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

OMB No. 1545-0047 2021 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.

Α	For th			7/01/21 , and ending $06/30/$	22		
В	Check if a	applicable:	C Name of organization COMMUNITY	FOUNDATION FOR		D Employe	r identification number
	Address	change	SOUTHERN	ARIZONA			
	Name ch	nange	Doing business as			94-2	<u>681765</u>
		Ü	Number and street (or P.O. box if mail is not deliv		Room/suite	E Telephon	770-0800
	Initial retu Final retu	-	5049 E. BROADWAY BLVD City or town, state or province, country, and ZIP of			520-	770-0800
	terminate			• .			. 00 100 050
	Amended	d return	TUCSON F Name and address of principal officer:	AZ 85711		G Gross rec	eipts\$ 88,109,258
П	Annlication	on pending	·		H(a) Is this a gr	oup return for s	subordinates Yes X No
	Аррисан	on pending	KATHERINE WAIT	GIITEE 001			
			5049 E. BROADWAY B		H(b) Are all sul		See instructions
			TUCSON	AZ 85711	II NO,	allach a list.	See instructions
<u> </u>		empt status:		(insert no.) 4947(a)(1) or 527			
J	Website	e: ► W	WW.CFSAZ.ORG/		H(c) Group exe		
		organization:		Other L	Year of formation: 1	980	M State of legal domicile: AZ
F	Part I		mmary				
			scribe the organization's mission or mo				
ဥ				VIBRANT COMMUNITY FOR ALL			NANS BY
naı		CONN	ECTING DONORS TO THE CA	JSES THEY CARE ABOUT, NOW	AND FORE	VER.	
Governance							
Ô	2	Check thi	s box ▶ if the organization discontin	ued its operations or disposed of more thar	n 25% of its net	assets.	
	3	Number of	of voting members of the governing body	/ (Part VI, line 1a)		3	25
ies			of independent voting members of the g				25
<u>₹</u>	5	Total nun	nber of individuals employed in calendar	year 2021 (Part V, line 2a)		. 5	25
Activities &			nber of volunteers (estimate if necessary			6	25
•	7a	Total unre	elated business revenue from Part VIII,	column (C), line 12		7a	-304,679
	b	Net unrel	ated business taxable income from Forr	n 990-T, Part I, line 11		7b	0
					Prior Ye		Current Year
ē					27,05		34,316,728
Revenue		_				1,906	<u>258,507</u>
Š Š			nt income (Part VIII, column (A), lines 3			5,807	<u>3,182,858</u>
ш.	11 (Other rev	enue (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)		7,711	-313,527
				ıal Part VIII, column (A), line 12)	35,64		<u>37,444,566</u>
			nd similar amounts paid (Part IX, columr		11,26	5,903	<u>12,691,414</u>
			paid to or for members (Part IX, column	· · · · · · · · · · · · · · · · · · ·			<u> </u>
es	15	Salaries,	other compensation, employee benefits	(Part IX, column (A), lines 5–10)		5,049	1,670,838
sus	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)	4:	2,498	46,350
xpenses	b	Total fund	nal fundraising fees (Part IX, column (A draising expenses (Part IX, column (D),	line 25) ▶ 843,679			
Ш	17	Other exp	enses (Part IX, column (A), lines 11a–1	1d, 11f–24e)	1,640	5,301	1,628,568
	18	Total exp	enses. Add lines 13–17 (must equal Pa	t IX, column (A), line 25)		751	16,037,170
		Revenue	less expenses. Subtract line 18 from lin	e 12		3,594	<u>21,407,396</u>
Net Assets or	2				Beginning of Cu		End of Year
Sset	20				172,31		171,109,391
et	21		lities (Part X, line 26)			3,306	10,245,518
*******		0000000	s or fund balances. Subtract line 21 from	n line 20	163,803	3,141	160,863,873
******	Part II		nature Block				
				eturn, including accompanying schedules and state officer) is based on all information of which prep			my knowledge and belief, it is
	ue, con	T k	omplete. Declaration of preparer (other than	onicer) is based on all information of which prep	arei nas any kno	wieuge.	
		_					
Si	_	Si	gnature of officer			Date	
He	ere	_	KATHERINE WAIT	CFO			
			rpe or print name and title	T	1 -	Т	
_	!I	Print/Type	preparer's name	Preparer's signature	Date	Check	if PTIN
Pai			S. KLEWER, CPA			self-em	ployed P00343046
	parer	I IIIII 3 IIai		& RUDNER PLLC	F	irm's EIN 🕨	36-4538293
Us	e Only	'		OWELL DR			
		Firm's add		5712		Phone no.	520-545-0500
Ma	y the IF	RS discus	s this return with the preparer shown at	oove? See instructions			Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
\mathbf{T}^{0}	Briefly describe the organization's mission: O CREATE AN EQUITABLE AND VIBRANT COMMUNITY FOR ALL SOUTHERN ARIZONANS BY DONNECTING DONORS TO THE CAUSES THEY CARE ABOUT, NOW AND FOREVER.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O. 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.
C: S: P: S: F: A: C: P:	(Code:)(Expenses\$ 13,741,049 including grants of\$ 12,691,414)(Revenue\$ 260,687) FSA HAS BEEN INVOLVED IN PROVIDING CORE GRANTS FOR GENERAL OPERATING JPPORT, TO HIGH PERFORMING NONPROFITS AND SUPPORTING CROSS SECTOR ARTNERSHIPS WITH THE END OF LIFE CARE PARTNERSHIP. WE CONTINUE OUR WORK TO JPPORT THE COMMUNITY WITH OUR INITIATIVES, THE AFRICAN AMERICAN LEGACY JND, LGBTQ+ ALLIANCE FUND, THE NONPROFIT SOLAR PROJECT AND THE PIMA LLIANCE FOR ANIMAL WELFARE. FOR THE LAST FOUR YEARS WE HAVE SUPPORTED APACITY BUILDING FOR NONPROFITS THROUGH OUT CATCHAFIRE PROGRAM AS WELL AS ROVIDING TRAINING AND PROFESSIONAL DEVELOPMENT TO OUR LOCAL NONPROFIT DMMUNITY THROUGH OUR CENTER FOR HEALTHY NONPROFITS.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$) /A
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(**
	•
	······································
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

Form 990 (2021) COMMUNITY FOUNDATION FOR
Part IV Checklist of Required Schedules

1 is the organization described in section 501(s)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule B, Schedule of Contributors (see instructions)? 2 is the organization requige in direct or indirect political campaign activities, or the organization organization and contributors (see instructions)? 3 is Did the organization engine in direct or indirect political campaign activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is 1 the organization as action 501(c)(4), 501(c)(6) organization in the color of the section of the ct. Automotive organization remains in activities on the first of the section of the ct. Automotive organization activities and your done activate finds 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? If "Yes," complete Schedule D, Part II is Did the organization receive or fold a conservation easiernal, including assements to preserve open space, the environment, historic land areas, or all instructures? If "Yes," complete Schedule D, Part II is Did the organization maintain client or any similar funds or accounts? If "Yes," complete Schedule D, Part II is Did the organization maintain clientor in 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, dobt management, credit trepart, or debt negotiation services? If "Yes," complete Schedule D, Part VI is 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, dobt management, credit trepart, or debt negotiation services? If "Yes," complete Schedule D, Part VI is Did the organization report an amount for investments—program related in Part X, line 197 If "Yes," complete Schedule D, Part VI vII, VII, II, S. Or, X. as appl				Yes	No
2 Is the organization required to complete Schedule B, Schedule G Contributors (see instructions)? 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Vas." complete Schedule C, Part I 3 Section 50 (Fi(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Vas." complete Schedule C, Part II 4 X 5 Is the organization a section 501 (Fi(4), 501(k)) 67 (Fi(5)) 67 501(k)) 67 (Fi(6)) 67 (Fi(1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedula (P. Part I) 4 Section 591(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n)(1) 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(8) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 39-19? If "Yes," complete Schedule C, Part III 5 Did the organization markinal may donor advised undured or any similar funds or arcounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization ceove or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historios structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain and areas, or historios structures? If "Yes," complete Schedule D, Part III 9 Did the organization maintain and areas, or historios structures? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization directly of through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. 10 Did the organization directly of through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. 10 Did the organization directly and through a related organization in part X, line 10; If "Yes," complete Schedule D, Part X v. 11 Did the organization debt an asset or any of the following questions is "Yes		'	_		
candidates for public office? If "Yes," complete Schedule C, Part I Section 50*(C)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? II "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receiven or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical reseauces, or other similar assessify If "Yes," complete Schedule D, Part III Did the organization received in Celeconic of Art, historical reseauces, or other similar assessify If "Yes," complete Schedule D, Part III Did the organization received in Part X, or provide credit counseling, debt management, credit repair, or debt negotions envires? If "Yes," complete Schedule D, Part VII Did the organization received in Part X, or provide credit counseling, debt management, credit repair, or debt negotions envires? If "Yes," complete Schedule D, Part VII Did the organization report an amount for land, buildings, and equipment in Part X, line 10; Hart Space, and the organization report an amount for land, buildings, and equipment in Part X, line 10; Hart Space, and the organization report an amount for investments—other securities in Part X, line 10; Hart Space, and the organization report an amount for investments—other securities in Part X, line 10; Hart Space, and the organization report an amount for investments—other sec	2		2	X	
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b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 15 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? If "Yes," complete Schedule F, Parts I and IV 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? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 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? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? If "Yes," com	12a		40.		3.7
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	21				
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Pa	art 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	22	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	23	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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	25a		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	25b		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	26		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	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	. 32		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	. 33	Х	-
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	. 34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	1
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	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			3.5
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		3.7	
D	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
	art 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		Ver	
4.	Enter the number reported in box 2 of Form 1006. Enter 0, if not smaller black 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	. 1c	Х	
	repertable garning (garneing) withinge to prize without:	. 10	_ ∠_	

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (cor	ntinue	ed)		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	25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax is	eturns	?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruc	tions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Χ	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Scheen	dule C		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or ot					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ncial a	ccount)?	4a		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 Finance		counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter train	nsactio	on?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d	id the				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	outions	s or			
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	ods			37
	and services provided to the payor?			7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was		7.		v
4	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		X
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		troot?	7e		v
e f	Did the organization receive any liditus, directly or indirectly, to pay premiums on a personal benefit or Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit or			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file			7g		X
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint					2.2
	sponsoring organization have excess business holdings at any time during the year?		,	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	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 F	1	041?	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	ا . ـ . ا				
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c		44-		37
14a				14a		X
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on School</i> to the organization subject to the continuous transfer of the payment of the payme			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem			15		Х
	excess parachute payment(s) during the year? If "Voc " see instructions and file Form 4720. Schodule N.			19		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investn	nent in	come?	16		X
	If "Yes," complete Form 4720, Schedule O.	IICHL II	COME!	10		27
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage	ne in				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

94-2681765 Form 990 (2021) COMMUNITY FOUNDATION FOR 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 25 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. Enter the number of voting members included on line 1a, above, who are independent 25 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 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? 10a Χ 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? 10b **11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on 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* 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Χ 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 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. |X| Own website |X| Another's website |X| Upon request |X| Other (explain on Schedule O) 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. 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

AZ 85711

TUCSON

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the org		•					compensated any current of	officer, director, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unle	Pos heck ss pe	rson i	than one is both an in/trustee) Former Highest compensated	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ALLISON VAILLAN									
DIRECTOR	0.38	X					0	0	0
(2) ANNE ROEDIGER									
DIRECTOR	0.38	X					0	0	0
(3) BARBARA SMITH		25					Ü	Ü	<u> </u>
DIRECTOR	0.23	X					0	0	0
(4) CLYDE KUNZ									
DIRECTOR	0.38	X					0	0	0
(5) COLETTE BARAJAS									
DIRECTOR	0.23	X					0	0	0
(6) DANIEL ARANA	0 00								
SECRETARY	0.23	X		Х			0	0	0
(7) ETHAN ORR	0 00								
DIRECTOR	0.23	Х					0	0	0
(8) FAISAL ADIL	0 00								
DIRECTOR	0.00	X					0	0	0
(9) FRED CHAFFEE									-
DIRECTOR	0.38	X					0	0	0
(10) HERB HOFFMAN									
TREASURER	0.38	X		Х			0	0	0
(11)JAN LESHER	0 00								
DIRECTOR	0.23	Х					0	0	0

Form **990** (2021)

Part VII Section A. Officer	s, Directors, T	rust	ees,	Key	Em	ploy	/ees	s, and Highest Compens	ated Employees (continu	ıed)
(A) Name and title	(B) Average hours per week (list any	off	o not o x, unle icer a	Pos check ess pe	erson lirecto	is both or/trus	n an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(12) KENDAL WASHI		II'	ľΕ							
DIRECTOR (13) MARCEL DABDO	0.00 0.00 UB	Х						0	0	C
DIRECTOR	0.23	Х						0	0	C
(14) MARIAN LALON DIRECTOR	DE 0.38 0.00	Х						0	0	C
(15) MARIBEL ALVA	REZ 0.23									
DIRECTOR (16) MATT HARRISO	0.00	Х						0	0	C
DIRECTOR	0.38	Х						0	0	C
(17) NANCY DAVIS DIRECTOR	0.38	Х						0	0	C
(18) NICOLLETTE D										
DIRECTOR (19) RAFAEL BARCE	0.00 LO DURA	X 20						0	0	C
DIRECTOR	0.23	Х						0	0	C
1b Subtotal		Se	ctio	 n A			>	617,458		69,755
d Total (add lines 1b and 1c) Total number of individuals (i	including but no	t lim	ited				d ab	617,458	than \$100,000 of	69,755
reportable compensation from	<u> </u>									Yes No
3 Did the organization list any semployee on line 1a? <i>If "Yes</i>4 For any individual listed on line	s," complete Sch ne 1a, is the su	<i>nedu</i> m of	le J repo	<i>for s</i> ortab	<i>uch</i> ole c	<i>indi</i> v omp	<i>idua</i> ensa	alation and other compensa	tion from the	3 X
organization and related organization and related organization and related organization individual 5 Did any person listed on line										4 X
5 Did any person listed on line for services rendered to the										5 X
Section B. Independent Contract1 Complete this table for your factors		nen	sate	d inc	dene	ende	nt co	ontractors that received m	ore than \$100 000 of	
compensation from the organ	nization. Report							endar year ending with or	within the organization's	
Name and	(A) d business address							Descrip	(B) tion of services	(C) Compensation
2 Total number of independent received more than \$100,000	t contractors (in 0 of compensati	clud on fi	ing b rom	out note	ot lir orga	nited nizat	to tion	hose listed above) who	0	

Part VII Section A. Officer	s, Directors, T	rust	ees,	Key	Em	ploy	/ees	s, and Highest Compens	ated Employees (continu	ued)		•
(A) Name and title	(B) Average hours per week	off	x, unle icer a	Pos check ess pe	erson directo	than	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) timated amou of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		from the ganization ar led organizati	
(20) RICHARD MUND	INGER 0.77 0.00	X						0	0			0
(21) RON MARX	0.58	X		Х				0	0			0
(22) STEVEN WAGNE		X		21				0	0			0
(23) STYNE HILL	0.96			Х				0	0			0
(24) TAUNYA VILLI	CANA 0.23	X		Δ								
(25) WANDA MOORE	0.00	X						0	0			0
(26) J. CLINTON M	0.00	X						0	0			0
PAST CEO (27) MARK MONTOYA	40.00						X	176,313	0		9	<u>,774</u>
PAST INTERIM CEO 1b Subtotal c Total from continuation sho		 I, Se	ctio	X n A .			>	124,499 300,812	0		34	,633 ,407
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	including but no	t lim		to th	iose	liste	▶ d ab	oove) who received more	than \$100,000 of		Ye	es No
 Did the organization list any temployee on line 1a? If "Yes For any individual listed on line organization and related organization." 	s," complete Sch ne 1a, is the su anizations great	nedu m of er th	<i>le J</i> repo nan \$	for s ortab 3150	<i>uch</i> le c ,000	indiv omp)? If	ridua ensa "Yes	al ation and other compensa s," complete Schedule J fo	tion from the		3	S NO
individual 5 Did any person listed on line for services rendered to the or	1a receive or a organization? <i>If</i>	ccru	e co	mpe	nsat	tion f	rom	any unrelated organization	on or individual		5	
Complete this table for your factory compensation from the organization.	five highest con nization. Report	npen	sate ipen	d ind	depe	ende or the	nt co	endar year ending with or	within the organization's	tax year		
Name and	(A) I business address							Descrip	(B) tion of services		(C) Comper	nsation
											300000000000000000000000000000000000000	
2 Total number of independent received more than \$100,000												

Part VII Section A. Officer	s, Directors, T	rust	ees,	Key	Em	ploy	/ees	s, and Highest Compens	ated Employees (continu	ued)		•
(A) Name and title	(B) Average hours per week	off	x, unle icer a	Pos check ess pe	erson directo	than is both	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) mated amo of other ompensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		from the ganization a ed organizat	
(28) JENNY FLYNN CEO	40.00			X				92,232	0		1	,203
CFO (30) MARY LOUISE				Х				115,703	0			,472
GIFT PLANNING DIRECT	40.00					Х		108,711	0		14	<u>,673</u>
to tal from continuation shad Total (add lines 1b and 1c) Total number of individuals (reportable compensation from	eets to Part VII	, Se	ctio				► ► L d ab	316,646	than \$100,000 of			,348
 3 Did the organization list any employee on line 1a? If "Yes 4 For any individual listed on li organization and related organization and related organization. 	s," complete Sch ne 1a, is the su anizations great	nedu m of er th	<i>le J</i> repo an \$	<i>for s</i> ortab 3150	<i>uch</i> le c ,000	indiv omp omp	<i>ridua</i> ensa "Yes	al ation and other compensa s," complete Schedule J fo	tion from the		3 4	es No
individual 5 Did any person listed on line for services rendered to the Section B. Independent Contract	organization : 11	ccru "Ye:	e co s," c	mpe omp	nsat <i>lete</i>	tion f Sche	rom edul	any unrelated organization and the such person	on or individual		5	
Complete this table for your compensation from the organ	five highest com nization. Report	npen com	sate ipen	d ind	depe	nde or the	nt co	endar year ending with or	within the organization's	tax year.		
Name and	(A) d business address							Descrip	(B) Ition of services		(C Compe	nsation
2 Total number of independent received more than \$100,000												

