

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning 07/01/22 , **and ending** 06/30/23

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5049 E. BROADWAY BLVD, SUITE 201 City or town, state or province, country, and ZIP or foreign postal code TUCSON AZ 85711	D Employer identification number 94-2681765 E Telephone number 520-770-0800 G Gross receipts\$ 38,730,470
F Name and address of principal officer: KATHERINE WAIT 5049 E. BROADWAY BLVD., SUITE 201 TUCSON AZ 85711		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.CFSAZ.ORG		L Year of formation: 1980 M State of legal domicile: AZ
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CREATE AN EQUITABLE AND VIBRANT COMMUNITY FOR ALL SOUTHERN ARIZONANS BY CONNECTING DONORS TO THE CAUSES THEY CARE ABOUT, NOW AND FOREVER.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	22
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-354,311
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	34,316,728	14,394,492
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	258,507	236,541
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,182,858	4,429,971
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-313,527	-408,045
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	37,444,566	18,652,959
	14 Benefits paid to or for members (Part IX, column (A), line 4)	12,691,414	11,029,470
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,670,838	2,118,332
	b Total fundraising expenses (Part IX, column (D), line 25) 980,662	46,350	50,000
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,628,568	1,779,144
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,037,170	14,976,946
19 Revenue less expenses. Subtract line 18 from line 12	21,407,396	3,676,013	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	171,109,391	186,272,025
	22 Net assets or fund balances. Subtract line 21 from line 20	10,245,518	12,737,571
		160,863,873	173,534,454

Part II Signature Block

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

Sign Here	Signature of officer KATHERINE WAIT CFO	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JULIE S. KLEWER, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00343046
	Firm's name LUDWIG KLEWER & RUDNER PLLC	Firm's EIN 36-4538293			
	Firm's address 4783 E CAMP LOWELL DR TUCSON, AZ 85712	Phone no. 520-545-0500			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

Yes No

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

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

Yes No

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

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

4a (Code:) (Expenses \$ 12,068,657 including grants of \$ 11,029,470) (Revenue \$ 236,541)

CFSA HAS BEEN INVOLVED IN PROVIDING CORE GRANTS FOR GENERAL OPERATING SUPPORT, TO HIGH PERFORMING NONPROFITS AND SUPPORTING CROSS SECTOR PARTNERSHIPS WITH THE END OF LIFE CARE PARTNERSHIP. WE CONTINUE OUR WORK TO SUPPORT THE COMMUNITY WITH OUR INITIATIVES, THE AFRICAN AMERICAN LEGACY FUND, LGBTQ+ ALLIANCE FUND, THE NONPROFIT SOLAR PROJECT AND THE PIMA ALLIANCE FOR ANIMAL WELFARE. FOR THE LAST FOUR YEARS WE HAVE SUPPORTED CAPACITY BUILDING FOR NONPROFITS THROUGH OUT CATCHAFIRE PROGRAM AS WELL AS PROVIDING TRAINING AND PROFESSIONAL DEVELOPMENT TO OUR LOCAL NONPROFIT COMMUNITY THROUGH OUR CENTER FOR HEALTHY NONPROFITS.

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

N/A

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

N/A

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

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

4e Total program service expenses 12,068,657

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			46
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

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

Yes No

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	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:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X	
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed AZ; 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O); 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

