)	PATAGONIA CREATIVE ARTS ASSOCIATION P.O. BOX 1248 PATAGONIA AZ 85624	31-1641854	501C3	14,000		FMV		GENERAL SUPPORT
(6)	PATAGONIA VOLUNTEER FIRE AND RESCUE P.O. BOX 497 PATAGONIA AZ 85624	74-2371137	501C3	17,500		FMV		GENERAL SUPPORT
(7)	PATAGONIA YOUTH ENRICHMENT CENTER P.O. BOX 843 PATAGONIA AZ 85624	46-4554862	501C3	20,000		FMV		GENERAL SUPPORT
(8)	PATAGONIA-SONOITA ROTARY CLUB PO BOX 424 SONOITA AZ 85637	61-1517586	501C3	10,000		FMV		GENERAL SUPPORT
(9)	PATRONATO SAN XAVIER P.O. BOX 522 TUCSON AZ 85702	74-2354509	501C3	47,250		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PATRONS OF THE ARTS, INC. 730 N. HILLTOP DRIVE NOGALES AZ 85621	86-0220172	501C3	8,175		FMV		GENERAL SUPPORT
(2)	PAWS PATROL, INC. P.O. BOX 1642 GREEN VALLEY AZ 85622	20-5537148	501C3	6,000		FMV		GENERAL SUPPORT
(3)	PAWSITIVELY CATS 1145 N. WOODLAND AVE. TUCSON AZ 85712	30-0609374	501C3	11,800		FMV		GENERAL SUPPORT
(4)	PEACE DEVELOPMENT FUND, INC. P.O. BOX1280 AMHERST MA 01004	04-2738794	501C3	10,000		FMV		GENERAL SUPPORT
(5)	PIMA COMMUNITY COLLEGE 4905 E. BROADWAY BLVD. TUCSON AZ 85709	86-0208787	GOV	30,982		FMV		GENERAL SUPPORT
(6)	PIMA COUNCIL ON AGING, INC. 8467 E. BROADWAY BOULEVARD TUCSON AZ 85710	86-0251768	501C3	22,896		FMV		GENERAL SUPPORT
(7)	PIMA COUNTY PUBLIC LIBRARY 101 N. STONE AVE., 4TH FLOOR TUCSON AZ 85701	86-6000543	GOV	50,000		FMV		GENERAL SUPPORT
(8)	PLANNED PARENTHOOD FED. OF AMERICA P.O. BOX 97166 WASHINGTON DC 20090	13-1644147	501C3	10,000		FMV		GENERAL SUPPORT
(9)	PLANNED PARENTHOOD OF ARIZONA, INC. 2255 N WYATT DR. TUCSON AZ 85712	86-0146520	501C3	38,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PPEP MICROBUSINESS & HOUSING DEVEL 720 E 46TH ST TUCSON AZ 85713	86-0326269	501C3	10,000		FMV		GENERAL SUPPORT
(2)	PRIMAVERA FOUNDATION, INC.^THE 151 W 40TH ST. TUCSON AZ 85713	86-0733182	501C3	33,000		FMV		GENERAL SUPPORT
(3)	RAINBOW ACRES 2120 W RESERVATION LOOP RD. CAMP VERDE AZ 86322-8408	86-0286420	501C3	22,083		FMV		GENERAL SUPPORT
(4)	REACHOUT, INC. 2648 N. CAMPBELL AVE. TUCSON AZ 85719	86-6086733	501C3	117,094		FMV		GENERAL SUPPORT
(5)	REBUILDING TOGETHER-SANTA CRUZ COUN 3061 N. SUNRISE PLACE NOGALES AZ 85621	86-0892583	501C3	20,000		FMV		GENERAL SUPPORT
(6)	REID PARK ZOOLOGICAL SOCIETY, INC. 1030 S. RANDOLPH WAY TUCSON AZ 85716	94-2379052	501C3	5,896		FMV		GENERAL SUPPORT
(7)	RICH RIVER ATHLETICS CLUB P O BOX 2991 TUBAC AZ 85646	27-3291273	501C3	6,100		FMV		GENERAL SUPPORT