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (**D**)
Revenue excluded from tax under (A) (B) Related or exempt Unrelated function revenue business revenue sections 512-514 , Gifts, Grants nilar Amounts **1a** Federated campaigns 1a **b** Membership dues 1b **c** Fundraising events 1c 101,219 **d** Related organizations 793,676 1d Contributions, and Other Sim Government grants (contributions)
........... **f** All other contributions, gifts, grants, 33,421,833 1f and similar amounts not included above g Noncash contributions included in lines 1a-1f 13,784,719 h Total. Add lines 1a-1f 34,316,728 Business Code Program Service Revenue 541610 209,210 209,210 2a MANAGEMENT FEES 519100 49,297 49,297 ANNUAL EVENT-NON FUNDRAISING **f** All other program service revenue 258,507 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4,079,503 4,079,503 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 186,239 6a Gross rents 6a 490,918 b Less: rental expenses 6b -304,679 c Rental inc. or (loss) 6c d Net rental income or (loss) -304,679 -304,679 **7a** Gross amount from (ii) Other (i) Securities sales of assets 49,250,381 7a other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7b 50,147,026 c Gain or (loss) 7c -896,645 -896,645 -896,645 d Net gain or (loss) **8a** Gross income from fundraising events (not including \$101,219of contributions reported on line 15,720 1c). See Part IV, line 18 8a **b** Less: direct expenses 26,748 8b -11,028-11,028 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 900099 2,180 2,180 11a OTHER REVENUE d All other revenue 2,180 \blacktriangleright **e Total.** Add lines 11a–11d

37,444,566

-304,679

260,687

Total revenue. See instructions

149,483

11,717

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 (C) Management and (A) (B) Program service **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, Total expenses 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 12,671,414 12,671,414

2 Grants and other assistance to domestic individuals. See Part IV, line 22

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

6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and

persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)

7 Other salaries and wages 962,656 335,846 319,751 307,059

8 Pension plan accruals and contributions (include section 401(k) and 403(h) employer contributions) 63,904 22,279 21,256 20,369

22,279 21,256 section 401(k) and 403(b) employer contributions) 63,904 20,369 73,524 Other employee benefits 25,604 24,512 23,408 9 Payroll taxes 35,577 33,918 32,527 102,022 10 Fees for services (nonemployees): a Management

11,717

 c Accounting
 60,900
 60,900

 d Lobbying
 900
 46,350

 e Professional fundraising services. See Part IV, line Investment management fees
 7 46,350
 370,374

g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 217,076 142,054 62,786 12,236 12 Advertising and promotion $17,22\overline{3}$ 94,214 37,936 39,055 17,790 17,251 53,909 18,868 13 Office expenses 337,272 107,927

Information technology 118,045 111,300 14 Royalties 77,219 14,145 50,142 12,932 16 Occupancy 6,501 2,276 2,080 Travel 2,145 17 Payments of travel or entertainment expenses

 21 Payments to affiliates
 96,929

 22 Depreciation, depletion, and amortization
 96,929

 23 Insurance
 26,278
 7,758
 11,427
 7,093

 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If

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 EVENT NON FUNDRAISING 108,720 38,051 36,965 33,704 b DUES AND SUBSCRIPTIONS 31,785 11,125 10,489 10,171

21,343 7,462 7,059 RECRUITMENT/TRAINING 6,822 18,566 PROGRAM MATERIALS 18,566 d $8,\overline{684}$ e All other expenses 13,004 1,9092,411 16,037,170 13,741,049 1,452,442 843,679 25 Total functional expenses. Add lines 1 through 24e .

b Legal

r	art 2	Check if Schedule O contains a response or not	e to any	line in this Part X			X
		·	,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			460,770	1	809,832
	2	Savings and temporary cash investments			11,602,114	2	12,843,918
	3	Pledges and grants receivable, net			19,178,984	3	7,263,330
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former	er officer	, director,			
		trustee, key employee, creator or founder, substantial	contribu	tor, or 35%			
		controlled entity or family member of any of these pers	sons			5	
	6	Loans and other receivables from other disqualified pe					
ts		under section 4958(f)(1)), and persons described in se				6	
Assets	7	Notes and loans receivable, net			1,252,483	7	1,098,522
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	.,		38,573	9	92,853
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,808,984			
	b	Less: accumulated depreciation	10b	943,236	5,868,437	10c	
	11	Investments—publicly traded securities			133,639,121	11	142,887,656
	12	Investments—other securities. See Part IV, line 11			237,954	12	237,365
	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	10,167
	16	Total assets. Add lines 1 through 15 (must equal line	33)		172,311,447	16	171,109,391
	17	Accounts payable and accrued expenses			242,495	17	210,216
	18	Grants payable			395,856	18	269,267
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV	of Sche	dule D		21	
ies	22	Loans and other payables to any current or former offi					
Ħ		trustee, key employee, creator or founder, substantial					
Liabilities		controlled entity or family member of any of these pers	sons			22	
_	23	Secured mortgages and notes payable to unrelated th	ird partie	es		23	2,447,202
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24	l). Comp	olete Part X	7 060 055		7 210 022
		of Schedule D			7,869,955		7,318,833
	26	Total liabilities. Add lines 17 through 25			8,508,306	26	10,245,518
es		Organizations that follow FASB ASC 958, check he	ere 🔼				
auc	27	and complete lines 27, 28, 32, and 33.			72 025 200	07	7/ //0 655
3al	27 28				72,935,289 90,867,852	27 28	74,448,655 86,415,218
Þ	28	Net assets with donor restrictions	 book bo		90,001,004	28	00,413,210
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, c	HECK HE	16 P			
ō	20	and complete lines 29 through 33.				20	
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipme	ant fund			29 30	
SS	31	Retained earnings, endowment, accumulated income,	or other	funde		31	
Ϋ́	32				163,803,141	32	160,863,873
ž	33	Total liabilities and net assets/fund balances			172,311,447	33	171,109,391
	J J	Total habilities and het assets/fully balances			1/4,J11,14/	33	5 990

Form **990** (2021)

Page **11**

Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,44		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	5,03	7,	<u> 170</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	21	.,40)7,	<u> 396</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	163	3,80	13,	<u> 141</u>
5	Net unrealized gains (losses) on investments	5		1,34		
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	160	,86	3,8	373
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u></u>	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	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:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	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?			2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		<u></u>
					990	(2024)

DAA

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

COMMUNITY FOUNDATION FOR Employer identification number Name of the organization SOUTHERN ARIZONA 94-2681765 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).) 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: 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations 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))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

tion A. Public Support						
ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,311,007	6,865,239	18,539,745	27,054,921	34,316,728	97,087,640
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3	10,311,007	6,865,239	18,539,745	27,054,921	34,316,728	97,087,640
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						
* * * * * * * * * * * * * * * * * * * *						11,874,401
						85,213,239
	(-) 0047	(1.) 0040	(1) 0040	(4) 0000	(1) 0004	
				` '		(f) Total
	10,311,007	6,865,239	18,539,745	27,054,921	34,316,728	97,087,640
payments received on securities loans, rents, royalties, and income from similar sources	2,652,278	2,707,548	2,918,311	3,132,924	4,079,503	15,490,564
Net income from unrelated business activities, whether or not the business is regularly carried on			4,850			4,850
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	110,840	112,907	52,012	2,731	17,900	296,390
Total support. Add lines 7 through 10					_	112,879,444
Gross receipts from related activities, etc	c. (see instructions)			12	1,284,161
First 5 years. If the Form 990 is for the	organization's first,	second, third, fo	urth, or fifth tax ye	ear as a section 50	01(c)(3)	
Public support percentage for 2021 (line	6, column (f) divid	ed by line 11, col	umn (f))		14	75.49%
Public support percentage from 2020 Sc	hedule A, Part II, li	ine 14			15	64.24%
33 1/3% support test—2021. If the orga	anization did not ch	neck the box on li	ne 13, and line 14	is 33 1/3% or mo	ore, check this	
			ization			> X
33 1/3% support test—2020. If the orga	anization did not ch	neck a box on line	13 or 16a, and li	ne 15 is 33 1/3%	or more, check	
this box and stop here. The organization	n qualifies as a pul	olicly supported o	rganization			▶ ∐
10%-facts-and-circumstances test—2	021. If the organiza	ation did not ched	k a box on line 13	3, 16a, or 16b, and	d line 14 is	
organization			-			▶ □
15 is 10% or more, and if the organization	on meets the facts-	and-circumstance	es test, check this	box and stop he	re. Explain	
in Part VI how the organization meets th	e facts-and-circum	stances test. The	organization qua	ilifies as a publicly	supported	
organization						> 🗌
Private foundation. If the organization of	did not check a box	c on line 13, 16a,	16b, 17a, or 17b,	check this box ar	nd see	▶ □
	membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the corganization, check this box and stop here. The organization quast 1/3% support test—2021. If the organization percentage from 2020 Sc 33 1/3% support test—2021. If the organization quast 1/3% support test—2020. If the organization quast 1/3% support t	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 **Tion B. Total Support** Mary year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions First 5 years. If the Form 990 is for the organization's first, organization, check this box and stop here. **Tion C. Computation of Public Support Perce** Public support percentage for 2021 (line 6, column (f) dividents of the organization did not check this box and stop here. The organization qualifies as a publicly 33 1/3% support test—2021. If the organization did not check as to public support percentage from 2020 Schedule A, Part II, I 33 1/3% support test—2021. If the organization did not check as and stop here. The organization meets the facts-and-circumstances test—2021. If the organization of more, and if the organization meets the facts-and-circumstances test—2021. If the organization 10%-facts-and-circumstances test—2020. If the organization 10%-facts-and-circumstances test—2021. If the organization 10%-facts-and-circumstances test—2020. If the organization 10%-facts-and-circumstances test—2020. If the organization 10%-facts-and-ci	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 ttion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Cross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, for organization, check this box and stop here Tition C. Computation of Public Support Percentage Public support percentage from 2020 Schedule A, Part II, line 14 33 1/3% support test—2021. If the organization did not check the box on line box and stop here. The organization qualifies as a publicly supported organization or more, and if the organization meets the facts-and-circumstances test—2021. If the organization did not check abox on line this box and stop here. The organization meets the facts-and-circumstances test—2020. If the organization did not check abox on line 13 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization 10%-facts-and-circumstances test—2020. If the organization did not check abox on line 13, 16a, instantation and the organization. If the organization did not check abox on line 13, 16a, instan	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization without charge. Total. Add lines 1 through 3 The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicis supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4. **tion B. Total Support** Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax ye organization, check this box and stop here. The organization did not check a box on line 13, and line 14 hox and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test. The organization qualifiers as a publicly supported organization under the process of the process of the organization did not check a box on line 13 to 16a, and it his box and stop here. The organization meet	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 **tion B. Total Support** Vary year (or fiscal year beginning in) Amounts from line 4 **Total support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginning in) Amounts from line 4 **Support or fiscal year beginnin	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 10,311,007 6,865,239 18,539,745 27,054,921 34,316,728

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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 fax-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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	etion B. Total Support	(-) 0047	(1.) 0040	(-) 0040	(4) 0000	(-) 0004	(0 T)
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 firs	t, second, third, fo	ourth, or fifth tax v	ear as a section s	501(c)(3)	<u>'</u>
	organization, check this box and stop he	•	, , , , , , , , , , , , , , , , , , ,	•		. , . ,	>
Sec	tion C. Computation of Public S	Support Perc	entage				
15	Public support percentage for 2021 (line	8, column (f), div	rided by line 13, co	olumn (f))		15	%
16	Public support percentage from 2020 Sc	hedule A, Part III	, line 15			16	%
Sec	tion D. Computation of Investm	nent Income I	Percentage				
17	Investment income percentage for 2021			e 13, column (f))		17	%
	vestment income percentage from 2020	Schedule A, Part	III, line 17			18	
19a	33 1/3% support tests—2021. If the org	ganization did not					
	17 is not more than 33 1/3%, check this	box and stop he	re. The organizati	on qualifies as a p	oublicly supported	l organization	▶ ∟
b	33 1/3% support tests—2020. If the org						
	line 18 is not more than 33 1/3%, check	-	_			_	
20	Private foundation. If the organization of	did not check a b	ox on line 14, 19a	, or 19b, check th	s box and see in	structions	▶

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
1		
2		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
300		
10b		
10b Schedule A	(Form 9	90) 2021

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Pai	rt IV Supporting Organizations (continued)		ı	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	11c below, the governing body of a supported organization?	11a		
	, ·	11b		
С				
	provide detail in Part VI.	11c		
Sect	ion 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? 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.	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? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Coot	supervised, or controlled the supporting organization.	2		<u> </u>
Seci	ion C. Type II Supporting Organizations	$\overline{}$	Yes	No
1	Were a majority of the arganization's directors or trustees during the tax year also a majority of the directors		res	No
•	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</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations		I	
0000	ion bi 7 th Typo in oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
•	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</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstruc	tions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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.	2a		
b	Did the activities described on 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? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supp	orting Organia	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on Nov. 20	0, 1970 (<i>explain in Par</i>	t VI). See
instructions. All other Type III non-functionally integrated supporting org	ganizations must co	mplete Sections A thro	ugh 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)
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			
(explain in detail in Part VI):			
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 amoun	ıt,		
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 Check here if the current year is the organization's first as a non-function		e III supporting organiza	ation

Schedule A (Form 990) 2021

(see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	<u>izations (continued)</u>						
Sect	tion D – Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exempt pur	rposes							
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity								
3									
4	 Administrative expenses paid to accomplish exempt purposes of supported organizations 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 organ	nization is responsive							
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2021 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
Sect	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021					
1_	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
a	From 2016								
b	From 2017								
c	From 2018								
d	From 2019								
	From 2020								
	Total of lines 3a through 3e								
	Applied to underdistributions of prior years								
h	Applied to 2021 distributable amount								
i	Carryover from 2016 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from								
	Section D, line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2021 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h								
	and 4b from line 1. For result greater than zero, <i>explain in</i>								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
8	and 4c. Breakdown of line 7:								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								

Schedule A (Form 990) 2021

Schedule A (Fo	rm 990) 2021	COMMUNITY	FOUNDATI	<u>ON</u> FOR		94-2681	765	Page 8
Part VI	III, line 12; Part I B, lines 1 and 2; 3a, and 3b; Part	nformation. Provid V, Section A, lines Part IV, Section C, V, line 1; Part V, S . Also complete this	e the explanati 1, 2, 3b, 3c, 4b line 1; Part IV ection B, line 1	ions requir o, 4c, 5a, 6 , Section [e; Part V,	red by Part I 5, 9a, 9b, 9c D, lines 2 an Section D, I	, 11a, 11b, and d 3; Part IV, Sec ines 5, 6, and 8;	11c; Part IV, ction E, lines and Part V,	Section 1c, 2a, 2
PART I	I, LINE 10	- OTHER INC	OME DETAI	L				
OTHER	INCOME			\$	40,459			
SPECIA	L EVENTS GF	ROSS RECEIPT	S	\$	255,931			
•								
•								
• • • • • • • • • • • • • • • • • • • •								

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Part	III.			
Nam	e of organization COMMUNITY FOUNDATIO	N FOR		Employer iden	tification number
	SOUTHERN ARIZONA			94-26817	
Pa	rt I-A Complete if the organization is exe	mpt under section 50°	l(c) or is a se	ction 527 organi	zation.
1	Provide a description of the organization's direct and ind	irect political campaign activi	ties in Part IV. Se	e instructions for	
	definition of "political campaign activities."				
2	Political campaign activity expenditures. See instructions	8		▶\$	
3	Volunteer hours for political campaign activities. See inst	tructions			
Pa	rt I-B Complete if the organization is exe				
1	Enter the amount of any excise tax incurred by the organ	nization under section 4955		▶\$	
2	Enter the amount of any excise tax incurred by organization		4955	▶\$	
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
					Yes No
	If "Yes," describe in Part IV.	4 1 41 80	14.		
Pa	rt I-C Complete if the organization is exe			ection 501(c)(3).	
1	Enter the amount directly expended by the filing organization	·			
_	activities			▶\$	
2	Enter the amount of the filing organization's funds contril				
_	527 exempt function activities			▶\$	
3	Total exempt function expenditures. Add lines 1 and 2. E			. .	
	line 17b	^			
4	Did the filing organization file Form 1120-POL for this ye				Yes No
5	Enter the names, addresses and employer identification	, ,			•
	organization made payments. For each organization liste the amount of political contributions received that were p	•	0 0		
	as a separate segregated fund or a political action comm				
	·	, , , , , , , , , , , , , , , , , , , ,	•		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	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.