AZ 85711

520-770-0800

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLSTYNE HILL CHAIR	0.73 0.00	X		X				0	0	0
(2) RON MARX VICE CHAIR	0.60 0.00	X		X				0	0	0
(3) HERB HOFFMAN TREASURER	0.25 0.00	X		X				0	0	0
(4) DANIEL ARANA SECRETARY	0.17 0.00	X		X				0	0	0
(5) MARIAN LALONDE DIRECTOR	0.29 0.00	X						0	0	0
(6) ALLISON VAILLANCOURT DIRECTOR	0.42 0.04	X						0	0	0
(7) CLYDE KUNZ DIRECTOR	0.46 0.00	X						0	0	0
(8) COLETTE BARAJAS DIRECTOR	0.35 0.04	X						0	0	0
(9) ETHAN ORR DIRECTOR	0.06 0.00	X						0	0	0
(10) KENDAL WASHINGTON WHITE DIRECTOR	0.50 0.00	X						0	0	0
(11) KRISTOPHER KITZ DIRECTOR	0.29 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MARCEL DABDOUB	0.00									
DIRECTOR	0.04	X					0	0	0	
(13) MARIBEL ALVAREZ	0.17									
DIRECTOR	0.00	X					0	0	0	
(14) MATT HARRISON	0.13									
DIRECTOR	0.00	X					0	0	0	
(15) NANCY DAVIS	0.48									
DIRECTOR	0.00	X					0	0	0	
(16) NICOLLETTE DALY	0.51									
DIRECTOR	0.00	X					0	0	0	
(17) RAFAEL BARCELO DURAZO	0.00									
DIRECTOR	0.00	X					0	0	0	
(18) RICHARD KOO	0.48									
DIRECTOR	0.00	X					0	0	0	
(19) RICHARD MUNDINGER	0.39									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A							603,854		55,468	
d Total (add lines 1b and 1c)							603,854		55,468	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) SEAN MURRAY DIRECTOR	0.49 0.00	X						0	0	0
(21) STEVEN WAGNER DIRECTOR	0.06 0.00	X						0	0	0
(22) TAUNYA VILLICANA DIRECTOR	0.43 0.00	X						0	0	0
(23) JENNY FLYNN CEO	40.00 0.10			X				268,800	0	22,884
(24) EMILY WALSH COO	40.00 0.00			X				90,296	0	1,589
(25) KATHERINE WAIT CFO	40.00 0.00			X				125,282	0	20,995
(26) KELLY HUBER VP FOR PHILANTHROPY	40.00 0.08					X		119,476	0	10,000
1b Subtotal								603,854		55,468
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	102,466				
	d Related organizations	1d	1,968,416				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,323,610				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,793,921				
	h Total. Add lines 1a-1f		14,394,492				
Program Service Revenue			Business Code				
	2a MANAGEMENT FEES		541610	183,266	183,266		
	b ANNUAL EVENT-NON FUNDRAISING		519100	53,275	53,275		
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		236,541					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,905,456		3,905,456	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
		6a	(ii) Personal				
				239,872			
	b Less: rental expenses	6b		594,183			
	c Rental inc. or (loss)	6c		-354,311			
	d Net rental income or (loss)			-354,311		-354,311	
	7a Gross amount from sales of assets other than inventory		(i) Securities				
		7a	(ii) Other				
				19,950,409			
	b Less: cost or other basis and sales exps.	7b		19,425,894			
	c Gain or (loss)	7c		524,515			
d Net gain or (loss)			524,515		524,515		
8a Gross income from fundraising events (not including \$ 102,466 of contributions reported on line 1c). See Part IV, line 18							
	8a						
	b Less: direct expenses	8b		57,434			
c Net income or (loss) from fundraising events			-57,434		-54,376		
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a OTHER REVENUE		900099	3,700	3,700		
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			3,700				
12 Total revenue. See instructions			18,652,959	240,241	-354,311	4,375,595	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,017,470	11,017,470		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,000	12,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	623,175	186,151	250,873	186,151
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,197,231	357,665	481,901	357,665
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	79,241	23,706	31,829	23,706
9 Other employee benefits	93,171	27,758	37,655	27,758
10 Payroll taxes	125,514	37,495	50,524	37,495
11 Fees for services (nonemployees):				
a Management				
b Legal	25,266		25,266	
c Accounting	58,800		58,800	
d Lobbying				
e Professional fundraising services. See Part IV, line 7	50,000			50,000
f Investment management fees	378,896		378,896	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	168,870	24,052	104,266	40,552
12 Advertising and promotion	87,233	30,470	19,784	36,979
13 Office expenses	64,057	19,217	25,623	19,217
14 Information technology	359,811	107,943	143,925	107,943
15 Royalties				
16 Occupancy	72,040	8,357	55,326	8,357
17 Travel	37,743	11,323	15,097	11,323
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,192	9,358	12,477	9,357
20 Interest	20,833		20,833	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	119,805		119,805	
23 Insurance	25,970	6,355	13,260	6,355
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENT NON FUNDRAISING	139,651	41,895	55,861	41,895
b PROGRAM MATERIALS	131,535	131,535		
c DUES AND SUBSCRIPTIONS	46,010	13,802	18,404	13,804
d RECRUITMENT/TRAINING	11,432	2,105	7,222	2,105
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	14,976,946	12,068,657	1,927,627	980,662
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	809,832	1	1,023,116
	2 Savings and temporary cash investments	12,843,918	2	15,330,785
	3 Pledges and grants receivable, net	7,263,330	3	6,126,264
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,098,522	7	1,309,095
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	92,853	9	96,407
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,827,459		
	b Less: accumulated depreciation	10b 1,277,183	5,865,748	10c 5,550,276
	11 Investments—publicly traded securities	142,887,656	11	156,591,922
	12 Investments—other securities. See Part IV, line 11	237,365	12	233,634
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,167	15	10,526
16 Total assets. Add lines 1 through 15 (must equal line 33)	171,109,391	16	186,272,025	
Liabilities	17 Accounts payable and accrued expenses	210,216	17	238,600
	18 Grants payable	269,267	18	697,663
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,447,202	23	2,375,523
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,318,833	25	9,425,785
	26 Total liabilities. Add lines 17 through 25	10,245,518	26	12,737,571
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	74,448,655	27	81,079,397
	28 Net assets with donor restrictions	86,415,218	28	92,455,057
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	160,863,873	32	173,534,454	
33 Total liabilities and net assets/fund balances	171,109,391	33	186,272,025	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,652,959
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,976,946
3	Revenue less expenses. Subtract line 2 from line 1	3	3,676,013
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	160,863,873
5	Net unrealized gains (losses) on investments	5	9,435,799
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	-441,231
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	173,534,454

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,865,239	18,539,745	27,054,921	34,316,728	14,394,492	101,171,125
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,865,239	18,539,745	27,054,921	34,316,728	14,394,492	101,171,125
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,169,860
6 Public support. Subtract line 5 from line 4						90,001,265

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	6,865,239	18,539,745	27,054,921	34,316,728	14,394,492	101,171,125
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,707,548	2,918,311	3,132,924	4,079,503	3,905,456	16,743,742
9 Net income from unrelated business activities, whether or not the business is regularly carried on		4,850				4,850
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	112,907	52,012	2,731	17,900	3,700	189,250
11 Total support. Add lines 7 through 10						118,108,967

12 Gross receipts from related activities, etc. (see instructions) **12** 1,243,696

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) **14** 76.20%

15 Public support percentage from 2021 Schedule A, Part II, line 14 **15** 75.49%

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 17,799

SPECIAL EVENTS GROSS RECEIPTS \$ 171,451

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number

94-2681765

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	77,720,671	86,964,527	58,738,978	59,169,645	59,269,930
b Contributions	10,187,663	7,296,010	17,109,627	3,726,255	1,208,677
c Net investment earnings, gains, and losses	8,348,353	-10,460,628	15,370,571	1,639,937	2,274,212
d Grants or scholarships					
e Other expenditures for facilities and programs	-8,365,306	-6,079,238	4,254,649	5,796,859	3,583,174
f Administrative expenses					
g End of year balance	87,891,381	77,720,671	86,964,527	58,738,978	59,169,645

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

- a Board designated or quasi-endowment 1.42%
- b Permanent endowment 98.58%
- c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	X
(ii) Related organizations	<input type="checkbox"/>	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		495,782		495,782
b Buildings		5,490,773	808,861	4,681,912
c Leasehold improvements				
d Equipment		430,418	199,012	231,406
e Other		410,486	269,310	141,176
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,550,276

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO OTHER AGENCIES	9,425,785
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,425,785

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

EARNINGS FROM ENDOWMENT FUNDS ARE USED FOR DONOR-SPECIFIED PURPOSES.