(8)	RINCON CONGREGATIONAL UNITED CHURCH 122 N CRAYCROFT ROAD TUCSON AZ 85711-3238	86-6007256		10,601		FMV		GENERAL SUPPORT
(9)	RONALD MCDONALD HOUSE CHARITIES OF 2155 E ALLEN RD. TUCSON AZ 85719	95-3526934	501C3	45,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SAHUARITA FOOD BANK 17750 S. LA CANADA DR. SAHUARITA AZ 85629	47-1654162	501C3	57,000		FMV		GENERAL SUPPORT
(2)	SALVATION ARMY - TUCSON^THE 1002 N MAIN AVE. TUCSON AZ 85705	94-1156347	501C3	45,630		FMV		GENERAL SUPPORT
(3)	SAN MIGUEL HIGH SCHOOL 6601 S. SAN FERNANDO AVENUE TUCSON AZ 85756	48-1270906	501C3	128,000		FMV		GENERAL SUPPORT
(4)	SANTA CRUZ COUNCIL ON AGING, INC. 125 E MADISON ST. NOGALES AZ 85621	86-0281248	501C3	35,000		FMV		GENERAL SUPPORT
(5)	SANTA CRUZ HUMANE SOCIETY, INC 232 E PATAGONIA HWY NOGALES AZ 85621	94-2909382	501C3	5,250		FMV		GENERAL SUPPORT
(6)	SANTA CRUZ TRAINING PROGRAM, INC. P.O. BOX 638 NOGALES AZ 85628	86-0424088	501C3	7,000		FMV		GENERAL SUPPORT
(7)	SANTA CRUZ VALLEY ART ASSOCIATION P.O. BOX 1911 TUBAC AZ 85646	23-7034028	501C3	14,500		FMV		GENERAL SUPPORT
(8)	SARSEF: SOUTHERN ARIZONA RESEARCH, 4574 E BROADWAY BLVD. TUCSON AZ 85711	86-0946185	501C3	69,500		FMV		GENERAL SUPPORT
(9)	SAVING AT RISK ANIMALS P.O. BOX 17912 TUCSON AZ 85731	30-0966302	501C3	6,500		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SAVE THE CHILDREN FEDERATION INC. 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD CT 06825	06-0726487	501C3	100,000		FMV		GENERAL SUPPORT
(2)	SCHOLARSHIPS A-Z 225 E 26TH ST., STE. 6 TUCSON AZ 85713	45-4458497	501C3	21,000		FMV		GENERAL SUPPORT
(3)	SENIOR CITIZENS OF PATAGONIA, INC. P.O. BOX 1121 PATAGONIA AZ 85624-1121	86-0458778	501C3	9,000		FMV		GENERAL SUPPORT
(4)	SERENITY BAPTIST CHURCH 15501 W. AJO HWY TUCSON AZ 85735	86-0470457		15,465		FMV		GENERAL SUPPORT
(5)	SHERIFF'S AUXILIARY VOLUNTEERS OF 601 N LA CANADA DRIVE GREEN VALLEY AZ 85614	95-3545831	501C3	11,250		FMV		GENERAL SUPPORT
(6)	SIERRA VISTA VOLUNTEER INTERFAITH PO BOX 3004 SIERRA VISTA AZ 85636	86-0761694	501C3	15,000		FMV		GENERAL SUPPORT
(7)	SKY ISLANDS TOURISM ASSOCIATION P.O. BOX 241 PATAGONIA AZ 85624	85-1517897	501C3	8,550		FMV		GENERAL SUPPORT
(8)	SKY ISLAND ALLIANCE P.O. BOX 41165 TUCSON AZ 85717	86-0796748	501C3	32,500		FMV		GENERAL SUPPORT
(9)	SOCIAL VENTURE PARTNERS TUCSON 5049 E. BROADWAY BLVD., STE. 233 TUCSON AZ 85711	82-2964855	501C3	37,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2020