Schedule C (Form 990) 2021

Sch	edule C (Form 990) 2021 COMM	UNITY FOUN	DATION FOR		94-2681765	Page 2
Pa	art II-A Complete if the organ	nization is exem	pt under section	n 501(c)(3) and f	iled Form 5768 (election under
	section 501(h)).					
Α	Check ▶ ☐ if the filing organization	•	•		affiliated group mer	nber's name,
	address, EIN, expens			,		
В	Check ▶ ☐ if the filing organization			provisions apply.		
	(The term "expenditures"		paid or incurred.)		(a) Filing ganization's totals	(b) Affiliated group totals
18	a Total lobbying expenditures to influence	e public opinion (gras	sroots lobbying)			
ŀ	 Total lobbying expenditures to influence 	e a legislative body (o	lirect lobbying)			
(Total lobbying expenditures (add lines 1	1a and 1b)				
(d Other exempt purpose expenditures					
•	Total exempt purpose expenditures (ad-					
	f Lobbying nontaxable amount. Enter the	amount from the foll	owing table in both			
	columns.	1				
	If the amount on line 1e, column (a) or (b)	is: The lobbying no	ntaxable amount is:			
	Not over \$500,000	20% of the amou	nt on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$5	500,000.		
	Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	6 of the excess over \$1,	500,000.		
	Over \$17,000,000	\$1,000,000.				
-	g Grassroots nontaxable amount (enter 2					
	Subtract line 1g from line 1a. If zero or I					
	i Subtract line 1f from line 1c. If zero or le					
	i If there is an amount other than zero on		_			
	reporting section 4911 tax for this year?)				Yes No
		4-Year Averagi	ng Period Under S	Section 501(h)		
	(Some organizations that mad	e a section 501(h) election do not h	ave to complete a	III of the five colun	nns below.
	S	ee the separate in	nstructions for line	es 2a through 2f.)		
	Lo	bbying Expenditu	res During 4-Year	Averaging Perio	d	
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
28	Lobbying nontaxable amount					
ŀ	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

Schedule C (Form 990) 2021

wasah "Vaa " waananaa an linaa da thusuush di halauu nuovida in Daut IV a datailad	(6	a)	(b)
each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed scription of the lobbying activity.	Yes	No	Amount
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	
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
Media advertisements?		Х	
Mailings to members, legislators, or the public?		Х	
Publications, or published or broadcast statements?		Х	
f Grants to other organizations for lobbying purposes?		Х	
Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	
n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	4
i Other activities?	<u>X</u>		4
j Total. Add lines 1c through 1i		37	4
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
o If "Yes," enter the amount of any tax incurred under section 4912			
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? art III-A Complete if the organization is exempt under section 501(c)(4), section	 501(c)	(5) or	section
501(c)(6).	1 30 1(0)	(3), 01 3	Section
301(0)(0).			Ye
			4
Were substantially all (90% or more) dues received nondeductible by members?			
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the pr	or year?		2 3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prart III-B Complete if the organization is exempt under section 501(c)(4), section	or year? 1 501(c)	(5), or	2 3 section
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the property of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members 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 b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group lines instructions); and Part II-B, line 1. Also, complete this part for any additional information.	or year? n 501(c) No" OF	(5), or s R (b) Pa 1 2a 2b 2c 3 4 5	section rt III-A, line
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the propert III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information Vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group lines instructions); and Part II-B, line 1. Also, complete this part for any additional information.	or year? n 501(c) No" OF	(5), or s R (b) Pa 1 2a 2b 2c 3 4 5	section rt III-A, line
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the present III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information wide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group listical expenditures); and Part II-B, line 1. Also, complete this part for any additional information. COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA PAID A FIRM	or year? n 501(c) No" OF	(5), or s R (b) Pa 1 2a 2b 2c 3 4 5	section rt III-A, line
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior title. Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group line instructions); and Part II-B, line 1. Also, complete this part for any additional information.	or year? n 501(c) No" OF	(5), or s R (b) Pa 1 2a 2b 2c 3 4 5	section rt III-A, line

DAA Schedule C (Form 990) 2021

Schedule C (Forn	n 990) 2021	COMMUNITY	FOUNDATION FOR	94-2681765	Page 4
Part IV	Supplementa	al Information (co	ontinued)		

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.

2021
Open to Public Inspection

Name of the organization Employer identification number COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA 94-2681765 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 175 Aggregate value of contributions to (during year) 26,610,801 2,233,406 2 Aggregate value of grants from (during year) 9,618,088 1,438,1 3 Aggregate value at end of year _____ [68,837,645 4 27,068,1 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Pa	art III Organizations Maintain	ing Collections	of Art, Historical	Treasures,	or Other S	Similar Ass	ets (co	ntinued)
3	Using the organization's acquisition, according to collection items (check all that apply):						•	
а	Public exhibition	d 🗍	Loan or exchange pro	ogram				
b	Scholarly research	е 🗌	Other					
С	Preservation for future generations							
4	Provide a description of the organization'	s collections and expl	ain how they further t	he organizatior	n's exempt pu	rpose in Part		
	XIII.							
5	During the year, did the organization soli	cit or receive donation	s of art, historical trea	asures, or othe	r similar			
	assets to be sold to raise funds rather that		s part of the organizat	tion's collection	1?		Yes	s No
Pa	art IV Escrow and Custodial A							
	Complete if the organization	tion answered "Ye	es" on Form 990,	Part IV, line	9, or repor	ted an amo	ount on	Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, cus	todian or other interm	ediary for contributior	ns or other asse	ets not			
							Yes	s No
b	If "Yes," explain the arrangement in Part	XIII and complete the	following table:				A	
							Amount	
						1c		
d	Additions during the year					1d		
e	Distributions during the year					1e 1f		
70	Ending balance Did the organization include an amount of				unt lightlitu?		Yes	No.
	If "Yes," explain the arrangement in Part		•		•		res	S No
	art V Endowment Funds.	Alli. Official field if the	explanation has been	ii piovided oii i	ait XIII		<u> </u>	
	Complete if the organization	ion answered "Ye	es" on Form 990	Part IV line	10			
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years b		ree years back	(e) Four	years back
1a	Beginning of year balance	86,964,527	58,738,978			,269,930		31,523
	Contributions	7,296,010	17,109,627	3,726		,208,677		19,057
	Net investment earnings, gains, and	. , _ > 0 , 0 _ 0	1.7100701	37.20	,	,	0,77	
_	losses	-10,460,628	15,370,571	1,639	,937 2	,274,212	3,6	05,420
d	Grants or scholarships	, ,	, ,	•		•	,	
	Other expenditures for facilities and							
	programs	-6,079,238	4,254,649	5,796	,859 3	,583,174	3,5	76,999
f	Administrative expenses						-1,0	00,000
g	End of year balance	77,720,671	86,964,527	58,738	,978 59	,169,645	62,4	79,001
2	Provide the estimated percentage of the	current year end bala	nce (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	1.52%						
b	Permanent endowment ► 98.48 %)						
	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2c	should equal 100%.						
3a	Are there endowment funds not in the po	ssession of the organ	ization that are held a	and administere	ed for the		_	
	organization by:						\ `	Yes No
							3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related orga			?			3b	
4	Describe in Part XIII the intended uses of		idowment funds.					
Pa	art VI Land, Buildings, and Ed		" - 000	D = 1\	44- 0 [000 F	34-V I	! 40
	Complete if the organizat							
	Description of property	(a) Cost or other b	` '		(c) Accumulate		(d) Book v	alue
	l - m d	(investment)	(othe	,	depreciation		4.0	F 700
_	Land			95,782	£10	602		<u>5,782</u>
b	9		5,50)5,715	ртя	,603	4,88	<i>1</i> ,112
ر د	Leasehold improvements		20	7 001	1 ∩ /	929	20	2 172
a	Equipment		33	0 486		,828 805	<u>∠</u>	<u>2,173</u>

5,865,748

Schedule D (Form 990) 2021 COMMUNITY FOUNDATION	FOR	94-26	81765	Page
Part VII	Investments – Other Securities.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11b.	See Form 9	90, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of Cost or end-of-year	
(1) Financial	derivatives				
	eld equity interests				
/ A \					
(B)					
(C)					
(G) (H)					
	nn (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 99	90, Part X, line 13
-	(a) Description of investment	(b) Book value		(c) Method of	
				Cost or end-of-year	r market value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u> (7)					
(8)					
(9)					
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d.	See Form 9	90, Part X, line 15
	(a) Description				(b) Book value
(1)					
(2)					
(3) (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			▶	
Part X	Other Liabilities.		!!	44£ O 5	000 D+ V
	Complete if the organization answered "Yes" (line 25.	on Form 990, Part IV,	, line Tie c	or III. See F	form 990, Part X,
1.	(a) Description of liability				(b) Book value
	income taxes				(b) Dook value
	TO OTHER AGENCIES				7,318,83
(3)					,,310,00
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

7,318,833

Pa	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	Tatal accounts and at the account was accided for a cital at the county		1				
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1				
	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					
е	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:						
	Investment expenses not included on Form 990, Part VIII, line 7b						
	Other (Describe in Part XIII.)	4b					
	Add lines 4a and 4b		4c				
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5				
Pa	Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990		per Return.				
1	Total arrange and leaves now sudited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
	Add lines 2a through 2d		2e 3				
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	.1	3				
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIII.)		-				
	Add lines 4e and 4b		4c				
	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		5				
	art XIII Supplemental Information.		<u> </u>				
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin	e 4; Part X, line				
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional information.					
P	ART V, LINE 4 - INTENDED USES FOR ENDOWME	ENT FUNDS					
Ε.	ARNINGS FROM ENDOWMENT FUNDS ARE USED FOR	R DONOR SPECIFIE	D PURPOSES.				
. P	ART X - FIN 48 FOOTNOTE						
Ţ	HE ORGANIZATION'S POLICY IS TO DISCLOSE (OR RECOGNIZE INC	OME TAX POSITIONS				
В	ASED ON MANAGEMENT'S ESTIMATE OF WHETHER	IT IS REASONABL	Y POSSIBLE OR				
. P	ROBABLE, RESPECTIVELY, THAT A LIABILITY I	HAS BEEN INCURRE	D FOR UNRECOGNIZED				
Į	NCOME TAX POSITIONS. AS OF JUNE 30, 2022	, MANAGEMENT IS	NOT AWARE OF ANY				
UNCERTAIN TAX POSITIONS THAT ARE POTENTIALLY MATERIAL.							
Ρ	ART XIII - SUPPLEMENTAL FINANCIAL INFORMA	ATION					

Part XIII Supplemental information (continued)
\$11,785,011 AT JUNE 30, 2022 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)

Supplemental Information Regarding Fundraising or Gaming Activities
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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number 94-2681765

Part I	Fundraising Activities. Complete Form 990-EZ filers are not required	l to complete t	his p	art.			line 17.
1 Indicate	whether the organization raised funds throug	h any of the follow	ving a	ctiviti	es. Check all that app	ly.	
a X Mail	solicitations	e X Solicitation	of no	n-go	vernment grants		
b X Interr	net and email solicitations	f Solicitation	of go	vern	ment grants		
c Phon	e solicitations	$oldsymbol{g}^{}$ $oldsymbol{X}$ Special fun	drais	ing e	vents		
d X In-pe	rson solicitations						
or key en	rganization have a written or oral agreement nployees listed in Form 990, Part VII) or entit	y in connection w	ith pro	ofess	ional fundraising servi	ces?	X Yes No
	list the 10 highest paid individuals or entities atted at least \$5,000 by the organization.	(fundraisers) purs	uant 1	to ag	reements under which	the fundraiser is to b	е
Jan-	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custo contr	have dy or	(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
ANDRES			Yes	No			
	BROADWAY BLVD.				00.000	46 250	46 550
TUCSON	AZ 85711	FUNDRAISER		Х	92,900	46,350	46,550
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			L	•	92,900	46,350	46,550
3 List all st	ates in which the organization is registered o on or licensing.		it con	tribut			

	ule G (Form 990) 2021	COMMUNITY FOUNDA	TION FOR	94-2681765	Page 2
ar		vents. Complete if the organic			
		of fundraising event contribu	utions and gross income o	n Form 990-EZ, lines	1 and 6b. List events
	gross receipts	greater than \$5,000.	Ţ		Т
		(a) Event #1	(b) Event #2	(c) Other events	=
l		CTONE CANTAON EN		NONTE	(d) Total events
		STONE CANYON EV	FUND AWARDS CER (event type)	NONE (total number)	(add col. (a) through col. (c))
		(event type)	(event type)	(total manipoly)	
4	Gross receipts	81,645	21,086		102,731
	Gross receipts	01,013	21,000		102,731
2	Less: Contributions	65,925	21,086		87,011
	Gross income (line 1 minus	,	,		,
	line 2)	15,720			15,720
4	Cash prizes				
Ę	Noncash prizes				
6	Rent/facility costs				
	/ Food and have are a				
-	Y Food and beverages .				
ç	B Entertainment				
•	Littertairinent				
ç	Other direct expenses	26,748			26,748
	o and an out oxponed o				= = 7 / = =
1(Direct expense summary	y. Add lines 4 through 9 in column	n (d)	•	26,748
	Net income summary. So	ubtract line 10 from line 3, columr	n (d)		-11,028
ar		plete if the organization an	nswered "Yes" on Form 990	0, Part IV, line 19, or r	reported more than
	\$15,000 on Fo	orm 990-EZ, line 6a.			T
		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
			bingo/progressive bingo		col. (a) through col. (c))
	Crass valvanus				
	Gross revenue				
•	Cash prizes				
-					
3	Noncash prizes				
•					
4	Rent/facility costs				
	, ,,,,				
Ę	Other direct expenses				
		Yes %	Yes %	Yes %	
6	Volunteer labor	No	No	No	
7	Direct expense summary	y. Add lines 2 through 5 in column	n (d)	·····	
,	Not gaming income access	mary Subtract line 7 from line 4	column (d)	L	
_	river garming income sum	mary. Subtract line 7 from line 1,	column (u)	···········	<u> </u>
=	nter the state(s) in which th	ne organization conducts gaming	activities:		
		to conduct gaming activities in ea			Yes No
1	но, охрішії.				
٠	ere any of the organization	n's gaming licenses revoked, susr	pended, or terminated during the	tax year?	Yes No
	ere any of the organization "Yes," explain:	n's gaming licenses revoked, susp	pended, or terminated during the	tax year?	Yes No
	ere any of the organizatior	o's gaming licenses revoked, susp	pended, or terminated during the	tax year?	Yes No

Sche	edule G (Form 990) 2021 COMMUNITY FOUNDATION FOR 94-2681765			F	Page 3
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:				
а	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			V	□ N.
L	revenue?			Yes	No
D	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:				
	Nama N				
	Name ▶				
	Address •				
	Address ►				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶\$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or			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 ▶\$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns				nd
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	I inforn	nati	on.	
	See instructions.				

Schedule G (Form 990) 2021

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.

► Attach to Form 990.

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

53-0196605 501C3

86-0122680 501C3

OMB No. 1545-0047
2021

Open to Public Inspection

No

Employer identification number

94-2681765

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

the selection criteria used to award the grants or assistance?

General Information on Grants and Assistance

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (c) IRC (f) Method of valuation (d) Amount of cash (e) Amount of (h) Purpose of grant (b) EIN (a) Description of book, FMV, appraisal, section or government noncash assistance grant or assistance noncash assistance other) if applicable) (1) ACLU FOUNDATION OF ARIZONA P.O. BOX 17148 GENERAL SUPPORT PHOENIX AZ 85011 23-7238580 501C3 10,000 FMV (2) ACT ONE 5049 E BROADWAY BLVD., STE. 310 GENERAL SUPPORT TUCSON AZ 85711 45-3560706 501C3 10,500 FMV (3) ADULT LITERACY PLUS OF SOUTHWEST 825 SOUTH ORANGE AVENUE GENERAL SUPPORT 86-0511655 501C3 AZ 85364 10,000 **FMV** (4) AGR FOUNDATION INC. 1895 W PRINCE RD. GENERAL SUPPORT 82-5462848 501C3 TUCSON AZ 85705 10,000 FMV (5) AJO COUNCIL FOR THE FINE ARTS GENERAL SUPPORT P.O. BOX 163 FMV AJO AZ 85321 86-0897953 501C3 10,000 (6) AMERICAN CIVIL LIBERTIES UNION OF P.O. BOX 2728 GENERAL SUPPORT SEATTLE WA 98111-2728 23-7076867 501C3 25,000 FMV (7) AMERICAN RED CROSS, SOUTHERN AZ 3443 N CAMPBELL AVE SUITE 155 GENERAL SUPPORT

16,000

22,500

70,000

FMV

FMV

FMV

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

AZ 85726-7284 75-3060875 501C3

AZ 85716

AZ 85609

3 Enter total number of other organizations listed in the line 1 table

▶ 257 **▶** 6

GENERAL SUPPORT

GENERAL SUPPORT

TUCSON

DRAGOON

TUCSON

(9) AMISTAD Y SALUD P.O. BOX 27284

(8) AMERIND FOUNDATION, INC. 2100 N AMERIND ROAD

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

Employer identification number 94-2681765

 Does the organization maintain the selection criteria used to at Describe in Part IV the organization 	n records to substantiat ward the grants or assis	e the amount of th stance?	e grants or	r assistance, the grant	ees' eligibility for the	grants or assistar	ice, and	
2 Describe in Part IV the organiz	ation's procedures for r	nonitoring the use	of grant fu	inds in the United Stat	es.	O		
	er Assistance to t for any recipient tha							n answered "Yes" on Form 990,
1 (a) Name and address of		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of			(h) Purpose of grant
or governmer	<u> </u>	, ,	section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
(1) AMPHITHEATER PUBLIC	SCHOOLS FOUNI	AT	, , ,			·		
701 W WETMORE RD.								GENERAL SUPPORT
TUCSON	AZ 85705	86-0472926	501C3	53,014		FMV		
(2) ANGEL CHARITY FOR C								
3132 N SWAN RD. TUCSON	AZ 85712	86-0472794	501C3	22,014		FMV		GENERAL SUPPORT
(3) ANIMAL LEAGUE OF GR	EEN VALLEY							
1600 W. DUVAL MINE	ROAD							GENERAL SUPPORT
GREEN VALLEY	AZ 85614	74-2378040	501C3	6,000		FMV		
(4) ARCHAEOLOGY SOUTHWE	ST							
300 N ASH ALLEY								GENERAL SUPPORT
TUCSON	AZ 85701	86-0640183	501C3	5,865		FMV		
(5) ARIVACA COORDINATIN	G COUNCIL-HUM	N						
P.O. BOX 93								GENERAL SUPPORT
ARIVACA		86-0609733	501C3	15,000		FMV		
(6) ARIZONA COMMUNITY F								
2201 E CAMELBACK RD			= 0.1 = 0	25 222				GENERAL SUPPORT
PHOENIX	AZ 85016	86-0348306	501C3	26,000		FMV		<u> </u>
(7) ARIZONA COWBOY POET	'S GATHERING							GENERAL GURRORE
P.O. BOX 12051 PRESCOTT	AZ 86304-2051		E0102	13,908		FMV		GENERAL SUPPORT
(8) ARIZONA FRIENDS OF			50103	13,908		FMV		
360 E CORONADO RD.,		21/						GENERAL SUPPORT
PHOENIX	AZ 85004	86-0468850	50103	6,500		FMV		GENERAL SOFFORT
(9) ARIZONA JUSTICE FOR			30103	0,500		1110		<u> </u>
DO DOV 11101		1						GENERAL SUPPORT
TUCSON	AZ 85734	82-3785502	501C3	20,000		FMV		
2 Enter total number of section 5		•				1		
3 Enter total number of other ord								