PART X - FIN 48 FOOTNOTE

CFSA'S POLICY IS TO DISCLOSE OR RECOGNIZE INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE, RESPECTIVELY, THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAX POSITIONS. AS OF JUNE 30, 2023, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT ARE POTENTIALLY MATERIAL.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ANDRES CANO 2 SOLDIERS FIELD PARK APT 710 BOSTON MA 02163	FUNDRAISER		X	42,675	50,000	-7,325
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				42,675	50,000	-7,325

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>FUND AWARDS CER</u>	<u>OTHER</u>	<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	81,193	19,173	100,366
	2	Less: Contributions	81,193	19,173	100,366
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	54,376		54,376
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-54,376

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 9 Enter the state(s) in which the organization conducts gaming activities:
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain:
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? **Yes** **No**

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name

Address

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

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

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	OS3 MOVEMENT 2230 N CALLE RIVAS NOGALES AZ 85621	47-5422260	501C3	12,500		FMV		GENERAL SUPPORT
(2)	4 CORNERS K-9 SEARCH AND RESCUE 5512 E MAIN ST, SUITE D #332 FARMINGTON NM 87402	88-1020335	501C3	12,000		FMV		GENERAL SUPPORT
(3)	ACLU FOUNDATION OF ARIZONA P.O. BOX 17148 PHOENIX AZ 85011	23-7238580	501C3	6,000		FMV		GENERAL SUPPORT
(4)	ACT ONE 5049 E BROADWAY BLVD., STE. 310 TUCSON AZ 85711	45-3560706	501C3	25,000		FMV		GENERAL SUPPORT
(5)	ACTION ON SMOKING AND HEALTH P.O. BOX 96445 WASHINGTON DC 20077-7005	13-2603590	501C3	5,076		FMV		GENERAL SUPPORT
(6)	ADMINISTRATION OF RESOURCES AND CHO 1625 NORTH ALVERNON WAY, SUITE 101 TUCSON AZ 85712	86-0735999	501C3	30,000		FMV		GENERAL SUPPORT
(7)	ADULT LITERACY PLUS OF SOUTHWEST AR 825 SOUTH ORANGE AVENUE YUMA AZ 85364	86-0511655	501C3	20,000		FMV		GENERAL SUPPORT
(8)	ALZHEIMER'S DISEASE AND RELATED DIS ATTN: DONOR SERVICES CHICAGO IL 60601-7633	13-3039601	501C3	16,927		FMV		GENERAL SUPPORT
(9)	AMERICAN CIVIL LIBERTIES UNION FOUN AKA: ACLU FOUNDATION - ATTN: DEVELO NEW YORK NY 10004-2400	13-6213516	501C3	10,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 324
- 3** Enter total number of other organizations listed in the line 1 table ▶ 4

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

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN NATIONAL RED CROSS AKA AMERICAN RED CROSS BOONE IA 50037-0839	53-0196605	501C3	12,182		FMV		GENERAL SUPPORT
(2)	AMERICAN RED CROSS, SOUTHERN ARIZON 3470 E. UNIVERSAL WAY TUCSON AZ 85756	53-0196605	501C3	7,030		FMV		GENERAL SUPPORT
(3)	AMERICANS UNITED FOR SEPARATION OF AKA AMERICANS UNITED WASHINGTON DC 20005	53-0184647	501C3	5,076		FMV		GENERAL SUPPORT
(4)	AMERIND FOUNDATION, INC. PO BOX 400 DRAGOON AZ 85609	86-0122680	501C3	125,750		FMV		GENERAL SUPPORT
(5)	AMISTAD Y SALUD AKA CLINICA AMISTAD TUCSON AZ 85726-7284	75-3060875	501C3	60,000		FMV		GENERAL SUPPORT
(6)	AMPHITHEATER PUBLIC SCHOOLS FOUNDAT 701 W WETMORE RD. TUCSON AZ 85705	86-0472926	501C3	41,744		FMV		GENERAL SUPPORT
(7)	ANGEL CHARITY FOR CHILDREN, INC. 3132 N SWAN RD. TUCSON AZ 85712	86-0472794	501C3	7,030		FMV		GENERAL SUPPORT
(8)	ANIMAL LEAGUE OF GREEN VALLEY 1600 W. DUVAL MINE ROAD GREEN VALLEY AZ 85614	74-2378040	501C3	6,000		FMV		GENERAL SUPPORT
(9)	ARCHAEOLOGY SOUTHWEST 300 N ASH ALLEY TUCSON AZ 85701	86-0640183	501C3	5,560		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2022)

**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

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ARIZONA COWBOY POETS GATHERING P.O. BOX 12051 PRESCOTT AZ 86304-2051	26-1585211	501C3	13,908		FMV		GENERAL SUPPORT
(2)	ARIZONA FRIENDS OF FOSTER CHILDREN 360 E CORONADO RD., STE. 190 PHOENIX AZ 85004	86-0468850	501C3	7,500		FMV		GENERAL SUPPORT
(3)	ARIZONA HOMEMADE ARTISANS INC 8965 N SCENIC DR TUCSON AZ 85743	87-2387207	501C3	5,500		FMV		GENERAL SUPPORT
(4)	ARIZONA ONCOLOGY FOUNDATION 2625 N CRAYCROFT, STE. 215 TUCSON AZ 85718	27-4035615	501C3	10,000		FMV		GENERAL SUPPORT
(5)	ARIZONA SCIENCE TEACHERS ASSOCIATIO FLANDRAU SCIENCE CENTER & PLANETARI TUCSON AZ 85721	86-0622405	501C3	10,000		FMV		GENERAL SUPPORT
(6)	ARIZONA SOUTHERN BAPTIST CONVENTION 12801 N 28TH DR. STE. 1 PHOENIX AZ 85029	86-0123683	501C3	16,448		FMV		GENERAL SUPPORT
(7)	ARIZONA STATE SCHOOLS FOR THE DEAF ASDB ADMINISTRATIVE OFFICES TUCSON AZ 85745		GOV	12,951		FMV		GENERAL SUPPORT
(8)	ARIZONA STATE UNIVERSITY FINANCIAL AID AND SCHOLARSHIP SERVI TEMPE AZ 85287-0412	86-0196696	GOV	23,500		FMV		GENERAL SUPPORT
(9)	ARIZONA THEATRE COMPANY P.O. BOX 1631 TUCSON AZ 85701-1301	86-0211777	501C3	23,000		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ARIZONA'S CHILDREN ASSOCIATION 3716 E COLUMBIA ST. TUCSON AZ 85714	86-0096772	501C3	23,092		FMV		GENERAL SUPPORT
(2)	ARTS EXPRESS THEATRE 5870 E BROADWAY BLVD, STE. 214 TUCSON AZ 85711	86-0941657	501C3	26,000		FMV		GENERAL SUPPORT
(3)	ASSISTANCE LEAGUE OF TUCSON, INC. 1307 N ALVERNON WAY TUCSON AZ 85712	86-6057789	501C3	38,500		FMV		GENERAL SUPPORT
(4)	AUTISM SOCIETY OF SOUTHERN ARIZONA 2600 N. WYATT DR. TUCSON AZ 85712	47-2524160	501C3	25,500		FMV		GENERAL SUPPORT
(5)	AWANA CLUBS INTERNATIONAL 15877 COLLECTION CENTER DR CHICAGO IL 60693	36-2428692	501C3	24,672		FMV		GENERAL SUPPORT
(6)	BALLET ARTS FOUNDATION DBA BALLET TUCSON TUCSON AZ 85716-5519	86-0557264	501C3	23,000		FMV		GENERAL SUPPORT
(7)	BANNER HEALTH FOUNDATION 2901 N. CENTRAL AVENUE PHOENIX AZ 85012	94-2545356	501C3	41,000		FMV		GENERAL SUPPORT
(8)	BAPTIST MEDICAL AND DENTAL MISSION 11 PLAZA DRIVE HATTIESBURG MS 39402	64-0811705	501C3	16,448		FMV		GENERAL SUPPORT
(9)	BAY ISLANDS COMMUNITY HEALTHCARE PO BOX 44510 INDIANAPOLIS IN 46244	26-2671583	501C3	65,097		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2022)