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SOC OF ST. VINCENT DE PAUL, OUR M 1800 S KOLB ROAD TUCSON AZ 85710	46-5706987	501C3	10,000		FMV		GENERAL SUPPORT
(2)	SONORAN PREVENTION 2579 N 1ST AVE TUCSON AZ 85719	30-0760098	501C3	7,000		FMV		GENERAL SUPPORT
(3)	SOLAR UNITED NEIGHBORS 1350 CONNECTICUT AVENUE NW WASHINGTON DC 20036	46-2462990	501C3	15,000		FMV		GENERAL SUPPORT
(4)	SOUTHERN ARIZONA ADAPTIVE SPORTS P.O. BOX 43062 TUCSON AZ 85733	82-1289116	501C3	21,000		FMV		GENERAL SUPPORT
(5)	SOUTHERN ARIZONA AIDS FOUNDATION 375 S. EUCLID AVE. TUCSON AZ 85719-6644	86-0864100	501C3	52,000		FMV		GENERAL SUPPORT
(6)	SOUTHERN ARIZONA ASSOCIATION FOR TH 3767 E GRANT RD. TUCSON AZ 85719	86-6056057	501C3	10,133		FMV		GENERAL SUPPORT
(7)	SOUTHERN ARIZONA CAT RESCUE 771 W CALLE ORMINO SAHUARITA AZ 85629	84-3384497	501C3	10,000		FMV		GENERAL SUPPORT
(8)	SOUTHERN ARIZONA GENDER ALLIANCE, I P.O. BOX 41863 TUCSON AZ 85717	47-2419543	501C3	12,000		FMV		GENERAL SUPPORT
(9)	SOUTHWEST AUTISM RESEARCH & RESOURC 300 N 18TH ST PHOENIX AZ 85006	31-1496646	501C3	10,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1)	SOUTHSIDE PRESBYTERIAN CHURCH P.O. BOX 26740 TUCSON AZ 85726	86-0748470		50,000		FMV		GENERAL SUPPORT
(2)	SPAY AND NEUTER SOLUTIONS P.O. BOX 762 CORTARO AZ 85652	20-0065631	501C3	10,000		FMV		GENERAL SUPPORT
(3)	SPREADING THREADS CLOTHING BANK P.O. BOX 86182 TUCSON AZ 85754	83-1151614	501C3	10,000		FMV		GENERAL SUPPORT
(4)	SR. JOSE WOMEN'S CENTER P.O. BOX 1028 TUCSON AZ 85702	46-1290517	501C3	20,750		FMV		GENERAL SUPPORT
(5)	ST. ANDREW'S CRIPPLED CHILDREN'S P.O. BOX 67 GREEN VALLEY AZ 85622	86-0684094	501C3	6,937		FMV		GENERAL SUPPORT
(6)	ST. JOHN THE EVANGELIST CATHOLIC 600 W AJO WAY TUCSON AZ 85713	86-0144077	501C3	19,610		FMV		GENERAL SUPPORT
(7)	ST. ANDREW'S PRESCHOOL & KINDERGARD 7650 N PASEO DEL NORTE TUCSON AZ 85704	86-0364537	501C3	20,000		FMV		GENERAL SUPPORT
(8)	ST. LUKE'S IN THE DESERT, INC. 615 E. ADAMS ST. TUCSON AZ 85705	86-0098924	501C3	27,000		FMV		GENERAL SUPPORT
(9)	ST. MARK'S PRESCHOOL AND KINDERGARD 3809 E. THIRD STREET TUCSON AZ 85716	86-0120505	501C3	40,000		FMV		GENERAL SUPPORT