Department of the Treasury

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

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

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? No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (c) IRC (f) Method of valuation (d) Amount of cash (e) Amount of (h) Purpose of grant (b) EIN (a) Description of section book, FMV, appraisal, noncash assistance or government grant or assistance noncash assistance other) if applicable) (1) ARIZONA LAND AND WATER TRUST 2810 N ALVERNON WAY, SUITE 600 GENERAL SUPPORT TUCSON AZ 85712 86-6148507 501C3 51,000 FMV (2) ARIZONA SOUTHERN BAPTIST CONVENTION 12801 N 28TH DR. GENERAL SUPPORT PHOENIX AZ 85029 86-0123683 501C3 15,844 FMV (3) ARIZONA STATE SCHOOLS FOR THE DEAF 1200 W SPEEDWAY BLVD. GENERAL SUPPORT 16,691 GOV **FMV** (4) ARIZONA STATE UNIVERSITY P.O. BOX 870412 GENERAL SUPPORT AZ 85287-0412 86-0196696 501C3 TEMPE 16,000 FMV (5) ARIZONA THEATRE COMPANY GENERAL SUPPORT P.O. BOX 1631 FMV TUCSON AZ 85701-1301|86-0211777|501C3 42,000 (6) ARIZONA'S CHILDREN ASSOCIATION 3716 E COLUMBIA ST. GENERAL SUPPORT TUCSON AZ 85714 86-0096772 501C3 22,312 FMV (7) ARIZONA-SONORA DESERT MUSEUM, INC. 2021 N KINNEY RD. GENERAL SUPPORT TUCSON AZ 85743-9719|86-0111675| 501C3 14,000 FMV (8) ARSOBO ARIZONA SONORA BORDER PROJEC 136 E LIMBERLOST DR., UNIT 100 GENERAL SUPPORT FMV 47-1053096 501C3 25,000 TUCSON AZ 85705 (9) ASSISTANCE LEAGUE OF TUCSON, INC. 1307 N ALVERNON WAY GENERAL SUPPORT TUCSON 86-6057789 501C3 8,000 AZ 85712 **FMV** 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

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.

► Attach to Form 990.

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

OMB No. 1545-0047
2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

Does the organization mainta the selection criteria used to Describe in Part IV the organ	award the grants or assis	stance?						Yes No
Part II Grants and Ot	her Assistance to I	Domestic Org	anizatio	ns and Domestic	Governments.			n answered "Yes" on Form 990
1 (a) Name and address of	, for any recipient the	(b) EIN		(d) Amount of cash	(e) Amount of		(g) Description of	(h) Purpose of grant
or governme	•	(b) Liiv	(c) IRC section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
(1) AWANA CLUBS INTERN			(п аррпеавіе)	3		outery		
15877 COLLECTION C								GENERAL SUPPORT
CHICAGO	IL 60693	36-2428692	501C3	23,766		FMV		
(2) BANK OF AMERICA CH	ARITABLE GIFT			,				
P.O. BOX 55850								GENERAL SUPPORT
BOSTON	MA 02205	04-6010342	501C3	3,669,697		FMV		
(3) BANNER HEALTH FOUN								
2901 N. CENTRAL AV	ENUE							GENERAL SUPPORT
PHOENIX	AZ 85012	94-2545356	501C3	65,069		FMV		
(4) BAPTIST MEDICAL AN	D DENTAL MISSI	ON						
11 PLAZA DRIVE								GENERAL SUPPORT
HATTIESBURG	MS 39402	64-0811705	501C3	15,844		FMV		
(5) BARBEA WILLIAMS PE	RFORMANCE COMPA	ANY						
P.O. BOX 2775								GENERAL SUPPORT
TUCSON	AZ 85702	86-0540591	501C3	11,000		FMV		
(6) BAYLOR UNIVERSITY								
1 BEAR PLACE, #970								GENERAL SUPPORT
WACO	TX 76798-7026	74-1159753	501C3	59,416		FMV		
(7) BEST FRIENDS ANIMA								
5001 ANGEL CANYON								GENERAL SUPPORT
KANAB	UT 84741-5000	23-7147797	501C3	15,000		FMV		
(8) BI-NATIONAL ARTS I	NSTITUTE							
P.O. BOX 107								GENERAL SUPPORT
DOUGLAS		45-3554409	501C3	30,000		FMV		
(9) BIG BROTHERS BIG S	ISTERS OF SOUT	HER						
160 E ALAMEDA ST.								GENERAL SUPPORT
TUCSON	AZ 85701	86-0188050				FMV		<u> </u>
2 Enter total number of section		=	sted in the	line 1 table				>
3 Enter total number of other o	rganizations listed in the	line 1 table						•

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

COMMUNITY FOUNDATION FOR

Employer identification number 94-2681765 SOUTHERN ARIZONA **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 assi Describe in Part IV the organization's procedures for	stance?	of grant fu	unds in the United Sta	 tes			Yes No
Part II Grants and Other Assistance to	Domestic Org	anizatio	ns and Domestic	Governments.	Complete if the	e organization	answered "Yes" on Form 990
Part IV, line 21, for any recipient th	at received mo	re than \$	\$5,000. Part II car	n be duplicated if	additional spa	ce is needed.	
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) BISBEE COALITION FOR THE HOMELES	S						
P.O. BOX 5393							GENERAL SUPPORT
BISBEE AZ 85603-5393		501C3	75,845		FMV		
(2) BISBEE SCIENCE EXPLORATION & RES	EAR						
P.O. BOX 375							GENERAL SUPPORT
BISBEE AZ 85603	83-2355488	501C3	30,000		FMV		
(3) BOOTSTRAPS TO SHARE OF TUCSON, I	NC.						
2001 N. 7TH AVENUE							GENERAL SUPPORT
	74-2580768	501C3	31,000		FMV		
(4) BORDER COMMUNITY ALLIANCE							
P.O. BOX 1863							GENERAL SUPPORT
P.O. BOX 1863 TUBAC AZ 85646	61-1726630	501C3	10,000		FMV		
(5) BORDER YOUTH TENNIS EXCHANGE, IN	d.						
1171 W TARGET RANGE ROAD							GENERAL SUPPORT
NOGALES AZ 85621	82-1211390	501C3	35,000		FMV		
(6) BOSTON UNIVERSITY							
881 COMMONWEALTH AVENUE							GENERAL SUPPORT
BOSTON MA 02215	04-2103547	501C3	43,937		FMV		
(7) BOYS & GIRLS CLUB OF BISBEE							
PO BOX 5205							GENERAL SUPPORT
BISBEE AZ 85603	86-0986317	501C3	30,000		FMV		
(8) BOYS & GIRLS CLUB OF SANTA CRUZ	don						
590 NORTH TYLER AVENUE							GENERAL SUPPORT
NOGALES AZ 85621	86-0671818	501C3	18,074		FMV		
(9) BOYS AND GIRLS CLUBS OF TUCSON							
P.O. BOX 40217							GENERAL SUPPORT
TUCSON AZ 85717-021	786-0172257	501C3	64,528		FMV		
2 Enter total number of section 501(c)(3) and government	ent organizations li	sted in the	line 1 table				<u> </u>
3 Enter total number of other organizations listed in the							>

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.

► Attach to Form 990.

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

OMB No. 1545-0047
2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Tail General Information on G				1 2 2 22 6 0			
1 Does the organization maintain records to s the selection criteria used to award the gran	upstantiate the amount of ti ts or assistance?	ne grants o	r assistance, the grant	ees' eligibility for the	grants or assistar	ice, and	Yes No
2 Describe in Part IV the organization's proceed	dures for monitoring the use	of grant fu	inds in the United Stat	es.			
Part II Grants and Other Assista	nce to Domestic Org	anizatio	ns and Domestic	Governments.	Complete if the	e organization	answered "Yes" on Form 990
Part IV, line 21, for any reci	pient that received mo	re than S	\$5,000. Part II car	be duplicated if	additional spa	ce is needed.	
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) BOYS TO MEN TUCSON, INC.							
5925 E BROADWAY BLVD., STE.	125						GENERAL SUPPORT
TUCSON AZ 8571	.1 80-0432852	501C3	37,500		FMV		
(2) CARE							
P.O. BOX 1870							GENERAL SUPPORT
MERRIFIELD VA 2211	.6 13-1685039	501C3	115,000		FMV		
(3) CASA DE LOS NIOS, INC.							
1120 N 5TH AVE							GENERAL SUPPORT
TUCSON AZ 8570	86-0314595	501C3	33,562		FMV		
(4) CASAS ADOBES BAPTIST CHURCH	I						
10801 N LA CHOLLA BLVD							GENERAL SUPPORT
TUCSON AZ 8574		501C3	79,222		FMV		
(5) CATALINA COUNCIL, BOY SCOUT	S OF AME						
2250 E BROADWAY BLVD.							GENERAL SUPPORT
TUCSON AZ 8571	.9 86-0107516	501C3	40,407		FMV		
(6) CATALINA LUTHERAN CHURCH							
15855 N TWIN LAKES DR.							GENERAL SUPPORT
TUCSON AZ 8573		501C3	70,000		FMV		
(7) CATHOLIC COMMUNITY SERVICES							
140 W. SPEEDWAY BOULEVARD							GENERAL SUPPORT
TUCSON AZ 8570		501C3	37,700		FMV		
(8) CATHOLIC FOUNDATION FOR THE	DIOCESE						
192 S STONE AVE.							GENERAL SUPPORT
TUCSON AZ 8570	1 86-0408580	501C3	10,000		FMV		
(9) CENTER FOR BIOLOGICAL DIVER	RSITY, IN						
P.O. BOX 710							GENERAL SUPPORT
TUCSON AZ 8570	2-0710 27-3943866	501C3	10,000		FMV		
2 Enter total number of section 501(c)(3) and							
3 Enter total number of other organizations lis	ted in the line 1 table						▶

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

 Does the organization maintain records to substantial the selection criteria used to award the grants or assi Describe in Part IV the organization's procedures for 	te the amount of the stance?	e grants or	assistance, the grant	ees' eligibility for the	grants or assistan	ice, and	Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient th	Domestic Orga	anizatio	ns and Domestic	Governments.	Complete if the	e organizatior	n answered "Yes" on Form 990,
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) CENTRAL SCHOOL PROJECT, INC.							
43 HOWELL AVE. BISBEE AZ 85603	86-0536659	50103	10,000		FMV		GENERAL SUPPORT
(2) CHICANOS POR LA CAUSA, INC., TUC		30103	10,000		1110		
1525 N ORACLE RD							GENERAL SUPPORT
TUCSON AZ 85705	86-0227210	501C3	10,000		FMV		
(3) CHILD EVANGELISM FELLOWSHIP, INC	•						
PO BOX 348							GENERAL SUPPORT
		501C3	27,728		FMV		
(4) CHILDREN'S ACTION ALLIANCE - PHO	ENI						
3030 N 3RD ST.							GENERAL SUPPORT
PHOENIX AZ 85012	86-0594785	501C3	53,000		FMV		
(5) CHILDREN'S CLINICS FOR REHABILIT	ATI						
2600 N WYATT DR.							GENERAL SUPPORT
TUCSON AZ 85712	86-0667510	501C3	5,250		FMV		
(6) CIHUAPACTLI COLLECTIVE							
2519 E. 21ST STREET							GENERAL SUPPORT
TUCSON AZ 85716	82-4846555	501C3	20,000		FMV		
(7) CLAWS AND PAWS RESCUE, INC.							
3849 W. LIMEQUAT PL.							GENERAL SUPPORT
TUCSON AZ 85741	47-5324898	501C3	6,000		FMV		
(8) CLIMATE EMERGENCY FUND							
8383 WILSHIRE BLVD STE 400							GENERAL SUPPORT
BEVERLY HILLS CA 90211	84-2151545	501C3	50,000		FMV		
(9) COMMUNITY FOOD BANK, INC.							
3003 S. COUNTRY CLUB ROAD							GENERAL SUPPORT
TUCSON AZ 85713	51-0192519	501C3	148,753		FMV		
2 Enter total number of section 501(c)(3) and government	ent organizations li	sted in the	line 1 table				<u> </u>
3 Enter total number of other organizations listed in the	line 1 table						•

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.

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OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

 Does the organization maintain records to substantiat the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for records. 							Yes No
2 Describe in Part IV the organization's procedures for r	nonitoring the use	of grant fu	inds in the United Stat	es.	0 1 1 15 11		
Part II Grants and Other Assistance to I							answered "Yes" on Form 990,
Part IV, line 21, for any recipient that (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of			(h) Purpose of grant
or government		section (if applicable)	• •	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
(1) COMMUNITY HOME REPAIR PROJECTS OF	A	V 211 222 27	Ţ.		,		
P.O. BOX 26215							GENERAL SUPPORT
TUCSON AZ 85711	86-0682684	501C3	35,000		FMV		
(2) CONGREGATION BET SHALOM							
3881 E RIVER ROAD TUCSON AZ 85718	94-2931499	E0102	10,000		FMV		GENERAL SUPPORT
(3) CONQUISTADORES YOUTH GOLF FUND	94-2931499	30103	10,000		I I I V		
1400 W SPEEDWAY BLVD.							GENERAL SUPPORT
	45-0511766	501C3	7,500		FMV		SINDIGIE SOFF ORF
(4) CONSTRUYENDO CIRCULES DE PAZ-CONS			. , , , ,				
155 N. MORLEY AVE.							GENERAL SUPPORT
NOGALES AZ 85621	20-3452166	501C3	10,000		FMV		
(5) CORPUS CHRISTI PARISH							
300 N. TANQUE VERDE LOOP RD.							GENERAL SUPPORT
TUCSON AZ 85748			5,500		FMV		
(6) DANA-FARBER CANCER INSTITUTE							
P.O. BOX 849168							GENERAL SUPPORT
BOSTON MA 02284-9168	04-2263040	501C3	5,900		FMV		
(7) DENVER CENTER FOR THE PERFORMING	AR						
1101 13TH ST							GENERAL SUPPORT
DENVER CO 80204	84-0407760	501C3	25,000		FMV		
(8) DESERT CAT RESCUE & SANCTUARY OF	AR						GENERAL GURRORE
P.O. BOX 1238	47 2002504	F01 G2	10 000		TIN IT I		GENERAL SUPPORT
	47-3983524	501C3	10,000		FMV		
(9) DESERT CHRISTIAN SCHOOLS, INC. 7525 E SPEEDWAY BLVD.							GENERAL SUPPORT
	87-0419198	50103	15,000		FMV		GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government					1 = = = •		<u> </u>
3 Enter total number of other organizations listed in the			mio i table				

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.

► Attach to Form 990.

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OMB No. 1545-0047
2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

 Does the organization maintain records to substantiathe selection criteria used to award the grants or ass Describe in Part IV the organization's procedures for 							
2 Describe in Part IV the organization's procedures for	monitoring the use	of grant fu	ınds in the United Stat	es.	0 1 1 15 11		1 " 7 " 5 000
Part II Grants and Other Assistance to							
Part IV, line 21, for any recipient to (a) Name and address of organization	(b) EIN	1	(d) Amount of cash	(e) Amount of			(h) Purpose of grant
or government	(b) LIN	(c) IRC section (if applicable)	` '	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
(1) DIAPER BANK OF SOUTHERN ARIZONA		(п аррпсавіс)	9		other)		
1050 S PLUMER AVE							GENERAL SUPPORT
TUCSON AZ 85719	43-1990345	501C3	20,000		FMV		
(2) DIVERSITY IN DENTISTRY MENTORSH			, , , , , ,		-		
4729 E SUNRISE DR #147	,						GENERAL SUPPORT
TUCSON AZ 85718	85-2395210	501C3	10,000		FMV		
(3) EASTSIDE AUDUBON SOCIETY							
P.O. BOX 3115							GENERAL SUPPORT
KIRKLAND WA 98083-311	5 91-1123007	501C3	35,000		FMV		
(4) EDUCATIONAL ENRICHMENT FOUNDATION							
5049 E BROADWAY BLVD., STE. 107							GENERAL SUPPORT
TUCSON AZ 85711	74-2354578	501C3	46,014		FMV		
(5) EL GRUPO YOUTH CYCLING							
P.O. BOX 295							GENERAL SUPPORT
TUCSON AZ 85702	80-0252901	501C3	20,000		FMV		
(6) EL RIO HEALTH CENTER FOUNDATION	IN						
839 W. CONGRESS STREET							GENERAL SUPPORT
TUCSON AZ 85745	86-0816675	501C3	62,461		FMV		
(7) ELLER EXECUTIVE EDUCATION							
1130 E HELEN ST.							GENERAL SUPPORT
TUCSON AZ 85721	45-5322674	501C3	37,500		FMV		
(8) EMERGE! CENTER AGAINST DOMESTIC	ABU						
2545 E. ADAMS STREET							GENERAL SUPPORT
TUCSON AZ 85716	86-0312162	501C3	429,966		FMV		
(9) EQUINE VOICES RESCUE & SANCTUARY							
P.O. BOX 1685							GENERAL SUPPORT
GREEN VALLEY AZ 85622	74-3127794				FMV		
2 Enter total number of section 501(c)(3) and government		sted in the	line 1 table				
3 Enter total number of other organizations listed in the	e line 1 table						•

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.

► Attach to Form 990.