**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

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BAYLOR UNIVERSITY CORPORATE AND FOUNDATION RELATIONS WACO TX 76798-7050	74-1159753	501C3	61,680		FMV		GENERAL SUPPORT
(2)	BEADS OF COURAGE INC 3755 E 34TH ST, SUITE 117 TUCSON AZ 85713	20-2721500	501C3	35,500		FMV		GENERAL SUPPORT
(3)	BELOVED COMMUNITY MINISTRIES INC 1742 MCLENDON AVE NE ATLANTA GA 30307	85-3823416	501C3	50,000		FMV		GENERAL SUPPORT
(4)	BEN'S BELLS, INC. 40 W BROADWAY BLVD. TUCSON AZ 85701	76-0779755	501C3	7,500		FMV		GENERAL SUPPORT
(5)	BETHLEHEM ASSOCIATION 670 LENNOX CT BREA CA 92821	23-2377526	501C3	6,000		FMV		GENERAL SUPPORT
(6)	BIG BROTHERS BIG SISTERS OF SOUTHER AKA: BBBS OF SOUTHERN ARIZONA TUCSON AZ 85701	86-0188050	501C3	52,000		FMV		GENERAL SUPPORT
(7)	BISBEE COALITION FOR THE HOMELESS P.O. BOX 5393 BISBEE AZ 85603-5393	86-0782752	501C3	78,205		FMV		GENERAL SUPPORT
(8)	BISBEE SCIENCE EXPLORATION & RESEAR P.O. BOX 375 BISBEE AZ 85603	83-2355488	501C3	34,000		FMV		GENERAL SUPPORT
(9)	BOOKS FOR CLASSROOMS 1432 S SAN LUIS GREEN VALLEY AZ 85614	84-2102053	501C3	22,000		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BOOTSTRAPS TO SHARE OF TUCSON, INC. AKA: BICAS TUCSON AZ 85705	74-2580768	501C3	10,000		FMV		GENERAL SUPPORT
(2)	BORDER YOUTH TENNIS EXCHANGE, INC. SEAHEC, ATTN: BORDER YOUTH TENNIS E NOGALES AZ 85621	82-1211390	501C3	30,000		FMV		GENERAL SUPPORT
(3)	BOYS & GIRLS CLUB OF SANTA CRUZ COU 590 NORTH TYLER AVENUE NOGALES AZ 85621	86-0671818	501C3	28,614		FMV		GENERAL SUPPORT
(4)	BOYS & GIRLS CLUBS OF THE SUN CORRI P.O. BOX 10291 CASA GRANDE AZ 85130	86-0864429	501C3	15,000		FMV		GENERAL SUPPORT
(5)	BOYS AND GIRLS CLUBS OF TUCSON AKA: BGCT TUCSON AZ 85717-0217	86-0172257	501C3	111,417		FMV		GENERAL SUPPORT
(6)	BOYS TO MEN TUCSON, INC. AKA: THE DESERT MEN'S COUNCIL, INC. TUCSON AZ 85705	80-0432852	501C3	7,500		FMV		GENERAL SUPPORT
(7)	C A R E, INC. P.O. BOX 1870 MERRIFIELD VA 22116-8070	13-1685039	501C3	402,000		FMV		GENERAL SUPPORT
(8)	CAMP KESEM NATIONAL 440 N. BARRANCA AVE. #2773 COVINA CA 91723	51-0454157	501C3	10,000		FMV		GENERAL SUPPORT
(9)	CARE COOPERATIVE FOR ASSISTANCE & RELIEF MERRIFIELD VA 22116	13-1685039	501C3	15,000		FMV		GENERAL SUPPORT