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

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(1)	ST. MICHAEL'S PARISH DAY SCHOOL 602 N. WILMOT ROAD TUCSON AZ 85711	86-0143859		6,000		FMV		GENERAL SUPPORT
(2)	ST. VINCENT DE PAUL HOLY REDEEMER 57 HIGHLAND AVE CHATHAM MA 02633	32-0575669	501C3	6,500		FMV		GENERAL SUPPORT
(3)	STANFORD UNIVERSITY 355 GALVEZ ST. STANFORD CA 94305-6106	94-1156365	501C3	58,745		FMV		GENERAL SUPPORT
(4)	STEP UP TO JUSTICE 320 N COMMERCE PARK LOOP #100 TUCSON AZ 85745	81-3776452	501C3	35,000		FMV		GENERAL SUPPORT
(5)	STEP: STUDENT EXPEDITION PROGRAM 6336 N. ORACLE ROAD, SUITE 326-326 TUCSON AZ 85704	22-3879050	501C3	45,000		FMV		GENERAL SUPPORT
(6)	SUNNYSIDE UNIFIED SCHOOL DISTRICT 2238 E. GINTER ROAD TUCSON AZ 85706	86-0656064	501C3	30,990		FMV		GENERAL SUPPORT
(7)	TECHNICAL ASSISTANCE PARTNERSHIP OF 2929 N CENTRAL AVE., SUITE 1550 PHOENIX AZ 85012	86-0975231	501C3	15,000		FMV		GENERAL SUPPORT
(8)	THERAPEUTIC RANCH FOR ANIMALS AND 3250 E ALLEN RD. TUCSON AZ 85718	20-4737638	501C3	15,000		FMV		GENERAL SUPPORT
(9)	THERAPEUTIC RIDING OF TUCSON, INC. 8920 E. WOODLAND RD. TUCSON AZ 85749	86-0329294	501C3	102,257		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TOHONO CHUL PARK, INC. 7366 N. PASEO DEL NORTE TUCSON AZ 85704-4415	86-0438592	501C3	30,901		FMV		GENERAL SUPPORT
(2)	TRANS LIFELINE 195 41ST ST. SUITE 11253 OAKLAND CA 94611	47-2097494	501C3	10,000		FMV		GENERAL SUPPORT
(3)	TRUE CONCORD VOICES & ORCHESTRA P. O. BOX 64912 TUCSON AZ 85728-4912	56-2488631	501C3	23,500		FMV		GENERAL SUPPORT
(4)	TU NIDITO CHILDREN & FAMILY SERVICE 3922 N. MOUNTAIN AVENUE TUCSON AZ 85719	86-0769031	501C3	29,000		FMV		GENERAL SUPPORT
(5)	TUCSON ARIZONA BOYS CHORUS 5770 E PIMA ST. TUCSON AZ 85712	86-0137258	501C3	8,000		FMV		GENERAL SUPPORT
(6)	TUCSON AUDUBON SOCIETY 300 E UNIVERSITY BLVD., STE. 120 TUCSON AZ 85705	86-6053779	501C3	15,839		FMV		GENERAL SUPPORT
(7)	TUCSON BOTANICAL GARDENS 2150 N. ALVERNON WAY TUCSON AZ 85712	23-7037310	501C3	48,750		FMV		GENERAL SUPPORT
(8)	TUCSON CHILDREN'S MUSEUM, INC. 200 S. SIXTH AVE. TUCSON AZ 85701	86-0676237	501C3	30,645		FMV		GENERAL SUPPORT
(9)	TUCSON CONQUISTADORES FOUNDATION 6450 E BROADWAY BLVD TUCSON AZ 85710	20-1940513	501C3	8,500				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TUCSON GIRLS CHORUS ASSOCIATION 4020 E. RIVER RD. TUCSON AZ 85718	86-0505318	501C3	51,500		FMV		GENERAL SUPPORT
(2)	TUCSON INTERFAITH HIV/AIDS NETWORK 2660 N. 1ST AVE. TUCSON AZ 85719	86-0819574	501C3	45,588		FMV		GENERAL SUPPORT