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

OMB No. 1545-0047
2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

 Does the organization maintain records to substantiat the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for a 	stance?nonitoring the use	of grant fu	 Inds in the United Sta	es.			Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient that	Domestic Orga	anizatior	ns and Domestic	Governments.	Complete if the additional spa	e organization	answered "Yes" on Form 99
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FAMILY HEALTH CARE AMIGOS		(п аррпсавіе)	grant	Horiousii ussistanos	otilei)	Horicasii assistance	or assistance
D 0 D07 10							GENERAL SUPPORT
	51-0206952	501C3	12,500		FMV		
(2) FINALLY MY FOREVER HOME RESCUE							
6646 S GILA AVE. TUCSON AZ 85746	83-2405094	501C3	12,000		FMV		GENERAL SUPPORT
(3) FLORENCE IMMIGRANT AND REFUGEE R. P.O. BOX 86299	IGH						GENERAL SUPPORT
TUCSON AZ 85754	86-0658103	501C3	29,800		FMV		
(4) FOUNDATION FOR CREATIVE BROADCAS	IN		,				GENERAL SUPPORT
220 S 4TH AVE. TUCSON AZ 85701	94-2746379	501C3	30,000		FMV		
(5) FRIENDS OF APHASIA P.O. BOX 12232							GENERAL SUPPORT
	81-4575180	501C3	10,000		FMV		
(6) FRIENDS OF PIMA ANIMAL CARE CENTI P.O. BOX 85370		501 50					GENERAL SUPPORT
TUCSON AZ 85754-5370	47-4160770	501C3	16,150		FMV		
(7) FRIENDS OF TUCSON'S BIRTHPLACE P.O. BOX 1228	0	501 00	10.000				GENERAL SUPPORT
TUCSON AZ 85702	27-1326401	501C3	18,000		FMV		
(8) GALLAUDET UNIVERSITY 800 FLORIDA AVE., NE							GENERAL SUPPORT
WASHINGTON DC 20002	53-0199507	501C3	18,000		FMV		
(9) GAP MINISTRIES 2025 W. HIGHWAY DRIVE TUCSON AZ 85705	86-0999503	50103	9,675		FMV		GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government							<u> </u>
3 Enter total number of other organizations listed in the	line 1 tahle	sieu III iIIE	iiile i table				🛴

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.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service COMMUNITY FOUNDATION FOR Name of the organization

94-2681765 SOUTHERN ARIZONA 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? No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (f) Method of valuation (a) Name and address of organization (d) Amount of cash (e) Amount of (h) Purpose of grant (b) EIN (a) Description of book, FMV, appraisal, section noncash assistance grant or assistance or government noncash assistance other) if applicable) (1) GIRL SCOUTS OF SOUTHERN ARIZONA 4300 E BROADWAY BLVD. GENERAL SUPPORT TUCSON AZ 85711 86-0098917 501C3 30,250 FMV (2) GIVE2ASIA 2201 BROADWAY ST., 4TH FLOOR GENERAL SUPPORT OAKLAND CA 94612 94-3373670 501C3 86,500 FMV (3) GOSPEL RESCUE MISSION, INC. P.O. BOX 28813 GENERAL SUPPORT AZ 85726-8813 86-6054088 501C3 TUCSON 7,638 **FMV** (4) GRACE-ST. PAUL'S EPISCOPAL CHURCH 2331 E ADAMS ST. GENERAL SUPPORT |86-0677399| 501C3 TUCSON AZ 85719 30,000 FMV (5) GRAND CANYON UNIVERSITY PO BOX 11590 GENERAL SUPPORT FMV PHOENIX AZ 85061 47-2507725 501C3 37,048 (6) GREATER TUCSON FIRE FOUNDATION 8987 E TANQUE VERDE RD STE 309, GENERAL SUPPORT TUCSON AZ 85749 27-3155431 501C3 15,500 FMV (7) GREEN VALLEY ASSISTANCE SERVICES 3950 S CAMINO DEL HEROE GENERAL SUPPORT GREEN VALLEY AZ 85614 94-2783969 501C3 50,953 FMV (8) GROWTH PARTNERS ARIZONA 333 N WILMOT RD., STE. 227 GENERAL SUPPORT 45-5021995 501C3 36,000 FMV TUCSON AZ 85711 (9) HABITAT FOR HUMANITY TUCSON, INC. 3501 N MOUNTAIN AVE. GENERAL SUPPORT TUCSON 94-2725100 501C3 9,250 AZ 85719 **FMV** 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

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

Does the organization mainta the selection criteria used to aDescribe in Part IV the organi								
2 Describe in Part IV the organi	zation's procedures for	monitoring the use	of grant fu	ınds in the United Stat	es.	0 11 :611		
								n answered "Yes" on Form 990
1 (a) Name and address o	for any recipient the	(b) EIN		(d) Amount of cash	(e) Amount of			(h) Purpose of grant
or governme	•	(D) EIN	(c) IRC section (if applicable)		noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
(1) HANDI-DOGS, INC.	110		(п аррисавіе)	grant	Horicusti assistance	otner)	Horicasii assistance	or desistance
75 S MONTEGO DR.								GENERAL SUPPORT
	AZ 85710-3797	195-3247091	501C3	26,836		FMV		GENERAL BOTTORT
(2) HEAL MINISTRIES, IN		33 3217031	30103	20,030		1111		
P.O. BOX 50361								GENERAL SUPPORT
NASHVILLE	TN 37205	26-2267496	501C3	6,000		FMV		
(3) HEBREW FREE LOAN AS				,				
5049 E BROADWAY BLV								GENERAL SUPPORT
TUCSON		86-6052407	501C3	30,000		FMV		
(4) HERMITAGE NO-KILL	CAT SHELTER							
P.O. BOX 13508								GENERAL SUPPORT
TUCSON	AZ 85732	86-0213263	501C3	11,000		FMV		
(5) HIGHER GROUND A RES	SOURCE CENTER							
PO BOX 27883								GENERAL SUPPORT
TUCSON		27-3585869	501C3	45,200		FMV		
(6) HOMICIDE SURVIVORS	, INC.							
2315 E SPEEDWAY BLY	VD.							GENERAL SUPPORT
TUCSON		86-0889964	501C3	11,000		FMV		
(7) HUMANE SOCIETY OF S	SOUTHERN ARIZO	NΑ						
635 W ROGER RD.								GENERAL SUPPORT
TUCSON	AZ 85705	86-0112798	501C3	33,047		FMV		
(8) IMAGINATION STAGE,	INC.							
4908 AUBURN AVE.								GENERAL SUPPORT
BETHESDA	MD 20814	52-1164889	501C3	6,250		FMV		
(9) IMAGO DEI MIDDLE SC								
P.O. BOX 3056								GENERAL SUPPORT
TUCSON	AZ 85702	86-1155866				FMV		<u> </u>
2 Enter total number of section			sted in the	line 1 table				······ >
3 Enter total number of other or	ganizations listed in the	line 1 table						•

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.

► Attach to Form 990.

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

OMB No. 1545-0047
2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

Does the organization maintain re the selection criteria used to awar	cords to substantiate	e the amount of th	e grants o	r assistance, the grant	ees' eligibility for the	grants or assistar	nce, and	Yes No
the selection criteria used to awar Describe in Part IV the organization	n's procedures for r	nonitoring the use	of grant fu	ınds in the United Stat	es.			
Part II Grants and Other	Assistance to D	Domestic Orga	anizatio	ns and Domestic	Governments.	Complete if the	e organization	answered "Yes" on Form 990
Part IV, line 21, for	any recipient tha	at received mo	re than 🤄	\$5,000. Part II car	be duplicated if		ce is needed.	
1 (a) Name and address of org	anization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
or government			(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) INSTITUTE OF REAL EST	ATE MANAGEME	NT						
7739 E BROADWAY BLVD.								GENERAL SUPPORT
-		51-0203909	501C3	10,000		FMV		
(2) INTEGRATIVE TOUCH FOR	KIDS							
5675 N. ORACLE RD.								GENERAL SUPPORT
5675 N. ORACLE RD. TUCSON A	Z 85704	74-3145036	501C3	10,500		FMV		
(3) INTERFALIA COMMUNITY	SERVICES							
2820 W INA RD.								GENERAL SUPPORT
TUCSON A	Z 85741-2502	86-0520997	501C3	42,282		FMV		
(4) INTERNATIONAL ASSOCIA	TION OF LION	1S						
PO BOX 1148								GENERAL SUPPORT
NOGALES A		86-6052588	501C3	7,500		FMV		
(5) INTERNATIONAL COMMUNI	TY FOUNDATIO	N						
2505 N. AVENUE								GENERAL SUPPORT
		33-0457858	501C3	102,336		FMV		
(6) INTERNATIONAL MISSION	BOARD OF TH	Ε						
3806 MONUMENT AVENUE								GENERAL SUPPORT
	A 23230-0767	54-0213930	501C3	43,572		FMV		
(7) INTERNATIONAL SCHOOL	FOR PEACE							
4625 EAST RIVER ROAD								GENERAL SUPPORT
		86-0388672	501C3	65,000		FMV		
(8) ITTY BITTY BOTTLE BAB	IES, INC.							
PO BOX 2253								GENERAL SUPPORT
ARIZONA CITY A	Z 85123	84-4562588	501C3	10,000		FMV		
(9) IZI AZI FOUNDATION								
5995 E GRANT RD., STE								GENERAL SUPPORT
		26-3758898				FMV		
2 Enter total number of section 501(c)(3) and governme	nt organizations li	sted in the	line 1 table				
3 Enter total number of other organi	zations listed in the	line 1 table	<u></u>			<u></u>	<u></u>	▶

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service COMMUNITY FOUNDATION FOR Employer identification number Name of the organization SOUTHERN ARIZONA 94-2681765 **General Information on Grants and Assistance** Part I

1 Does the organization maintain records to substant the selection criteria used to award the grants or as	iate the amount of the sistance?	e grants o	r assistance, the gran	ees' eligibility for the	grants or assistar	ice, and	Yes No
the selection criteria used to award the grants or as 2 Describe in Part IV the organization's procedures for Part II. Grants and Other Assistance to	or monitoring the use	of grant fu	ınds in the United Sta	es.			
Fait II Grants and Other Assistance to	Domestic Org	aiiiZaliOi	iis aiiu Doillesiic	Governments.	Complete il tili	s organization	i alisweled Tes Oli i Olili 330
Part IV, line 21, for any recipient	that received mo						
 (a) Name and address of organization 	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) JAZZ IN JANUARY, INC.							
PO BOX 1809							GENERAL SUPPORT
TUCSON AZ 85702-18		501C3	11,500		FMV		
(2) JEWISH FAMILY AND CHILDREN'S SE	RVIC						
4301 E FIFTH ST.							GENERAL SUPPORT
TUCSON AZ 85711-20	05 86-0623896	501C3	16,000		FMV		
(3) JEWISH FEDERATION OF SOUTHERN A	RIZO						
3718 E RIVER RD.							GENERAL SUPPORT
TUCSON AZ 85718	86-0096795	501C3	40,000		FMV		
(4) JOBPATH, INC							
616 N. COUNTRY CLUB RD.							GENERAL SUPPORT
TUCSON AZ 85716	65-1190309	501C3	231,922		FMV		
(5) JUNIOR ACHIEVEMENT OF ARIZONA							
6339 E SPEEDWAY BLVD.							GENERAL SUPPORT
TUCSON AZ 85710	86-0184349	501C3	25,000		FMV		
(6) JUST COMMUNITIES ARIZONA			,				
PO BOX 13369							GENERAL SUPPORT
TUCSON AZ 85732	87-0884330	501C3	25,000		FMV		
(7) LARAMIE COUNTY COMMUNITY COLLEG			,		-		
FINE ARTS BUILDING, ROOM 100							GENERAL SUPPORT
CHEYENNE WY 82007	23-7033750	501C3	8,698		FMV		
(8) LAW COLLEGE ASSOCIATION OF THE			2,755				
P.O. BOX 210176							GENERAL SUPPORT
TUCSON AZ 85721-01	 76 86-6037148	501C3	33,500		FMV		
(9) LEGAL VOICE			22,200				
907 PINE STREET, SUITE 500							GENERAL SUPPORT
SEATTLE WA 98101	91-1047900	501C3	30,000		FMV		2011011
2 Enter total number of section 501(c)(3) and govern			· · · · · · · · · · · · · · · · · · ·		1 = - • •		•
3 Enter total number of other organizations listed in the	_						••••••••••••••••••••••••••••••••••••••

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.

► Attach to Form 990.

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OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

Does the organization maintain records to substantia the selection criteria used to award the grants or assi	stance?				•		Yes No
2 Describe in Part IV the organization's procedures for	monitoring the use	of grant fu	nds in the United Stat	es.	0 1 1 15 11		1 " 5 000
Part II Grants and Other Assistance to Part IV, line 21, for any recipient the					additional spa		answered "Yes" on Form 990
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) LITERACY CONNECTS							
200 E YAVAPAI RD.							GENERAL SUPPORT
TUCSON AZ 85705	23-7047508	501C3	55,000		FMV		
(2) LULAC FOUNDATION OF ARIZONA							
802 E 46TH ST.							GENERAL SUPPORT
TUCSON AZ 85713	86-3373980	501C3	7,500		FMV		
(3) LUTHERAN SOCIAL SERVICES OF THE	SOU						
2502 E UNIVERSITY DR., SUITE 125							GENERAL SUPPORT
PHOENIX AZ 85034	86-0252302	501C3	42,228		FMV		
(4) MAKE WAY FOR BOOKS							
700 N STONE AVE.							GENERAL SUPPORT
700 N STONE AVE. TUCSON AZ 85705	31-1583036	501C3	17,080		FMV		
(5) MARIPOSA COMMUNITY HEALTH CENTER							
825 N GRAND AVE., STE. 100							GENERAL SUPPORT
NOGALES AZ 85621	86-0524321	501C3	15,485		FMV		
(6) MARSHALL HOME FOR MEN, INC.							
3314 S 16TH AVE.							GENERAL SUPPORT
TUCSON AZ 85713-850	86-0209672	501C3	6,592		FMV		
(7) MCINTOSH COUNTY ACADEMY							
8945 U.S. HIGHWAY 17							GENERAL SUPPORT
DARIEN GA 31305	58-6000286	501C3	7,500		FMV		
(8) MOBILE MEALS OF SOUTHERN ARIZONA							
4803 E 5TH ST., STE. 209							GENERAL SUPPORT
TUCSON AZ 85711	23-7157579	501C3	23,500		FMV		
(9) MOON & STARS ANIMAL RESCUE							
P.O.BOX 35161							GENERAL SUPPORT
10C50N AZ 05740	03-31/0304		6,000		FMV		
2 Enter total number of section 501(c)(3) and government	ent organizations li	sted in the	line 1 table				
3 Enter total number of other organizations listed in the	line 1 table						▶

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.

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OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	vard the grants or assis	stance?						Yes No
						Complete if the	e organization	answered "Yes" on Form 990
	or any recipient tha							
1 (a) Name and address of or governmen	•	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MUSEUM OF CONTEMPORA	ARY ART TUCSO	1	()	-		,		
265 SOUTH CHURCH AV	ENUE							GENERAL SUPPORT
TUCSON	AZ 85701	86-0850880	501C3	14,500		FMV		
(2) NAMI OF SOUTHERN AR	IZONA							
6122 E. 22ND STREET								GENERAL SUPPORT
TUCSON	AZ 85711	86-0450977	501C3	8,161		FMV		
(3) NATIONAL COLLEGE FO	R DUI DEFENSE	FO						
445 S. DECATUR STRE	ET							GENERAL SUPPORT
MONTGOMERY	AL 36104	91-1700144	501C3	7,500		FMV		
(4) NATIONAL NETWORK OF	ABORTION FUNI	S						
9450 SW GEMINI DR.								GENERAL SUPPORT
BEAVERTON	OR 97008-7105	04-3236982	501C3	10,000		FMV		
(5) NATIVE AMERICAN ADV	ANCEMENT FOUNI	AT						
P.O. BOX 64877								GENERAL SUPPORT
TUCSON	AZ 85728	45-2725155	501C3	20,000		FMV		
(6) NO KILL PIMA COUNTY								
5201 W CALLE MONTUO	SO							GENERAL SUPPORT
TUCSON	AZ 85745	46-3333316	501C3	50,000		FMV		
7) NOGALES/ SANTA CRUZ	COUNTY PUBLIC	L						
518 N. GRAND AVE								GENERAL SUPPORT
	AZ 85621		GOV	10,000		FMV		
(8) NORTH AMERICAN MISS	ION BOARD OF 3	HE						
PO BOX 116543								GENERAL SUPPORT
ATLANTA	GA 30368-6543	58-2379481	501C3	19,805		FMV		
9) NORTHERN ARIZONA UN	IVERSITY							
P.O. BOX 4108								GENERAL SUPPORT
FLAGSTAFF	AZ 86011-4108	74-2579628	501C3	13,500		FMV		
2 Enter total number of section 5	01(c)(3) and governme	nt organizations li	sted in the	line 1 table				>
3 Enter total number of other organization		line 1 table						•

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.

► Attach to Form 990.