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

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Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CARE FOR CYCLING INC C/O RUSING LOPEZ & LIZARDI TUCSON AZ 85718	27-4797792	501C3	10,000		FMV		GENERAL SUPPORT
(2)	CASA DE LOS NIOS, INC. 1120 N 5TH AVE TUCSON AZ 85705	86-0314595	501C3	36,592		FMV		GENERAL SUPPORT
(3)	CASA MARIA CATHOLIC WORKER AKA CASA MARIA SOUP KITCHEN TUCSON AZ 85713	86-0504528	501C3	15,000		FMV		GENERAL SUPPORT
(4)	CASAS ADOBES BAPTIST CHURCH 10801 N LA CHOLLA BLVD TUCSON AZ 85742	86-0314386	501C3	82,240		FMV		GENERAL SUPPORT
(5)	CATALINA COUNCIL, BOY SCOUTS OF AME 2250 E BROADWAY BLVD. TUCSON AZ 85719	86-0107516	501C3	41,682		FMV		GENERAL SUPPORT
(6)	CATALINA LUTHERAN CHURCH 15855 N TWIN LAKES DR. TUCSON AZ 85739	86-0473060	501C3	70,000		FMV		GENERAL SUPPORT
(7)	CATHOLIC COMMUNITY SERVICES OF SCOUT DBA: PIO DECIMO CENTER TUCSON AZ 85701-2698	86-0100880	501C3	102,500		FMV		GENERAL SUPPORT
(8)	CENTER FOR BIOLOGICAL DIVERSITY, IN P.O. BOX 710 TUCSON AZ 85702-0710	27-3943866	501C3	5,250		FMV		GENERAL SUPPORT
(9)	CENTER FOR NATIONAL INDEPENDENCE IN DBA: VOTE SMART DES MOINES IA 50311	85-0364261	501C3	5,076		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CENTER FOR THIRD WORLD ORGANIZING 1714 FRANKLIN ST STE 100-245 OAKLAND CA 94612	52-1211059	501C3	25,000		FMV		GENERAL SUPPORT
(2)	CENTRAL SCHOOL PROJECT, INC. 43 HOWELL AVE. BISBEE AZ 85603	86-0536659	501C3	10,000		FMV		GENERAL SUPPORT
(3)	CENTRAL WYOMING COLLEGE FOUNDATION 2660 PECK AVE. RIVERTON WY 82501	83-6009533	501C3	40,000		FMV		GENERAL SUPPORT
(4)	CENTURION FOUNDATION INC 5049 E BROADWAY BLVD STE. 135 TUCSON AZ 85711	46-3852752	501C3	50,000		FMV		GENERAL SUPPORT
(5)	CHICANOS POR LA CAUSA, INC., TUCSON 1112 E. BUCKEYE RD PHOENIX AZ 85034	86-0227210	501C3	20,000		FMV		GENERAL SUPPORT
(6)	CHILD EVANGELISM FELLOWSHIP, INC. 17482 HIGHWAY M WARRENTON MO 63383	38-6091187	501C3	28,784		FMV		GENERAL SUPPORT
(7)	CHILD HEALTH & RESILIENCE MASTERY 7941 E. PRESIDIO RD TUCSON AZ 85750	83-2702573	501C3	10,000		FMV		GENERAL SUPPORT
(8)	CHILDREN'S ACTION ALLIANCE - PHOENIX 3030 N 3RD ST. PHOENIX AZ 85012	86-0594785	501C3	53,000		FMV		GENERAL SUPPORT
(9)	CHILDREN'S MUSEUM OF YUMA COUNTY, I 180 W 1ST ST SUITE A1 YUMA AZ 85364	46-2286334	501C3	25,000		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHIRICAHUA COMMUNITY HEALTH CENTERS 1205 F AVE. DOUGLAS AZ 85607	86-0814898	501C3	25,000		FMV		GENERAL SUPPORT
(2)	CIHUAPACTLI COLLECTIVE 230 N WESTMORELAND AVE TUCSON AZ 85745	82-4846555	501C3	20,000		FMV		GENERAL SUPPORT
(3)	CLAWS AND PAWS RESCUE, INC. 3849 W. LIMEQUAT PL. TUCSON AZ 85741	47-5324898	501C3	6,000		FMV		GENERAL SUPPORT
(4)	CODY'S FRIENDS, INC. P.O. BOX 36502 TUCSON AZ 85704	47-4052727	501C3	58,000		FMV		GENERAL SUPPORT
(5)	COLORADO OPEN LANDS 1546 COLE BLVD STE 200 GOLDEN CO 80401	84-0866211	501C3	50,000		FMV		GENERAL SUPPORT
(6)	COMMUNITY FOOD BANK, INC. DBA: COMMUNITY FOOD BANK OF SOUTHER TUCSON AZ 85713	51-0192519	501C3	154,459		FMV		GENERAL SUPPORT
(7)	COMMUNITY HOME REPAIR PROJECTS OF A P.O. BOX 26215 TUCSON AZ 85726	86-0682684	501C3	25,000		FMV		GENERAL SUPPORT
(8)	COMMUNITY HOMES OF PATAGONIA PO BOX 1063 PATAGONIA AZ 85624	83-0463916	501C3	10,000		FMV		GENERAL SUPPORT
(9)	COMMUNITY INVESTMENT CORPORATION 2033 E GRANT RD. TUCSON AZ 85719	86-0837146	501C3	15,500		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

2022

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Department of the Treasury
Internal Revenue Service

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

Employer identification number
94-2681765

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COMPASS AFFORDABLE HOUSING, INC. 48 N TUCSON BLVD TUCSON AZ 85716	86-0708645	501C3	30,000		FMV		GENERAL SUPPORT
(2)	CONSTRUYENDO CIRCULES DE PAZ-CONSTR 155 N. MORLEY AVE. NOGALES AZ 85621	20-3452166	501C3	25,000		FMV		GENERAL SUPPORT
(3)	COYOTE TASKFORCE AKA: CAF 54, OUR PLACE CLUBHOUSE TUCSON AZ 85701-1535	86-0679405	501C3	27,000		FMV		GENERAL SUPPORT
(4)	CRU FOUNDATION 100 LAKE HART DRIVE, #3600 ORLANDO FL 32832	95-6006173	501C3	80,166		FMV		GENERAL SUPPORT
(5)	DAMES CHARITIES INC 360 E CORONADO RD, STE. 110 PHOENIX AZ 85004	85-1013667	501C3	14,000		FMV		GENERAL SUPPORT
(6)	DENVER CENTER FOR THE PERFORMING 1101 13TH ST DENVER CO 80204	84-0407760	501C3	25,000		FMV		GENERAL SUPPORT
(7)	DESERT CAT RESCUE & SANCTUARY OF P.O. BOX 1238 THATCHER AZ 85552	47-3983524	501C3	12,000		FMV		GENERAL SUPPORT
(8)	DESERT SURVIVORS, INC. 1020 W STAR PASS BLVD. TUCSON AZ 85713	86-0420538	501C3	20,250		FMV		GENERAL SUPPORT
(9)	DIAPER BANK OF SOUTHERN ARIZONA 1050 S PLUMER AVE TUCSON AZ 85719	43-1990345	501C3	30,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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