(3)	TUCSON JEWISH COMMUNITY CENTER, INC 3800 E. RIVER RD. TUCSON AZ 85718-6600	86-0183578	501C3	46,060		FMV		GENERAL SUPPORT
(4)	TUCSON MEDICAL CENTER FOUNDATION 5301 E. GRANT RD. TUCSON AZ 85712	86-0504015	501C3	41,000		FMV		GENERAL SUPPORT
(5)	TUCSON MUSEUM OF ART 140 N. MAIN AVE. TUCSON AZ 85701	86-6006371	501C3	40,257		FMV		GENERAL SUPPORT
(6)	TUCSON PRESIDIO TRUST FOR HISTORIC 196 N COURT AVE. TUCSON AZ 85701	86-0687426	501C3	6,985		FMV		GENERAL SUPPORT
(7)	TUCSON REFUGEE MINISTRY 631 N 2ND AVE TUCSON AZ 85705	26-3176515	501C3	13,171		FMV		GENERAL SUPPORT
(8)	TUCSON SYMPHONY SOCIETY 2175 N. 6TH AVENUE TUCSON AZ 85705-5606	86-0107538	501C3	10,154		FMV		GENERAL SUPPORT
(9)	TUCSON VALUES TEACHERS 3497 N. CAMPBELL, SUITE 703 TUCSON AZ 85719	26-4637708	501C3	41,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TUCSON WILDLIFE CENTER, INC. P.O. BOX 18320 TUCSON AZ 85731	86-1001344	501C3	20,750		FMV		GENERAL SUPPORT
(2)	TUCSON2TAILS, INC. 3227 W JUSNIC CIRCLE TUCSON AZ 85705	45-4710752	501C3	6,500		FMV		GENERAL SUPPORT
(3)	UA FOUNDATION - ARIZONA PUBLIC MEDI 1111 N CHERRY AVE. TUCSON AZ 85721-0109	86-6050388	501C3	33,200		FMV		GENERAL SUPPORT
(4)	UA FOUNDATION - COLLEGE OF AGRICULT 1111 N. CHERRY AVENUE TUCSON AZ 85721-0109	86-6050388	501C3	30,297		FMV		GENERAL SUPPORT
(5)	UA FOUNDATION - COLLEGE OF FINE ART 1111 N. CHERRY AVENUE TUCSON AZ 85721-0109	86-6050388	501C3	9,750		FMV		GENERAL SUPPORT
(6)	UA FOUNDATION - COLLEGE OF MEDICINE 1111 N. CHERRY AVENUE TUCSON AZ 85721-0109	86-6050388	501C3	64,349		FMV		GENERAL SUPPORT
(7)	UA FOUNDATION - COLLEGE OF SOCIAL A 1111 N. CHERRY AVENUE TUCSON AZ 85721-0109	86-6050388	501C3	115,000		FMV		GENERAL SUPPORT
(8)	UA FOUNDATION - ELLER COLLEGE OF MA 1111 N CHERRY AVE. TUCSON AZ 85721-0109	86-6050388	501C3	10,000		FMV		GENERAL SUPPORT
(9)	UA FOUNDATION - INDICATORS PROJECT P.O. BOX 210108 TUCSON AZ 85721-0108	86-6050388	501C3	50,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UA FOUNDATION - SARVER HEART CENTER P.O.BOX 210109 TUCSON AZ 85721	86-6050388	501C3	20,000		FMV		GENERAL SUPPORT
(2)	UA FOUNDATION - SCHOOL OF MUSIC 1111 N. CHERRY AVENUE TUCSON AZ 85721-0109	86-6050388	501C3	10,000		FMV		GENERAL SUPPORT
(3)	UA FOUNDATION - STEELE CHILDREN'S R 1111 N. CHERRY AVENUE TUCSON AZ 85721-0109	86-6050388	501C3	11,000		FMV		GENERAL SUPPORT
(4)	UA FOUNDATION - TUMAMOC COMMUNITY O 1111 N CHERRY AVENUE TUCSON AZ 85721	86-6050388	501C3	25,000		FMV		GENERAL SUPPORT
(5)	UA FOUNDATION - TUCSON VILLAGE FARM 1111 N. CHERRY AVENUE TUCSON AZ 85719	86-6050388	501C3	51,500		FMV		GENERAL SUPPORT