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

OMB No. 1545-0047
2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

1 Does the organization maintai	n records to substantiat	e the amount of th	e grants or	r assistance, the grant	ees' eligibility for the	grants or assistan	ce, and	Yes No
the selection criteria used to a Describe in Part IV the organiz	zation's procedures for i	monitoring the use	of grant fu	ınds in the United Stat				Yes No
Part II Grants and Oth	er Assistance to I	Domestic Orga	anizatio	ns and Domestic	Governments.	Complete if the	e organization	answered "Yes" on Form 990
Part IV, line 21,	for any recipient tha	at received mo	re than \$	5,000. Part II car	be duplicated if	additional spa	ce iš needed.	
1 (a) Name and address of	f organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
or governmen	nt		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) OLD PUEBLO COMMUNIT	TY SERVICES							
4501 E. 5TH STREET								GENERAL SUPPORT
TUCSON	AZ 85711-7015	86-0836556	501C3	15,000		FMV		
(2) OUR FAMILY SERVICES								
2590 N ALVERNON WAY	<u></u>							GENERAL SUPPORT
	AZ 85712	94-2598560	501C3	27,250		FMV		
(3) OUR NEIGHBORS FARM	& PANTRY							
1020 S 10TH AVE								GENERAL SUPPORT
SAFFORD		20-0972668	501C3	35,000		FMV		
(4) OVERLAKE MEDICAL CE	ENTER FOUNDATION	N						
1035 116TH AVE NE								GENERAL SUPPORT
BELLEVUE	WA 98004	91-1050325	501C3	25,000		FMV		
(5) OXFAM AMERICA								
226 CAUSEWAY ST., 5								GENERAL SUPPORT
BOSTON	MA 02114-2206		501C3	10,000		FMV		
(6) PARENT AID - CHILD	ABUSE PREVENT:	ION						
2580 E 22ND ST.								GENERAL SUPPORT
TUCSON	AZ 85713	74-2591577	501C3	25,000		FMV		
(7) PATAGONIA CREATIVE	ARTS ASSOCIAT	ION						
P.O. BOX 1248								GENERAL SUPPORT
		31-1641854	501C3	15,000		FMV		
(8) PATAGONIA REGIONAL	TIMES							
P.O. BOX 1073	AZ 85624							GENERAL SUPPORT
		27-2932569	501C3	25,250		FMV		
(9) PATAGONIA YOUTH ENF	RICHMENT CENTER	₹						
P.O. BOX 843								GENERAL SUPPORT
		46-4554862				FMV		<u> </u>
2 Enter total number of section 5			sted in the	line 1 table				
3 Enter total number of other or	anizatione lieted in the	line 1 tahla						L

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.

► Attach to Form 990.

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

OMB No. 1545-0047
2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

Part II Grants and Other Assistance to Dome Part IV, line 21, for any recipient that rec							answered "Yes" on Form S
1 (a) Name and address of organization (b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
or government	(it	f applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
) PATAGONIA-SONOITA ROTARY CLUB							
PO BOX 424							GENERAL SUPPORT
	1517586	501C3	10,000		FMV		
PAWS PATROL, INC.							
P.O. BOX 1642							GENERAL SUPPORT
	5537148	501C3	7,000		FMV		
PAWSITIVELY CATS							
1145 N WOODLAND AVE.							GENERAL SUPPORT
	0609374	501C3	7,000		FMV		
PEACEFUL VALLEY DONKEY RESCUE, INC.							
P.O. BOX 216							GENERAL SUPPORT
ILES TX 76861 77-0	0562800	501C3	13,908		FMV		
PIMA COMMUNITY COLLEGE							
4905 E. BROADWAY BLVD.							GENERAL SUPPORT
UCSON AZ 85709-1110 86-0	0208787 !	501C3	47,650		FMV		
PIMA COMMUNITY COLLEGE FOUNDATION,							
4905C E BROADWAY BLVD., SUITE 252							GENERAL SUPPORT
	0345089	501C3	6,000		FMV		
PIMA COUNCIL ON AGING, INC.							
8467 E BROADWAY BLVD.							GENERAL SUPPORT
UCSON AZ 85710 86-0	0251768	501C3	23,691		FMV		
PIMA COUNTY PUBLIC LIBRARY							
101 N STONE AVE., 4TH FLOOR							GENERAL SUPPORT
	6000543	GOV	53,700		FMV		
PLANNED PARENTHOOD FEDERATION OF AM							
P.O. BOX 97166							GENERAL SUPPORT
ASHINGTON DC 20090-7166 13-3	1644147	501C3	10,750		FMV		

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.

► Attach to Form 990.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

OMB No. 1545-0047
2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

the selection criteria used to av Describe in Part IV the organiz	ward the grants or assis	stance? monitoring the use	of grant fu	nds in the United Sta	 es.			Yes No
Part II Grants and Other	er Assistance to D	Domestic Orga	anizatio	ns and Domestic	Governments.			n answered "Yes" on Form 9
	or any recipient tha							
1 (a) Name and address of	•	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
or governmen			(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) PLANNED PARENTHOOD	OF ARIZONA, IN	TC.						
4751 N. 15TH ST.								GENERAL SUPPORT
	AZ 85014		501C3	34,250		FMV		
(2) PROJECT HOPE - THE	PEOPLE-TO-PEOR	LE						
P.O. BOX 5029								GENERAL SUPPORT
	MD 21741-5029		501C3	5,570		FMV		
(3) PTA ARIZONA CONGRES	S OF PARENTS 8	T						
12835 N 33RD AVE								GENERAL SUPPORT
		86-0101077	501C3	6,500		FMV		
(4) PTA FLORIDA CONGRES	S							
4409 W SLIGH AVE.								GENERAL SUPPORT
TAMPA	FL 33614-3641	23-7102412	501C3	10,000		FMV		
(5) RAINBOW ACRES								
2120 W RESERVATION	LOOP RD.							GENERAL SUPPORT
CAMP VERDE	AZ 86322-8408	86-0286420	501C3	22,641		FMV		
(6) REACHOUT, INC.								
2648 N CAMPBELL AVE	•							GENERAL SUPPORT
TUCSON	AZ 85719-3102	86-6086733	501C3	118,817		FMV		
(7) REID PARK ZOOLOGICA	L SOCIETY, INC							
1030 S RANDOLPH WAY								GENERAL SUPPORT
TUCSON		94-2379052	501C3	5,919		FMV		
(8) REVEILLE GAY MEN'S				,				
P.O. BOX 43633								GENERAL SUPPORT
TUCSON	AZ 85733-3633	86-0804112	501C3	30,000		FMV		
(9) RINCON CONGREGATION								
122 N CRAYCROFT ROA								GENERAL SUPPORT
TUCSON	AZ 85711-3238	86-6007256	501C3	12,820		FMV		
2 Enter total number of section 5						1		<u> </u>
3 Enter total number of other org								

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

Does the organization maintain record the selection criteria used to award the	ds to substantiate	e the amount of th	e grants or	r assistance, the grant	ees' eligibility for the	grants or assistan	ce, and	Yes No
the selection criteria used to award th Describe in Part IV the organization's	procedures for n	nonitoring the use	of grant fu	inds in the United Stat	es.			les lo
Part II Grants and Other As	sistance to D	Omestic Orga	anizatio	ns and Domestic	Governments.	Complete if the	e organizatior	n answered "Yes" on Form 990
Part IV, line 21, for an	y recipient tha	at received mo	re than \$	\$5,000. Part II car	be duplicated if	additional spa	ce is needed.	
1 (a) Name and address of organia	zation	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
or government			(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) RONALD MCDONALD HOUSE C	HARITIES C	F						
2155 E ALLEN RD.								GENERAL SUPPORT
TUCSON AZ		95-3526934	501C3	25,000		FMV		
(2) SADDLEBROOKE COMMUNITY		NC						
63675 E SADDLEBROOKE BL		L						GENERAL SUPPORT
	85739	86-0843458	501C3	12,047		FMV		
(3) SAHUARITA FOOD BANK								
P.O. BOX 968								GENERAL SUPPORT
SAHUARITA AZ	85629	47-1654162	501C3	27,000		FMV		
(4) SALVATION ARMY - GREEN	VALLEY SEF	VI						
555 N LA CAADA #101A								GENERAL SUPPORT
	85614	94-1156347	501C3	19,103		FMV		
(5) SAN MIGUEL HIGH SCHOOL								
6601 S SAN FERNANDO AVE								GENERAL SUPPORT
		48-1270906	501C3	55,000		FMV		
(6) SANTA CRUZ ADVOCATES FO	R THE ARTS	}						
P.O. BOX 2017								GENERAL SUPPORT
NOGALES AZ	03020	80-0351691	501C3	8,337		FMV		
(7) SANTA CRUZ COUNCIL ON A	GING, INC.							
125 E MADISON ST.								GENERAL SUPPORT
NOGALES AZ		86-0281248	501C3	32,800		FMV		
(8) SANTA CRUZ TRAINING PRO	GRAMS, INC	∤ ∙						
P.O. BOX 638								GENERAL SUPPORT
NOGALES AZ	85628	86-0424088	501C3	11,000		FMV		
(9) SARSEF: SOUTHERN ARIZON	A RESEARCH	,						
5049 E. BROADWAY BLVD.								GENERAL SUPPORT
		86-0946185				FMV		<u> </u>
2 Enter total number of section 501(c)(3			sted in the	line 1 table				>
3 Enter total number of other organizati	one lieted in the l	line 1 tahle						L

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.

► Attach to Form 990.

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

OMB No. 1545-0047
2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

 Does the organization maintain records to substantial the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for 	te the amount of the stance?	e grants or of grant fu	assistance, the grant	ees' eligibility for the	grants or assistan	ce, and	Yes No
Part II Grants and Other Assistance to I	Domestic Orga	anizatioı	ns and Domestic	Governments.	Complete if the	e organizatior	n answered "Yes" on Form 990,
Part IV, line 21, for any recipient th							1
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
or government	1	(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) SAVE THE CHILDREN FEDERATION, IN	q.						
P.O. BOX 97132		E01 @0	110 455				GENERAL SUPPORT
WASHINGTON DC 20090-7132	206-0726487	501C3	110,475		FMV		
(2) SCHOLARSHIPS A-Z							a
225 E 26TH ST., STE. 6		E01 @0	56.050				GENERAL SUPPORT
	45-4458497	501C3	56,250		FMV		
(3) SCULPTURE TUCSON							a
P.O. BOX 816		-01-0	10.000				GENERAL SUPPORT
TUCSON AZ 85702	81-4077958	501C3	10,000		FMV		
(4) SEAL VETERANS FOUNDATION							
1619 D STREET VIRGINIA BEACH VA 23459							GENERAL SUPPORT
		501C3	6,000		FMV		
(5) SENIOR CITIZEN ONE STOP INFORMAT	ION						
501 E PLAZA CIR STE 15							GENERAL SUPPORT
LITCHFIELD PARK AZ 85340	47-2668533	501C3	12,500		FMV		
(6) SERENITY BAPTIST CHURCH							
15501 W. AJO HWY							GENERAL SUPPORT
TUCSON AZ 85735	86-0470457		15,844		FMV		
(7) SOCIAL VENTURE PARTNERS TUCSON							
5049 E. BROADWAY BLVD., STE. 233	•I						GENERAL SUPPORT
TUCSON AZ 85711	82-2964855	501C3	24,250		FMV		
(8) SOCIETY FOR BEVEL INTENTIONS, IN	q.						
P.O. BOX 1163							GENERAL SUPPORT
FAIAGONIA AZ 030Z4	13-4012463	501C3	10,000		FMV		
(9) SOLAR UNITED NEIGHBORS							
1350 CONNECTICUT AVENUE NW							GENERAL SUPPORT
WASHINGTON DC 20036	46-2462990				FMV		
2 Enter total number of section 501(c)(3) and government	ent organizations li	sted in the	line 1 table				
3 Enter total number of other organizations listed in the	line 1 table						▶

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY FOUNDATION FOR

SOUTHERN ARIZONA 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

• •	of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant or assistance
or governme			(if applicable)	grant	HUHCASH ASSISTANCE	other)	noncash assistance	OI assistance
(1) SONORA ENVIRONMENT								a
P.O. BOX 65782	AZ 85728		E01@0	10 000				GENERAL SUPPORT
TUCSON	AZ 85/28	86-0767843	501C3	10,000		FMV		
(2) SOROPTIMIST INTERNA	ATIONAL OF DES	EK.I.						
P.O. BOX 13317			= 0.1 = 0					GENERAL SUPPORT
TUCSON	AZ 85732	86-0315042	501C3	9,759		FMV		
(3) SOUTHERN ARIZONA A	DAPTIVE SPORTS							
P.O. BOX 43062	AZ 85733							GENERAL SUPPORT
		82-1289116	501C3	15,000		FMV		
(4) SOUTHERN ARIZONA A	IDS FOUNDATION							
375 S EUCLID AVE.								GENERAL SUPPORT
TUCSON	AZ 85719	86-0864100	501C3	35,500		FMV		
(5) SOUTHERN ARIZONA A	SSOCIATION FOR	TH						
P.O. BOX 68475								GENERAL SUPPORT
TUCSON	AZ 85737	23-7095345	501C3	10,000		FMV		
(6) SOUTHERN ARIZONA A	SSOCIATION FOR	TH						
3767 E GRANT RD.								GENERAL SUPPORT
3767 E GRANT RD. TUCSON	AZ 85719	86-6056057	501C3	7,132		FMV		
(7) SOUTHERN ARIZONA C	AT RESCUE							
D O DOV 65701								GENERAL SUPPORT
TUCSON	AZ 85728	84-3384497	501C3	12,000		FMV		
(8) SOUTHERN ARIZONA G				·				
` '								GENERAL SUPPORT
TUCSON	AZ 85717	47-2419543	501C3	14,000		FMV		
(9) SOUTHERN ARIZONA S				, , , ,				
1632 N. COUNTRY CL								GENERAL SUPPORT
	AZ 85716	85-3355472	501C3	51,500		FMV		

- Enter total number of other organizations listed in the line 1 table

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.

► Attach to Form 990.

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OMB No. 1545-0047
2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

the selection criteria used to award the grants or ass	stance?	•			•		Yes No
 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to 	monitoring the use	of grant fu	inds in the United Stat	es. Governments	Complete if the	organization	answered "Ves" on Form 99
Part IV, line 21, for any recipient the							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
(1) SOUTHSIDE PRESBYTERIAN CHURCH P.O. BOX 27640 TUCSON AZ 85726-764) 86-0748470	501C3	10,000		FMV		GENERAL SUPPORT
(2) SOUTHWEST CENTER FOR ECONOMIC IN 509 E. RADBURN ST. TUCSON AZ 85704					FMV		GENERAL SUPPORT
(3) SOUTHWEST FAIR HOUSING COUNCIL 177 N CHURCH AVE SUITE 1104 TUCSON AZ 85701	86-0530355		20,000		FMV		GENERAL SUPPORT
(4) SPAY AND NEUTER SOLUTIONS PO BOX 762 CORTARO AZ 85652-0765	220-0065631	501C3	10,000		FMV		GENERAL SUPPORT
(5) SPLINTER ART AND COMMUNITY FUND 901 N 13TH AVE SUITE 105 TUCSON AZ 85705-755			18,000		FMV		GENERAL SUPPORT
(6) SR. JOSE WOMEN'S CENTER P.O. BOX 1028 TUCSON AZ 85702	46-1290517	501C3	38,191		FMV		GENERAL SUPPORT
(7) ST MICHAEL & ALL ANGEL EPISCOPAL PO BOX 1884 ANNISTON AL 36202	63-0366281	501C3	10,250		FMV		GENERAL SUPPORT
(8) ST. FRANCIS SHELTER PO BOX 65752 TUCSON AZ 85728	83-2427128	501C3	18,000		FMV		GENERAL SUPPORT
(9) STEP UP TO JUSTICE 320 N COMMERCE PARK LOOP #100 TUCSON AZ 85745	81-3776452				FMV		GENERAL SUPPORT
 2 Enter total number of section 501(c)(3) and governm 3 Enter total number of other organizations listed in the 	ent organizations li						

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.

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Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

Does the organization maintain records to substantiat the selection criteria used to award the grants or assis	stance?						Yes No
2 Describe in Part IV the organization's procedures for r Part II Grants and Other Assistance to I	nonitoring the use	of grant fu	inds in the United Stat	es. Covernments	Complete if the	organization	answordd "Vos" on Form 000
Part IV, line 21, for any recipient that							ranswered tes on Form 990,
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of		(g) Description of	(h) Purpose of grant
or government		section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
(1) STEP: STUDENT EXPEDITION PROGRAM							
6336 N ORACLE RD, STE #326-326							GENERAL SUPPORT
TUCSON AZ 85704	22-3879050	501C3	64,500		FMV		
(2) SUNNYSIDE UNIFIED SCHOOL DISTRICT	F						
2238 E. GINTER ROAD							GENERAL SUPPORT
TUCSON AZ 85706	86-0656064	501C3	36,014		FMV		
(3) TEEM - TUCSON EDUCATION EMPOWERM	NT						
P.O. BOX 90643							GENERAL SUPPORT
TUCSON AZ 85752	54-2188301	501C3	10,000		FMV		
(4) THE COMMONS: CENTER FOR FOOD SECT	RI						
P.O. BOX 416							GENERAL SUPPORT
SILVER CITY NM 0000Z	20-1004201	501C3	35,000		FMV		
(5) THE DRAWING STUDIO, INC.							
2760 N TUCSON BLVD.							GENERAL SUPPORT
TUCSON AZ 85716	86-0992193	501C3	45,000		FMV		
(6) THE EXECUTIVE COMMITTEE OF THE SO	UT						
901 COMMERCE ST., STE. 600							GENERAL SUPPORT
	62-0535346	501C3	39,611		FMV		
(7) THE GOOD BROTHERS FOUNDATION							
3500 N SABINO CANYON RD., UNIT 9							GENERAL SUPPORT
	88-0802637	501C3	6,000		FMV		
(8) THE INN OF SOUTHERN ARIZONA							
P. O. BOX 43332							GENERAL SUPPORT
	85-3718596	501C3	20,000		FMV		
(9) THE JUNIOR STATE OF AMERICA FOUND	AT						
70 WASHINGTON ST., STE. 320							GENERAL SUPPORT
	94-6050452		•		FMV		
2 Enter total number of section 501(c)(3) and governme	nt organizations li	sted in the	line 1 table				>
3 Enter total number of other organizations listed in the	line 1 table		<u></u>		<u></u>	<u></u>	>

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.

► Attach to Form 990.