Part I General Information on Grants and Assistance

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

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

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(1)	DIVERSITY IN DENTISTRY MENTORSHIPS, 4729 E SUNRISE DR #147 TUCSON AZ 85718	85-2395210	501C3	10,000		FMV		GENERAL SUPPORT
(2)	DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN MD 21741-5030	13-3433452	501C3	10,651		FMV		GENERAL SUPPORT
(3)	DOWNTOWN DEVELOPMENT CORPORATION OF P.O. BOX 42203 TUCSON AZ 85733-2203	86-0372238	501C3	175,000		FMV		GENERAL SUPPORT
(4)	DUNBAR COALITION, INC. 325 W 2ND STREET TUCSON AZ 85705	86-0776891	501C3	10,750		FMV		GENERAL SUPPORT
(5)	EARN TO LEARN 6336 N ORACLE ROAD, STE 326, #106 TUCSON AZ 85704	26-1151754	501C3	14,000		FMV		GENERAL SUPPORT
(6)	EAST SANTA CRUZ COUNTY COMMUNITY FO P.O. BOX 1147 PATAGONIA AZ 85624	86-0765764	501C3	10,000		FMV		GENERAL SUPPORT
(7)	EASTSIDE AUDUBON SOCIETY P.O. BOX 3115 KIRKLAND WA 98083-3115	91-1123007	501C3	35,000		FMV		GENERAL SUPPORT
(8)	EDGE SCHOOL, INC. 2555 E FIRST ST. TUCSON AZ 85716	86-0850116	501C3	17,500		FMV		GENERAL SUPPORT
(9)	EDUCATIONAL ENRICHMENT FOUNDATION 5049 E BROADWAY BLVD., STE. 107 TUCSON AZ 85711	74-2354578	501C3	104,544		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**SCHEDULE I
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OMB No. 1545-0047

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Internal Revenue Service

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1)	EL GRUPO YOUTH CYCLING P.O. BOX 295 TUCSON AZ 85702	80-0252901	501C3	15,000		FMV		GENERAL SUPPORT
(2)	EL RIO HEALTH CENTER FOUNDATION, AKA: EL RIO FOUNDATION TUCSON AZ 85745	86-0816675	501C3	49,037		FMV		GENERAL SUPPORT
(3)	ELLER EXECUTIVE EDUCATION MCLELLAN HALL, OFFICE 417 TUCSON AZ 85721	45-5322674	501C3	37,500		FMV		GENERAL SUPPORT
(4)	EMERGE! CENTER AGAINST DOMESTIC ABU THE JIM & SHIRLEY LIPSEY CENTER TUCSON AZ 85716	86-0312162	501C3	212,618		FMV		GENERAL SUPPORT
(5)	EMPOWER COALITION, INC. 6336 N ORACLE RD. TUCSON AZ 85704	81-1068512	501C3	11,000		FMV		GENERAL SUPPORT
(6)	EQUINE VOICES RESCUE & SANCTUARY P.O. BOX 1685 GREEN VALLEY AZ 85622	74-3127794	501C3	11,000		FMV		GENERAL SUPPORT
(7)	FINALLY MY FOREVER HOME RESCUE 6646 S GILA AVE. TUCSON AZ 85746	83-2405094	501C3	12,000		FMV		GENERAL SUPPORT
(8)	FIRST CHRISTIAN CHURCH OF TUCSON 740 E. SPEEDWAY TUCSON AZ 85719	86-0113954	501C3	30,000		FMV		GENERAL SUPPORT
(9)	FIRST CONGREGATIONAL CHURCH OF MADI 1609 UNIVERSITY AVE. MADISON WI 53726	39-6103868	501C3	8,250		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

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**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

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FLORENCE IMMIGRANT AND REFUGEE RIGH AKA: THE FLORENCE PROJECT TUCSON AZ 85754	86-0658103	501C3	8,000		FMV		GENERAL SUPPORT
(2)	FOUNDATION FOR CREATIVE BROADCASTIN AKA: KXCI COMMUNITY RADIO TUCSON AZ 85701	94-2746379	501C3	90,000		FMV		GENERAL SUPPORT
(3)	FRIENDS OF APHASIA P.O. BOX 12232 TUCSON AZ 85732	81-4575180	501C3	23,000		FMV		GENERAL SUPPORT
(4)	FRIENDS OF PIMA ANIMAL CARE CENTER P.O. BOX 85370 TUCSON AZ 85754-5370	47-4160770	501C3	52,500		FMV		GENERAL SUPPORT
(5)	FRIENDS OF TUCSON'S BIRTHPLACE P.O. BOX 1228 TUCSON AZ 85702	27-1326401	501C3	22,000		FMV		GENERAL SUPPORT
(6)	FUNDACION DEL EMPRESARIADO SONORENS 1305 N. GRAND AVENUE #250 NOGALES AZ 85621		501C3	10,000		FMV		GENERAL SUPPORT
(7)	GALLAUDET UNIVERSITY DEVELOPMENT OFFICE WASHINGTON DC 20002-3695	53-0199507	501C3	41,000		FMV		GENERAL SUPPORT
(8)	GAP MINISTRIES 2025 W. HIGHWAY DRIVE TUCSON AZ 85705	86-0999503	501C3	10,504		FMV		GENERAL SUPPORT
(9)	GIRL SCOUTS OF SOUTHERN ARIZONA 4300 E BROADWAY BLVD. TUCSON AZ 85711	86-0098917	501C3	27,500		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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