(6)	UA FOUNDATION - UA COLLEGE OF EDUCA 1111 N CHERRY AVE. TUCSON AZ 85721-0109	86-6050388	501C3	70,000		FMV		GENERAL SUPPORT
(7)	UA FOUNDATION - UA COLLEGE OF ENGIN 1111 N CHERRY AVE. TUCSON AZ 85721-0119	86-6050388	501C3	61,970		FMV		GENERAL SUPPORT
(8)	UC REGENTS 1125 MURPHY HALL / HILGARD AVE LOS ANGELES CA 90095		GOV	17,764		FMV		GENERAL SUPPORT
(9)	UNITARIAN UNIVERSALIST CHURCH OF TU P.O.BOX 40782 TUCSON AZ 85717	86-6006433	501C3	22,303		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK NY 10038	13-1760110	501C3	10,000		FMV		GENERAL SUPPORT
(2)	UNITED WAY OF SANTA CRUZ COUNTY P.O. BOX 2174 NOGALES AZ 85628	86-0667974	501C3	15,000		FMV		GENERAL SUPPORT
(3)	UNITED WAY OF TUCSON & SOUTHERN AZ 330 N. COMMERCE PARK LOOP, STE. 200 TUCSON AZ 85754	86-0098932	501C3	46,881		FMV		GENERAL SUPPORT
(4)	UNIVERSITY OF ARIZONA 1111 N. CHERRY AVE. TUCSON AZ 85721	74-2652689	GOV	124,435		FMV		GENERAL SUPPORT
(5)	UNIVERSITY OF ARIZONA FOUNDATION P.O. BOX 210109 TUCSON AZ 85721-0109	86-6050388	501C3	157,424		FMV		GENERAL SUPPORT
(6)	UNIVERSITY OF SOUTHERN CALIFORNIA 700 CHILDS WAY, JHH 325 LOS ANGELES CA 90089	95-1642394	501C3	13,000		FMV		GENERAL SUPPORT
(7)	W.B. COLLINS EARLY LEARNING PRO 2430 E SECOND STREET TUCSON AZ 85719	45-0493882	501C3	8,000		FMV		GENERAL SUPPORT
(8)	WASHINGTON WOMEN IN NEED 232 5TH AVE. S, STE. 201 KIRKLAND WA 98033	91-1559848	501C3	20,000		FMV		GENERAL SUPPORT
(9)	WATERSHED MANAGEMENT GROUP, INC. 1137 N DODGE BLVD. TUCSON AZ 85716	20-0637567	501C3	11,500		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WOMAN'S MISSIONARY UNION FOUNDATION 100 MISSIONARY RIDGE BIRMINGHAM AL 35242	63-1138772	501C3	15,464		FMV		GENERAL SUPPORT
(2)	WOMEN'S FOUNDATION OF SOUTHERN ARIZ P.O. BOX 89518 TUCSON AZ 85752	31-1660702	501C3	264,550		FMV		GENERAL SUPPORT
(3)	YMCA OF SOUTHERN ARIZONA P.O. BOX 1111 TUCSON AZ 85702-1111	86-0101237	501C3	40,000		FMV		GENERAL SUPPORT
(4)	YOUTH EASTSIDE SERVICES 999 164TH AVENUE NE BELLEVUE WA 98008	91-0849093	501C3	25,000		FMV		GENERAL SUPPORT
(5)	YOUTH ON THEIR OWN 1660 N. ALVERNON WAY TUCSON AZ 85712	86-0644388	501C3	111,750		FMV		GENERAL SUPPORT
(6)	YUMA LIBRARY FOUNDATION P.O. BOX 4505 YUMA AZ 85366	86-0899337	501C3	90,292		FMV		GENERAL SUPPORT
(7)	YWCA OF SOUTHERN ARIZONA 525 N. BONITA AVE. TUCSON AZ 85745	86-0098937	501C3	38,183		FMV		GENERAL SUPPORT
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 BUFFALO EXCHANGE FUND	1	10,000		FMV	
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART IV - ADDITIONAL INFORMATION