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OMB No. 1545-0047
2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

Or government (1) THE PATAGONIA MUSEUM P.O. BOX 919 PATAGONIA MUSEUM P.O. BOX 919 PATAGONIA AZ 85624 20-2244767 501C3 10,000 FMV CONTROL PATAGONIA MUSEUM P.O. BOX 919 PATAGONIA AZ 85624 20-2244767 501C3 10,000 FMV CONTROL PATAGONIA AZ 85624 20-2244767 501C3 10,000 FMV CONTROL PATAGONIA AZ 85624 20-2244767 501C3 10,000 FMV CONTROL PATAGONIA AZ 85713 86-0733182 501C3 25,000 FMV CONTROL PATAGONIA AZ 85713 86-0733182 501C3 136,500 FMV CONTROL PATAGONIA AZ 85713 86-0329294 501C3 15,264 FMV CONTROL PATAGONIA AZ 85704-4415 86-0438592 501C3 27,461 FMV CONTROL PATAGONIA AZ 85704-4415 86-0438592 501C3 27,461 FMV CONTROL PATAGONIA AZ 85704-4415 86-0438592 501C3 27,461 FMV CONTROL PATAGONIA AZ 85704-4415 86-0438592 501C3 20,000 FMV CONTROL PATAGONIA AZ 85704-4415 86-0438592 FOIC3 20,000 FMV	 Does the organization maintainth the selection criteria used to Describe in Part IV the organization 	award the grants or assi	stance?						Yes	No
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 (scriptor) (scriptor	Part II Grants and Ot	her Assistance to	Domestic Ora	anizatio	ns and Domestic	Governments.	Complete if the	e organization	answered "Yes" on Fo	rm 99
Or government										
P.O. BOX 919 PATAGONIA AZ 85624 20-2244767 501C3 10,000 FMV 20 THE PODIUM SOCIETY 2980 BEVERLY GLEN CIRCLE STE. 202E LOS ANGELES CA 90077 84-2471952 501C3 25,000 FMV (3) THE PRIMAVERA FOUNDATION, INC. 151 W 40TH ST. TUCSON AZ 85713 86-0733182 501C3 136,500 FMV (4) THERAPEUTIC RIDING OF TUCSON, INC. 8920 E WOODLAND RD. TUCSON AZ 85749 86-0329294 501C3 15,264 FMV (5) TOHONO CHUL PARK, INC. 7366 N PASEO DEL NORTE TUCSON AZ 85704-4415 86-0438592 501C3 27,461 FMV (6) TFF SPECIAL ASSETS FUND 801 MARKET STREET, SUITE 300 PHILADELPHIA PA 19107 04-3731829 501C3 20,000 FMV (7) TRANS LIFELINE 195 41ST ST. OAKLAND CA 94611 47-2097494 501C3 10,000 FMV TUCSON AZ 85741 47-1640930 501C3 15,000 FMV GENERAL SUPPOR' TUCSON FMV GENERAL SUPPOR' TUCSON AZ 85741 47-1640930 501C3 15,000 FMV	1 (a) Name and address	of organization		(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant or assistance	
PATAGONIA AZ 85624 20-2244767 501C3 10,000 FMV 2) THE PODIUM SOCIETY 2980 BEVERLY GLEN CIRCLE STE. 202E LOS ANGELES CA 90077 84-2471952 501C3 25,000 FMV 3) THE PRIMAVERA FOUNDATION, INC. 151 W 40TH ST. TUCSON AZ 85713 86-0733182 501C3 136,500 FMV 4) THERAPEUTIC RIDING OF TUCSON, INC. 8920 E WOODLAND RD. TUCSON AZ 85749 86-0329294 501C3 15,264 FMV 5) TOHONO CHUL PARK, INC. 7366 N PASEO DEL NORTE TUCSON AZ 85704-4415 86-0438592 501C3 27,461 FMV 6) TPF SPECIAL ASSETS FUND 801 MARKET STREET, SUITE 300 FMV 7) TRANS LIFELINE 195 41ST ST. OAKLAND CA 94611 47-2097494 501C3 10,000 FMV B) TREASURES 4 EDUCATORS, INC. 6800 N. CAMINO MARTIN #124 TUCSON AZ 85741 47-1640930 501C3 15,000 FMV GENERAL SUPPOR'	1) THE PATAGONIA MUSE	UM		, , ,			,			
29 THE PODIUM SOCIETY 2980 BEVERLY GLEN CIRCLE STE. 202E LOS ANGELES CA 90077 31 THE PRIMAVERA FOUNDATION, INC. 151 W 40TH ST. TUCSON AZ 85713 86-0733182 501C3 136,500 FMV 8920 E WOODLAND RD. FUCSON AZ 85749 86-0329294 501C3 15,264 FMV 50 TOHONO CHUL PARK, INC. 7366 N PASEO DEL NORTE FUCSON AZ 85704-4415 86-0438592 501C3 27,461 FMV 60 TPF SPECIAL ASSETS FUND 801 MARKET STREET, SUITE 300 FMV 77 TRANS LIFELINE 195 41ST ST. DAKLAND CA 94611 47-2097494 501C3 10,000 FMV 80 TREASURES 4 EDUCATORS, INC. 6800 N. CAMINO MARTIN #124 FUCSON AZ 85741 47-1640930 501C3 15,000 FMV GENERAL SUPPOR' GENERAL SUPP	P.O. BOX 919								GENERAL SUPPORT	
2980 BEVERLY GLEN CIRCLE STE. 202E OS ANGELES CA 90077 84-2471952 501C3 25,000 FMV 30 THE PRIMAVERA FOUNDATION, INC. 151 W 40TH ST. FUCSON AZ 85713 86-0733182 136,500 FMV 31 THERAPEUTIC RIDING OF TUCSON, INC. 8920 E WOODLAND RD. FMV 35 TOHONO CHUL PARK, INC. 7366 N PASEO DEL NORTE FMU 50 TOHONO CHUL PARE, SUPPOR' FMU 50 TOHONO CHUL PARE, SUPPOR' FMU 50 TOHONO CHUL PARE, INC. 7366 N PASEO DEL NORTE FMU 50 TOHONO CHUL PARE, SUPPOR' FMU 50 TOHONO CHUL PARE, SUPPOR' FMU 50 TOHONO CHUL PARE, SUPPOR' FMU 51 TOHONO CHUL PARE, SUPPOR' FMU 50 TOHONO CHUL PARE, SUPPOR' FMU 50 TOHONO CHUL PARE, SUPPOR' FMU 51 TOHONO CHUL PARE, SUPPOR' FMU 51 TOHONO CHUL PARE, SUPPOR' FMU 52 TOHONO CHUL PARE, SUPPOR' FMU 53 TOHONO CHUL PARE, SUPPOR' FMU 53 TOHONO CHUL PARE, SUPPOR' FMU 54 TOHONO CHUL PARE, SUPPOR' FMU 55 TOHONO CHUL PARE, SUPPOR' FMU 56 TOHONO CHUL PARE, SUPPOR' FMU 57 TRANS LIFELINE 195 41ST ST. DAKLAND CA 94611 47-2097494 501C3 10,000 FMU GENERAL SUPPOR' GENERAL SUPPOR' GENERAL SUPPOR' GENERAL SUPPOR' GENERAL SUPPOR' FMU GENERAL SUPPOR' GENERAL SUPPOR' FMU GENERAL SUPPOR' FMU GENERAL SUPPOR' FMU GENERAL SUPPOR' FMU	PATAGONIA	AZ 85624	20-2244767	501C3	10,000		FMV			
### AND COMMENT OF THE PRIMAYER FOUNDATION, INC. ### AND COMMENT OF THE PRIMAYER FOUNDATION, IN	2) THE PODIUM SOCIETY	•								
3) THE PRIMAVERA FOUNDATION, INC. 151 W 40TH ST. CUCSON AZ 85713 86-0733182 501C3 136,500 FMV 4) THERAPEUTIC RIDING OF TUCSON, INC. 8920 E WOODLAND RD. CUCSON AZ 85749 86-0329294 501C3 15,264 FMV 5) TOHONO CHUL PARK, INC. 7366 N PASEO DEL NORTE CUCSON AZ 85704-4415 86-0438592 501C3 27,461 FMV 801 MARKET STREET, SUITE 300 CHILADELPHIA PA 19107 04-3731829 501C3 20,000 FMV CHILADELPHIA PA 19107 04-3731829 501C3 20,000 FMV CHILADELPHIA PA 19107 04-3731829 501C3 10,000 FMV CONCRETE STREET, SUITE 300 FMV CONCRETE STREET SUITE 300 FMV CONCRETE STR	2980 BEVERLY GLEN	CIRCLE STE. 20	2E						GENERAL SUPPORT	
151 W 40TH ST. UCSON AZ 85713 86-0733182 501C3 136,500 FMV 1) THERAPEUTIC RIDING OF TUCSON, INC. 8920 E WOODLAND RD. UCSON AZ 85749 86-0329294 501C3 15,264 FMV 5) TOHONO CHUL PARK, INC. 7366 N PASEO DEL NORTE UCSON AZ 85704-4415 86-0438592 501C3 27,461 FMV 6) TPF SPECIAL ASSETS FUND 801 MARKET STREET, SUITE 300 CHILADELPHIA PA 19107 04-3731829 501C3 20,000 FMV 7) TRANS LIFELINE 195 41ST ST. OAKLAND CA 94611 47-2097494 501C3 10,000 FMV 10) TREASURES 4 EDUCATORS, INC. 6800 N. CAMINO MARTIN #124 UCSON AZ 85741 47-1640930 501C3 15,000 FMV	OS ANGELES	CA 90077	84-2471952	501C3	25,000		FMV			
### STOCSON AZ 85713 86-0733182 501C3 136,500 FMV ###################################	THE PRIMAVERA FOUN	DATION, INC.								
### THERAPEUTIC RIDING OF TUCSON, INC. ### 8920 E WOODLAND RD. ### STOCK AZ 85749	151 W 40TH ST.								GENERAL SUPPORT	
### SP20 E WOODLAND RD. ### SP20 E WOODLAND R	UCSON	AZ 85713	86-0733182	501C3	136,500		FMV			
### SP20 E WOODLAND RD. ### SP20 E WOODLAND R) THERAPEUTIC RIDING	OF TUCSON, IN	c.							
5) TOHONO CHUL PARK, INC. 7366 N PASEO DEL NORTE CUCSON AZ 85704-4415 86-0438592 501C3 27,461 FMV 5) TPF SPECIAL ASSETS FUND 801 MARKET STREET, SUITE 300 PHILADELPHIA PA 19107 04-3731829 501C3 20,000 FMV 7) TRANS LIFELINE 195 41ST ST. CAKLAND CA 94611 47-2097494 501C3 10,000 FMV 6) TREASURES 4 EDUCATORS, INC. 6800 N. CAMINO MARTIN #124 CUCSON AZ 85741 47-1640930 501C3 15,000 FMV									GENERAL SUPPORT	
7366 N PASEO DEL NORTE CUCSON AZ 85704-4415 86-0438592 501C3 27,461 FMV S) TPF SPECIAL ASSETS FUND 801 MARKET STREET, SUITE 300 PHILADELPHIA PA 19107 04-3731829 501C3 20,000 FMV O) TRANS LIFELINE 195 41ST ST. CAMBRICATION CA 94611 47-2097494 501C3 10,000 FMV B) TREASURES 4 EDUCATORS, INC. 6800 N. CAMINO MARTIN #124 CUCSON AZ 85741 47-1640930 501C3 15,000 FMV	UCSON	AZ 85749	86-0329294	501C3	15,264		FMV			
TUCSON AZ 85704-4415 86-0438592 501C3 27,461 FMV S) TPF SPECIAL ASSETS FUND 801 MARKET STREET, SUITE 300 PHILADELPHIA PA 19107 04-3731829 501C3 20,000 FMV O) TRANS LIFELINE 195 41ST ST. SAKLAND CA 94611 47-2097494 501C3 10,000 FMV S) TREASURES 4 EDUCATORS, INC. 6800 N. CAMINO MARTIN #124 GENERAL SUPPORT GUCSON AZ 85741 47-1640930 501C3 15,000 FMV) TOHONO CHUL PARK,	INC.								
### SPECIAL ASSETS FUND ### 801 MARKET STREET, SUITE 300 ### 801 MARKET STREET, SUITE 300 ### GENERAL SUPPORT ### 19107	7366 N PASEO DEL N	ORTE							GENERAL SUPPORT	
### STREET, SUITE 300 GENERAL SUPPORT GENERA	UCSON	AZ 85704-4415	86-0438592	501C3	27,461		FMV			
### 801 MARKET STREET, SUITE 300 GENERAL SUPPORT ###################################	TPF SPECIAL ASSETS	FUND								
TRANS LIFELINE 195 41ST ST. CA 94611 47-2097494 501C3 10,000 FMV CO TREASURES 4 EDUCATORS, INC. 6800 N. CAMINO MARTIN #124 CUCSON AZ 85741 47-1640930 501C3 15,000 FMV									GENERAL SUPPORT	
195 41ST ST. GENERAL SUPPORT AKLAND CA 94611 47-2097494 501C3 10,000 FMV TO TREASURES 4 EDUCATORS, INC. 6800 N. CAMINO MARTIN #124 CUCSON AZ 85741 47-1640930 501C3 15,000 FMV	HILADELPHIA	PA 19107	04-3731829	501C3	20,000		FMV			
ARLAND CA 94611 47-2097494 501C3 10,000 FMV 1) TREASURES 4 EDUCATORS, INC. 6800 N. CAMINO MARTIN #124 GENERAL SUPPORTUCSON AZ 85741 47-1640930 501C3 15,000 FMV	TRANS LIFELINE									
DAKLAND CA 94611 47-2097494 501C3 10,000 FMV B) TREASURES 4 EDUCATORS, INC. B) TREASURES 4 EDUCATORS, INC. GENERAL SUPPORT CUCSON AZ 85741 47-1640930 501C3 15,000 FMV	195 41ST ST.								GENERAL SUPPORT	
6800 N. CAMINO MARTIN #124 GENERAL SUPPORT "UCSON AZ 85741 47-1640930 501C3 15,000 FMV			47-2097494	501C3	10,000		FMV			
TUCSON AZ 85741 47-1640930 501C3 15,000 FMV	TREASURES 4 EDUCAT	ORS, INC.								
	6800 N. CAMINO MAR	TIN #124							GENERAL SUPPORT	
, THE NED THE CHIEF PART AND DAMELY CHOSE	UCSON	AZ 85741	47-1640930	501C3	15,000		FMV			
TU NIDITO CHILDREN AND FAMILY SERVI) TU NIDITO CHILDREN	AND FAMILY SE	RVI							-
3922 N MOUNTAIN AVENUE GENERAL SUPPORT	3922 N MOUNTAIN AV	ENUE							GENERAL SUPPORT	
UCSON AZ 85719 86-0769031 501C3 45,250 FMV	UCSON	AZ 85719	86-0769031	501C3	45,2 ₅₀		FMV			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	Enter total number of section	501(c)(3) and governme	ent organizations li	sted in the	line 1 table				·····	

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.

► Attach to Form 990.

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

OMB No. 1545-0047
2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

Does the organization maintain records to substantia the selection criteria used to award the grants or ass	istance?						Yes No
2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to	Domestic Ora	of grant fu anizatior	inds in the United States	es. Governments.	Complete if the	e organization	answered "Yes" on Form 990
Part IV, line 21, for any recipient the							
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) TUCSON AUDUBON SOCIETY							
P.O. BOX 91770							GENERAL SUPPORT
TUCSON AZ 85752	86-6053779	501C3	26,623		FMV		
(2) TUCSON BOTANICAL GARDENS							
2150 N ALVERNON WAY							GENERAL SUPPORT
TUCSON AZ 85712	23-7037310	501C3	51,250		FMV		
(3) TUCSON C.A.R.E.S., INC.							
P.O. BOX 41702 TUCSON AZ 85717							GENERAL SUPPORT
TUCSON AZ 85717	26-1129087	501C3	24,000		FMV		
(4) TUCSON CANCER CONQUERORS, INC.							
3482 E RIVER RD TUCSON AZ 85718							GENERAL SUPPORT
	27-3459811	501C3	10,000		FMV		
(5) TUCSON CHILDREN'S MUSEUM, INC.							
200 S SIXTH AVE.							GENERAL SUPPORT
TUCSON AZ 85701	86-0676237	501C3	53,500		FMV		
(6) TUCSON CONQUISTADORES FOUNDATION	1						
6450 E BROADWAY BLVD.							GENERAL SUPPORT
TUCSON AZ 85710	20-1940513	501C3	8,500		FMV		
(7) TUCSON COUNTRY DAY SCHOOL INC							
9239 E WRIGHTSTOWN RD							GENERAL SUPPORT
TUCSON AZ 85715	86-0968598	501C3	50,000		FMV		
(8) TUCSON DESERT SONG FESTIVAL							
P.O. BOX 65866			10.000				GENERAL SUPPORT
TUCSON AZ 85728	27-3777745	501C3	10,000		FMV		
(9) TUCSON GIRLS CHORUS ASSOCIATION	IN						
4020 E RIVER RD.		E01 @0	45 000				GENERAL SUPPORT
TUCSON AZ 85718	86-0505318		•		FMV		
2 Enter total number of section 501(c)(3) and governm	ent organizations li	sted in the	line 1 table				•
3 Enter total number of other organizations listed in the	e line 1 table	<u></u>			<u></u>	<u></u>	>

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

1 Does t the sel	he organization maintain records to substantiate ection criteria used to award the grants or assis	e the amount of th tance?	e grants oi	r assistance, the grant	ees' eligibility for the	grants or assistar	ice, and	Yes No
2 Descri	ection criteria used to award the grants or assist be in Part IV the organization's procedures for r	nonitoring the use	of grant fu	ınds in the United Sta	es.			
Part II	Grants and Other Assistance to L	Joinestic Orga	aiiiZaliOi	iis and Domestic	Governments.	Complete il tili	organization	i alisweled tes oli Follii 990
	Part IV, line 21, for any recipient that	1						-
1 (a	a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
	or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
` '	N GUITAR SOCIETY							
	BOX 40686							GENERAL SUPPORT
TUCSON		86-0675928	501C3	7,500		FMV		
(2) TUCSO	N INTERFAITH HIV/AIDS NETWOR	K,						
2660	N 1ST AVE.							GENERAL SUPPORT
TUCSON	AZ 85719	86-0819574	501C3	32,664		FMV		
` '	N JEWISH COMMUNITY CENTER,	NC						
	E RIVER RD.							GENERAL SUPPORT
TUCSON	AZ 85718	86-0183578	501C3	10,000		FMV		
(4) TUCSO	N LGBT CHAMBER OF COMMERCE I	OU						
P.O.	BOX 14312							GENERAL SUPPORT
TUCSON	AZ 85732-4312	84-1737498	501C3	12,500		FMV		
(5) TUCSO	N MEDICAL CENTER FOUNDATION							
5301	E GRANT RD.							GENERAL SUPPORT
TUCSON	AZ 85712	86-0504015	501C3	78,000		FMV		
(6) TUCSO	N MUSEUM OF ART							
140 N	MAIN AVE.							GENERAL SUPPORT
TUCSON	AZ 85701-8290	86-6006371	501C3	38,664		FMV		
(7) TUCSO	N MUSIC TEACHERS ASSOCIATION	1						
551 E	TANGELO DR							GENERAL SUPPORT
TUCSON		51-0204299	501C3	8,315		FMV		
(8) TUCSO	N SUNRISE ROTARY FOUNDATION	I						
	BOX 64756							GENERAL SUPPORT
TUCSON	AZ 85728-4756	86-0335365	501C3	33,571		FMV		
	N SYMPHONY SOCIETY			·				
` '	N 6TH AVE.							GENERAL SUPPORT
TUCSON	AZ 85705-5606	86-0107538	501C3	9,182		FMV		
	otal number of section 501(c)(3) and governme					•		•
	otal number of other organizations listed in the	-						

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.