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- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1)	GIVE2ASIA AKA: G2A OAKLAND CA 94612	94-3373670	501C3	31,500		FMV		GENERAL SUPPORT
(2)	GOSPEL RESCUE MISSION, INC. P.O. BOX 28813 TUCSON AZ 85726-8813	86-6054088	501C3	13,685		FMV		GENERAL SUPPORT
(3)	GRACE-ST. PAUL'S EPISCOPAL CHURCH 2331 E ADAMS ST. TUCSON AZ 85719	86-0677399	501C3	40,000		FMV		GENERAL SUPPORT
(4)	GRAND CANYON TRUST 2601 N FORT VALLEY RD. FLAGSTAFF AZ 86001	86-0512633	501C3	5,076		FMV		GENERAL SUPPORT
(5)	GRAND CANYON UNIVERSITY ATTN: STUDENT ACCOUNTING PHOENIX AZ 85061	47-2507725	501C3	41,500		FMV		GENERAL SUPPORT
(6)	GREEN VALLEY COMMUNITY FUND, INC. GREATER GREEN VALLEY COMMUNITY FOUN GREEN VALLEY AZ 85614	86-0250582	501C3	10,000		FMV		GENERAL SUPPORT
(7)	GROWTH PARTNERS ARIZONA C/O BUSINESS DEVELOPMENT FINANCE CO TUCSON AZ 85711	45-5021995	501C3	25,000		FMV		GENERAL SUPPORT
(8)	HABITAT FOR HUMANITY TUCSON, INC. AKA: TUCSON HABITAT FOR HUMANITY TUCSON AZ 85719	94-2725100	501C3	19,000		FMV		GENERAL SUPPORT
(9)	HANDI-DOGS, INC. 75 S MONTEGO DR. TUCSON AZ 85710-3797	95-3247091	501C3	23,405		FMV		GENERAL SUPPORT

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

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Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

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

Part I General Information on Grants and Assistance

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(1)	HANDS OF A FRIEND MANOS AMIGAS, INC 221 W DUVAL RD STE. D GREEN VALLEY AZ 85614	20-3373537	501C3	22,000		FMV		GENERAL SUPPORT
(2)	HEARTS THAT PURR FELINE GUARDIANS P.O. BOX 36418 TUCSON AZ 85740	46-2122623	501C3	24,500		FMV		GENERAL SUPPORT
(3)	HERMITAGE NO-KILL CAT SHELTER P.O. BOX 13508 TUCSON AZ 85732	86-0213263	501C3	10,000		FMV		GENERAL SUPPORT
(4)	HIGHER GROUND A RESOURCE CENTER PO BOX 27883 TUCSON AZ 85726	27-3585869	501C3	12,000		FMV		GENERAL SUPPORT
(5)	HOMICIDE SURVIVORS, INC. 2315 E SPEEDWAY BLVD. TUCSON AZ 85719	86-0889964	501C3	22,000		FMV		GENERAL SUPPORT
(6)	HOMING PROJECT P.O. BOX 2387 TUCSON AZ 85702	87-2151738	501C3	15,000		FMV		GENERAL SUPPORT
(7)	HONOR FLIGHT TUCSON PO BOX 32649 TUCSON AZ 85751	27-4841319	501C3	7,011		FMV		GENERAL SUPPORT
(8)	HUMANE SOCIETY OF SOUTHERN ARIZONA 635 W ROGER RD. TUCSON AZ 85705	86-0112798	501C3	29,366		FMV		GENERAL SUPPORT
(9)	I AM YOU 360 P.O. BOX 16161 TUCSON AZ 85732	46-5550945	501C3	34,250		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

2022

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

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(1)	IMAGO DEI MIDDLE SCHOOL P.O. BOX 3056 TUCSON AZ 85702	86-1155866	501C3	40,000		FMV		GENERAL SUPPORT
(2)	IMPACT OF SOUTHERN ARIZONA 3535 E HAWSER STREET TUCSON AZ 85739	86-0968242	501C3	5,500		FMV		GENERAL SUPPORT
(3)	INSIDE OUT NETWORK, INC. 3247 S. SUN SPLASH DRIVE TUCSON AZ 85713	85-0906053	501C3	30,000		FMV		GENERAL SUPPORT
(4)	INSTITUTE OF REAL ESTATE MANAGEMENT 7739 E BROADWAY BLVD., #279 TUCSON AZ 85710	51-0203909	501C3	9,000		FMV		GENERAL SUPPORT
(5)	INTERCULTURAL CENTER FOR THE STUDY AKA: CEDO INTERCULTURAL TUCSON AZ 85733-4420	86-0578996	501C3	10,000		FMV		GENERAL SUPPORT
(6)	INTERFAITH COMMUNITY SERVICES 2820 W INA RD. TUCSON AZ 85741-2502	86-0520997	501C3	51,056		FMV		GENERAL SUPPORT
(7)	INTERNATIONAL COMMUNITY FOUNDATION 2505 N. AVENUE NATIONAL CITY CA 91950	33-0457858	501C3	75,000		FMV		GENERAL SUPPORT
(8)	INTERNATIONAL MISSION BOARD OF THE 3806 MONUMENT AVENUE RICHMOND VA 23230-0767	54-0213930	501C3	45,232		FMV		GENERAL SUPPORT
(9)	INTERNATIONAL SCHOOL FOR PEACE 4625 EAST RIVER ROAD TUCSON AZ 85718	86-0388672	501C3	35,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

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Part I General Information on Grants and Assistance