PRIOR TO THE DISTRIBUTION OF FUNDS, ORGANIZATIONS ARE REVIEWED TO ENSURE THAT THEIR CHARITABLE STATUS IS CURRENT THROUGH IRS PUBLICATIONS. AT THE REQUEST OF THE DONOR, AND WITHIN THE GUIDELINES OF THE IRS, GRANTS ARE FURTHER MONITORED TO ENSURE THAT GRANTS FULFILL THE RECOMMENDATIONS AND/OR INTENTIONS OF THE DONOR.

SCHEDULE J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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Name of the organization

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
J. CLINTON MABIE 1 CEO	(i) 165,306 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	22,232 0	8,978 0	196,516 0	0 0
2	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .
3	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .
4	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .
5	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .
6	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .
7	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .
8	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .
9	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .
10	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .
11	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .
12	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .
13	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .
14	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .
15	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .
16	(i) . (ii) .	(i) . (ii) .	(i) . (ii) .	. .	. .	. .	. .

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
J. CLINTON MABIE	0	12,532	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA	Employer identification number 94-2681765
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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				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	23	1,348,085	FMV
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		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 nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION

ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

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Name of the organization COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA	Employer identification number 94-2681765
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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
MANAGEMENT AND MEMBERS OF THE CFSA FINANCE COMMITTEE REVIEW THE FORM 990
PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS
ANNUALLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST AND WHISTLE-
BLOWER POLICY, ARE AVAILABLE UPON REQUEST.

FORM 990, PART X - ADDITIONAL INFORMATION
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE PRESENTED IN ACCORDANCE WITH
FASB ASU 2016-14. AS A RESULT, PART X, LINE 27 INCLUDES ALL NET ASSETS
WITHOUT DONOR RESTRICTIONS, AND PART X, LINE 29 INCLUDES ALL NET ASSETS
WITH DONOR RESTRICTIONS.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CONTRIBUTIONS TO SUPPORT ORGS	\$	474,763
CAMPUS NOTE INTERCOMPANY INTEREST	\$	104,939
TOTAL	\$	579,702

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
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COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CFSA COMMUNITY CAMPUS, LLC 5049 E. BROADWAY, STE 201 82-1217360 TUCSON AZ 85711	CHARITABLE	AZ	550,062	6,186,488	N/A
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE HOWARD V. MOORE FOUNDATION 5049 E. BROADWAY BLVD., SUITE 201 20-3983894 TUCSON AZ 85711	CHARITABLE	AZ	501C3	12A	N/A	X	
(2) SYCAMORE CANYON CONSERVATION FDN 5049 E. BROADWAY BLVD., SUITE 201 20-5391377 TUCSON AZ 85711	CONSERVATI	AZ	501C3	12A	N/A	X	
(3) THE WILLIAM E. HALL FOUNDATION 5049 E. BROADWAY BLVD., SUITE 201 13-6105057 TUCSON AZ 85711	CHARITABLE	AZ	501C3	12A	N/A	X	
(4) CFSA PROPERTIES, INC. 5049 E. BROADWAY BLVD., SUITE 201 86-0742820 TUCSON AZ 85711	PROP MGMT	AZ	501C3	12A	N/A	X	
(5) THE THOMAS R. BROWN FAMILY FDN P.O. BOX 31930 86-0933380 TUCSON AZ 85751	CHARITABLE	AZ	501C3	12A	N/A	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule R (Form 990) 2020

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number
94-2681765

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WORTH AND DOT HOWARD FOUNDATION 3191 N. 29TH PLACE 86-0984133 PHOENIX AZ 85016	CHARITABLE	AZ	501C3	12C	N/A	X	
(2) DAVID S. & NORMA R. LEWIS FDN 5049 E. BROADWAY BLVD., SUITE 201 81-3487852 TUCSON AZ 85711	CHARITABLE	AZ	501C3	12A	N/A	X	
(3) SOCIAL VENTURE PARTNERS 5049 E. BROADWAY BLVD., SUITE 201 82-2964855 TUCSON AZ 85711	CHARITABLE	AZ	501C3	12A	N/A	X	
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THOMAS R. BROWN FOUNDATION	C	175,500	FMV
(2) DAVID S. & NORMA R. LEWIS FDN	C	738,935	FMV
(3) CFSA PROPERTIES, INC.	C	1,237,173	FMV
(4) THE HOWARD V. MOORE FOUNDATION	B	437,763	FMV
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