► Attach to Form 990.

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

OMB No. 1545-0047
2021

Open to Public Inspection

94-2681765

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

Employer identification number

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? No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (c) IRC (f) Method of valuation (d) Amount of cash (e) Amount of (h) Purpose of grant (b) EIN (a) Description of book, FMV, appraisal, section or government noncash assistance grant or assistance noncash assistance other) if applicable) (1) TUCSON WILDLIFE CENTER, INC. P.O. BOX 18320 GENERAL SUPPORT TUCSON AZ 85731 86-1001344 501C3 12,250 FMV (2) TUCSON YOUTH MUSIC CENTER 8 E. 15TH STREET GENERAL SUPPORT TUCSON AZ 85701 86-6051375 501C3 17,500 FMV (3) UA FOUNDATION - ARIZONA CANCER CENT 1111 N CHERRY AVE. GENERAL SUPPORT AZ 85721-0109 86-6050388 501C3 TUCSON 775,120 **FMV** (4) UC REGENTS 1125 MURPHY HALL / 405 HILGARD AVE GENERAL SUPPORT LOS ANGELES CA 90095-7089 GOV 110,000 FMV (5) UNITED STATES FUND FOR UNICEF GENERAL SUPPORT 125 MAIDEN LANE FMV NEW YORK NY 10038 13-1760110 501C3 235,000 (6) UNITED WAY OF TUCSON AND SOUTHERN 330 N COMMERCE PARK LOOP, STE 200 GENERAL SUPPORT TUCSON AZ 85745 86-0098932 501C3 34,500 FMV (7) UNIVERSITY OF ARIZONA 1111 N CHERRY AVE. GENERAL SUPPORT TUCSON AZ 85721-0109|74-2652689| 501C3 184,328 FMV (8) VITALYST HEALTH FOUNDATION 2929 NORTH CENTRAL AVE., SUITE 1550 GENERAL SUPPORT FMV AZ 85012 86-0097240 501C3 10,000 PHOENIX (9) WATERSHED MANAGEMENT GROUP, INC. 1137 N DODGE BLVD. GENERAL SUPPORT TUCSON 20-0637567 501C3 32,500 AZ 85716 **FMV** 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

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

General Information on Grants and Assistance

the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	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) (grant or assistance	t
or government (if applicable) grant noncash assistance (the property of the pr	
(1) WESTERN USA LIEUTENANCY OF THE EQUE	
555 W TEMPLE ST GENERAL SUPPOR'	[
LOS ANGELES CA 90012 61-1442249 501C3 6,000 FMV	
(2) WILLCOX THEATER AND ARTS, INC.	
P.O. BOX 217 GENERAL SUPPOR	[
WILLCOX AZ 85644 45-5329399 501C3 15,000 FMV GENERAL SUPPOR	
(3) WOMAN'S MISSIONARY UNION FOUNDATION	
100 MISSIONARY RIDGE GENERAL SUPPOR	[
BIRMINGHAM AL 35242 63-1138772 501C3 15,844 FMV	
(4) WOMEN'S FOUNDATION OF SOUTHERN ARIZ	
7090 N. ORACLE RD. STE. 178 PMB 202 GENERAL SUPPOR	[
TUCSON AZ 85704 31-1660702 501C3 46,800 FMV	
(5) WORLD CENTRAL KITCHEN, INC.	
655 NEW YORK AVE NW, 6TH FLOOR GENERAL SUPPOR	[
WASHINGTON DC 20001 27-3521132 501C3 9,250 FMV	
(6) YMCA OF SOUTHERN ARIZONA	
PO BOX 1111 GENERAL SUPPOR	[
TUCSON AZ 85702-1111 86-0101237 501C3 5,500 FMV	
(7) YOUTH EASTSIDE SERVICES	
999 164TH AVENUE NE GENERAL SUPPOR	[
BELLEVUE WA 98008 91-0849093 501C3 30,000 FMV	
(8) YOUTH ON THEIR OWN	
1660 N ALVERNON WAY	[
TUCSON AZ 85712 86-0644388 501C3 107,240 FMV	
(9) YOUTH OUTDOOR EXPERIENCE	_
738 N 5TH AVE, #101 GENERAL SUPPOR'	Ľ'
TUCSON AZ 85705 46-4125968 501C3 10,500 FMV	
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	

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.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SOUTHERN ARIZONA						94	<u>4-2681/65</u>
Part I General Information on Grants an	d Assistance	!					
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for management 	ance?nonitoring the use	of grant fu	nds in the United Stat	es.			
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient tha	omestic Orga	anizatior	ns and Domestic	Governments.	Complete if the additional spa	e organizatior ce is needed.	answered "Yes" on Form 990
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YUMA LIBRARY FOUNDATION P.O. BOX 4505	06 000000	501.00	06 504				GENERAL SUPPORT
YUMA AZ 85366-4505	86-0899337	501C3	86,524		FMV		
(2) YWCA OF SOUTHERN ARIZONA 525 N BONITA AVE. TUCSON AZ 85745	86-0098937	501C3	33,445		FMV		GENERAL SUPPORT
(3)	<u> </u>	30103	337113		1114		
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
2 Enter total number of section 501(c)(3) and government3 Enter total number of other organizations listed in the l	nt organizations lis	sted in the	line 1 table				>

COMMUNITY FOUNDATION FOR

Part III Grants and Other Assistance			ne organization ans	wered "Yes" on Form 990), Part IV, line 22.						
Part III can be duplicated if add (a) Type of grant or assistance	(b) Number of recipients	ed. (c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance						
1 GENERAL SUPPORT	2	20,000		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 INFOR	ROITAMS										
PRIOR TO THE DISTRIBUTION	OF FUNDS, OR	GANIZATIONS	ARE REVIEWEI	TO ENSURE							
THAT THEIR CHARITABLE STAT	CUS IS CURREN	T THROUGH IR	S PUBLICATIO	ONS. AT THE							
REQUEST OF THE DONOR, AND	WITHIN THE G	UIDELINES OF	THE IRS, GF	RANTS ARE							
FURTHER MONITORED TO ENSUF	RE THAT GRANT	S FULFILL TH	E RECOMMENDA	ATIONS AND/OR							
INTENTIONS OF THE DONOR.											
•											
• • • • • • • • • • • • • • • • • • • •											

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
3	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
	Annuality annuality	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.	0.0		2.
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ŭ	compensation contingent on the net earnings of:			
9		6a		Х
		6b		X
	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	UD		- 21
_	For marrows listed an Forms 000. Doubly II. Coation A. line 4 - did the consciention of the first design o			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		3.7
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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.

			and/or 1099-MISC and/or 1	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation		other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
J. CLINTON MABIE	(i)	176,313	0) (5,067	4,707	186,087	C
1 PAST CEO	(ii)	0	0	(0	0		C
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
···	(i)							
11	(ii)							
<u></u>	(i)							
12	(ii)							
-	(i)							
13	(ii)							
<u></u>	(i)							
14	(ii)							
··	(i)							
15	(ii)							
10	(1)							
16	(ii)							
10	(")		l	l	<u>l</u>		l	l

Provide the information, explanation, or descriptions for any additional information.	s required for Part I, lines 1a, 1b, 3, 4	a, 4b, 4c, 5a, 5b, 6a, 6b,	7, and 8, and for Part II.	Also complete this par
PART I, LINE 4 - SEVERANCE, NO	NQUALIFIED, AND EQUITY-	BASED PAYMENTS		
	SEVERANCE NOI	QUALIFIED EQUIT	'Y-BASED	
J. CLINTON MABIE	97,734	88,352	0	
·				
•				
·				

Noncash Contributions

OMB No. 1545-0074

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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.

SOUTHERN ARTZONA

Employer identification number 94-2681765

(a) Chast if Interest contribution or interes	Pa	rt I Types of Property	AICI	ONA		94-200170	<i>.</i>		
Art — Works of art Art — Historical treasures Art — Historical Interests Art — Historical Interest Art — Historical Int		Types of Freperty	(0)	/b)	(c)	(4)			
applicable items contribution from 800, Piet Viti, line 1g necessh contribution amounts Art — Historical treasures									
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 8 Intellectual property 10 Securities — Partnership, LLC, or trust interests 11 Securities — Partnership, LLC, or or trust interests 12 Securities — Partnership, LLC, or or trust interests 13 Securities — Partnership, LLC, or or trust interests 14 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Historic structures 15 Real estate — Residential 16 Real estate — Commercial 17 Real estate — Commercial 18 Real estate — Commercial 19 Food inventory 10 Drugs and medical supplies 19 Food inventory 11 Food inventory 12 Drugs and medical supplies 19 Food inventory 19 Food inve					·				
2 AT—Historical treasures 3 AT—Fiscional interests 4 Books and publications 5 Clothing and household goods 9 Goods 8 Intellectual property 8 Boats and planes 8 Intellectual property 10 Securities—Closely held stock 11 Securities—Closely held stock 12 Securities—Closely held stock 13 Coullified conservation contribution—Historic structures 14 Qualified conservation 15 Real estate—Comercial 16 Real estate—Comercial 17 Real estate—Comercial 18 Real estate—Comercial 19 Collectibles 10 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► 26 Other ► 27 Other ► 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Number of Forms 8283 received by the organization approperty 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? 30 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Sobes the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Sobes the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 Sobes the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 Sobes the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			арріїсавіс	items contributed	Form 990, Part VIII, line 1g	noncash contribution and	unto		
3 AT — Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 1 Intellectual property 9 Securities — Publicly traded 1 Securities — Publicly traded 1 Securities — Publicly traded 2 Securities — Parthership, LLC, 1 or trust interests 1 Securities — Parthership, LLC, 1 or trust interests 1 Securities — Miscellaneous 1 Qualified conservation contribution — Historic structures 1 Qualified conservation contribution — Other 1 Real estate — Residential 1 Real estate — Commercial 1 Real estate — Commercial 1 Real estate — Commercial 1 Prougs and medical supplies 1 Taxidermy 1 Historical artifacts 3 Scientific specimens 2 Archeological artifacts 3 Scientific specimens 2 Archeological artifacts 3 Scientific specimens 3 Archeological artifacts 5 Other ► () Other ► (Art — Works of art							
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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 V, 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? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		Archeological artifacts							
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contributions? 32a X	322		hird partic	s or related organization	ns to solicit process or so	ell noncash	31	22	
	JLa	4-::	·	•	•		323		У
	h						JZa		23

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	the organ	ization is repor	ting in Part	I, column (b)	, the numbe	d by Part I, lines of or of contributions litional informatio	, the number of	3, and whether items received,
SCHEDU	JLE M -	SUPPLEME	NTAL IN	FORMATIC	N			
ORGANI	ZATION	IS REPOR	TING TH	E NUMBER	OF CON	TRIBUTIONS	RECEIVED.	

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.

OMB No. 1545-0047
2021

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY

► Attach to Form 990 or Form 990-EZ.

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

FOUNDATION FOR

Open to Public Inspection

Employer identification number

94-2681765 SOUTHERN ARIZONA 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.

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number

94-2681765

Part I	Identification of Disregarded Entities. Complete if the	organization answ	rered "Yes" on Forr	n 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 C	COMMUNITY CAMPUS, LLC					
5049 E	E. BROADWAY, STE 201 82-1217360					
TUCSON	AZ 85711	CHARITABLE	AZ	646,828	6,310,900	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	Section 5 controlle	
(4)	THE HOMADD II MOODE ECHNDATION		or foreight country)		(ii Section 501(c)(5))	entity	Yes	No
(1)								
	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	

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.

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number

OMB No. 1545-0047

Open to Public

Inspection

94-2681765

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	,	(c) Legal domicile or foreign co	e (state ountry)		(d) income	Enc	(e) d-of-year assets	(f) Direct contentity	
(1)											
(2)											
(3)											
(4)											
(5)											
Part II Ide	ntification of Related Tax-Exempt Organization or more related tax-exempt organizations during	s. Complete if th the tax year.	e orga	anization a	inswere	d "Yes" (on Form 99	90, Pa	art IV, line 34, l	oecause i	it had
	(a) Name, address, and EIN of related organization	(b) Primary activity		(c) domicile (state reign country)	((d) ode section	(e) Public charity (if section 501)		(f) Direct controlling	Section 5 controlle	g) 512(b)(13) ed entity?
	D DOE HOURD HOURING		01 101	reigir courili y)			(II SECTION 301)	(८)(३))	entity	Yes	No
` '	D DOT HOWARD FOUNDATION 29TH PLACE 86-0984133										
PHOENIX	AZ 85016	CHARITABLE		AZ	503	1C3	12C		N/A	X	

CHARITABLE

CHARITABLE

AZ

AZ

501C3

501C3

12A

12A

N/A

N/A

5049 E. BROADWAY BLVD., SUITE 201 81-3487852

5049 E. BROADWAY BLVD., SUITE 201 82-2964855

AZ 85711

AZ 85711

(2) DAVID S. & NORMA R. LEWIS FDN

SOCIAL VENTURE PARTNERS

Χ

Χ

(4)

(5)

TUCSON

TUCSON

Part III	Identification of Related Organiza because it had one or more related	i tions Taxak organization	ole as is trea	a Partnersh ated as a par	ip. Complete nership during	if the organ g the tax ye	izatio ar.	n answered "	Yes"	on F	orm 99	90, Part	IV, I	ine 3	34,
	(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 tota income	al	(g) Share of end-of- year assets	Dis porti all	spro- ionate oc.?	Code amount of Sche	(i) V—UBI in box 20 edule K-1 n 1065)	Gene mana parti	ral or F aging ner?	(k) Percentage ownership
(1)			, ,						103	NO			103	NO	
(2)															
(3)															
(4)															
Part IV	Identification of Related Organiza line 34, because it had one or more	tions Taxab related orga	ole as anizat	a Corporati	on or Trust. (Complete if on or trust d	the or luring	ganization ar the tax year.	iswer	ed "	Yes" o	n Form	990	Par	t IV,
	(a) Name, address, and EIN of related organization	(b) Primary activ		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	SI	(f) hare of total income	S	(g) Share of F-year as		(h) Percen owners	tage	5	(i) Section 512(b)(13) controlled entity?
(1)														Ye	es No
(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.

	Transaction Transaction of game and the original and orig									
	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
	uring the tax year, did the organization engage in any of the following transactions with one or more									
a R	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				. 1a		Х			
b G	ift, grant, or capital contribution to related organization(s)				. 1b	Х				
c G	ift, grant, or capital contribution from related organization(s)				. 1c	Х				
d L	pans or loan guarantees to or for related organization(s)				1d		Х			
e L	pans or loan guarantees by related organization(s)				. 1e		X			
							X			
f Dividends from related organization(s)										
g Sale of assets to related organization(s)										
n P	urchase of assets from related organization(s)				. 1h		X			
	xchange of assets with related organization(s)				. 1i	37	Λ			
j L	ease of facilities, equipment, or other assets to related organization(s)				. 1j	Х				
l . 1.	page of facilities, equipment, or other accept from related organization(c)				1k		Х			
I D	ease of facilities, equipment, or other assets from related organization(s) erformance of services or membership or fundraising solicitations for related organization(s)				11 11	Х	Λ			
m P	erformance of services or membership or fundraising solicitations by related organization(s)				1m		Х			
n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х				
0.5	· · · · · · · · · · · · · · · · · · ·									
•	Training of paid employees with related organization(s)				. 10		X			
n R	eimbursement paid to related organization(s) for expenses				1p		Х			
a R	eimbursement paid by related organization(s) for expenses				1a		Х			
۹.,	ombaroomone para by rotatoa organization(o) for oxponeos									
r C	ther transfer of cash or property to related organization(s)				1r	Х				
s C	ther transfer of cash or property from related organization(s)				1s		Х			
	the answer to any of the above is "Yes," see the instructions for information on who must complete				.	l				
	(a)	(b)	(c)	(d)						
	Name of related organization	Transaction	Amount involved	Method of determining an	nount invol	ved				
		type (a–s)								
(1)	THOMAS R. BROWN FOUNDATION	С	70,000	FMV						
(2)	DAVID S. & NORMA R. LEWIS FDN	С	345,000	FMV						
(3)	CFSA PROPERTIES, INC.	C	314,632	FMV						
(0)	CFDA FROFERTIES, INC.		314,032	I HIV						
(4)										
(5)										
(6)										
(6)		1	1							

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

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

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

Schedule R (Form 990) 2021 COMMUNITY FOUNDATION FOR	94-2681/65	Page 5					
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.							
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