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(1)	INVISIBLE THEATRE 1400 N 1ST AVE. TUCSON AZ 85719	86-0283009	501C3	10,000		FMV		GENERAL SUPPORT
(2)	ISKASHITAA REFUGEE NETWORK 1406 E GRANT RD., BLDG. 2 TUCSON AZ 85719	45-5067244	501C3	30,000		FMV		GENERAL SUPPORT
(3)	ITTY BITTY BOTTLE BABIES, INC. PO BOX 2253 ARIZONA CITY AZ 85123	84-4562588	501C3	18,500		FMV		GENERAL SUPPORT
(4)	JEWISH FEDERATION OF SOUTHERN ARIZONA 3718 E RIVER RD. TUCSON AZ 85718	86-0096795	501C3	9,450		FMV		GENERAL SUPPORT
(5)	JEWISH UNITED FUND OF CHICAGO 30 S. WELLS ST. CHICAGO IL 60606	36-2167034	501C3	5,793		FMV		GENERAL SUPPORT
(6)	JOBPATH, INC 616 N. COUNTRY CLUB RD. TUCSON AZ 85716	65-1190309	501C3	17,151		FMV		GENERAL SUPPORT
(7)	JUNIOR ACHIEVEMENT OF ARIZONA 6339 E SPEEDWAY BLVD. TUCSON AZ 85710	86-0184349	501C3	18,387		FMV		GENERAL SUPPORT
(8)	KOL AMI TUCSON 225 N. COUNTRY CLUB ROAD TUCSON AZ 85716	87-1926763	501C3	5,250		FMV		GENERAL SUPPORT
(9)	LA FRONTERA CENTER, INC. 504 W 29TH ST. TUCSON AZ 85713-3353	86-0215009	501C3	10,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1)	LARAMIE COUNTY COMMUNITY COLLEGE FINE ARTS BUILDING, ROOM 100 CHEYENNE WY 82007	FO 23-7033750	501C3	8,948		FMV		GENERAL SUPPORT
(2)	LAW COLLEGE ASSOCIATION OF THE UNIV JAMES E. ROGERS COLLEGE OF LAW TUCSON AZ 85721-0176	86-6037148	501C3	41,000		FMV		GENERAL SUPPORT
(3)	LEAD GUITAR 2100 E SPEEDWAY BLVD, #40206 TUCSON AZ 85719	26-1416560	501C3	26,500		FMV		GENERAL SUPPORT
(4)	LIBRARIES, LTD. 503 W. PORTLAND ST. PHOENIX AZ 85003	86-6056882	501C3	25,000		FMV		GENERAL SUPPORT
(5)	LITERACY CONNECTS 200 E YAVAPAI RD. TUCSON AZ 85705	23-7047508	501C3	103,739		FMV		GENERAL SUPPORT
(6)	LIVING STREETS ALLIANCE PO BOX 2641 TUCSON AZ 85702	27-4678502	501C3	20,648		FMV		GENERAL SUPPORT
(7)	LOFT CINEMA, INC. AKA: THE LOFT CINEMA TUCSON AZ 85716	46-0477843	501C3	5,565		FMV		GENERAL SUPPORT
(8)	LOWELL OBSERVATORY 1400 W MARS HILL RD FLAGSTAFF AZ 86001	86-0098918	501C3	54,000		FMV		GENERAL SUPPORT
(9)	LUTHERAN SOCIAL SERVICES OF THE SOU AKA: LSS-SW PHOENIX AZ 85034	86-0252302	501C3	40,280		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	MAKE WAY FOR BOOKS AKA: MWFB TUCSON AZ 85705	31-1583036	501C3	28,250		FMV		GENERAL SUPPORT
(2)	MANY MOUTHS ONE STOMACH P.O. BOX 15 TUCSON AZ 85702	34-2039132	501C3	7,500		FMV		GENERAL SUPPORT
(3)	MARIPOSA COMMUNITY HEALTH CENTER ADMINISTRATION AND HUMAN RESOURCES NOGALES AZ 85621	86-0524321	501C3	17,721		FMV		GENERAL SUPPORT
(4)	MARSHALL HOME FOR MEN, INC. 3314 S 16TH AVE. TUCSON AZ 85713-8505	86-0209672	501C3	16,624		FMV		GENERAL SUPPORT
(5)	METROPOLITAN OPERA ASSOCIATION, INC 30 LINCOLN CENTER NEW YORK NY 10023	13-1624087	501C3	5,076		FMV		GENERAL SUPPORT
(6)	MIKID MENTALLY ILL KIDS IN DISTRESS 7816 N 19TH AVE. PHOENIX AZ 85021	86-0673994	501C3	29,000		FMV		GENERAL SUPPORT
(7)	MOBILE MEALS OF SOUTHERN ARIZONA AKA: MOBILE MEALS OF TUCSON, INC. TUCSON AZ 85713	23-7157579	501C3	33,600		FMV		GENERAL SUPPORT
(8)	MOON & STARS ANIMAL RESCUE P.O. BOX 35161 TUCSON AZ 85740	83-3170364	501C3	7,000		FMV		GENERAL SUPPORT
(9)	NAMI OF SOUTHERN ARIZONA 6122 E. 22ND STREET TUCSON AZ 85711	86-0450977	501C3	6,253		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	NATIONAL ACTION COUNCIL FOR MINORITY 1432 DUKE STREET ALEXANDRIA VA 22314	52-1190664	501C3	12,576		FMV		GENERAL SUPPORT
(2)	NATIONAL CENTER FOR YOUTH LAW 1212 BROADWAY, SUITE 600 OAKLAND CA 94612	94-2506933	501C3	30,000		FMV		GENERAL SUPPORT
(3)	NATIVE SEEDS/SEARCH 3584 E RIVER RD. TUCSON AZ 85718	94-2899356	501C3	31,250		FMV		GENERAL SUPPORT
(4)	NATURAL RESOURCES DEFENSE COUNCIL, 40 WEST 20TH STREET, 11TH FLOOR NEW YORK NY 10011	13-2654926	501C3	6,576		FMV		GENERAL SUPPORT
(5)	NO KILL PIMA COUNTY P.O. BOX 86231 TUCSON AZ 85754	46-3333316	501C3	52,781		FMV		GENERAL SUPPORT
(6)	NORTH AMERICAN MISSION BOARD OF THE PO BOX 116543 ATLANTA GA 30368-6543	58-2379481	501C3	20,560		FMV		GENERAL SUPPORT
(7)	NORTHERN ARIZONA UNIVERSITY OFFICE OF SCHOLARSHIPS AND FINANCIAL AID FLAGSTAFF AZ 86011-4108	74-2579628	501C3	29,262		FMV		GENERAL SUPPORT
(8)	OHIO WESLEYAN UNIVERSITY ANNUAL GIVING OFFICE, MOWRY ALUMNI CENTER DELAWARE OH 43015	31-4379585	501C3	15,000		FMV		GENERAL SUPPORT
(9)	OLD PUEBLO COMMUNITY SERVICES AKA: OPCS TUCSON AZ 85711-7015	86-0836556	501C3	30,000		FMV		GENERAL SUPPORT

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

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(1)	OUR FAMILY SERVICES, INC. 2590 N ALVERNON WAY TUCSON AZ 85712	94-2598560	501C3	25,500		FMV		GENERAL SUPPORT
(2)	OXFAM AMERICA ATTN: INSTITUTIONAL SUPPORT BOSTON MA 02114-2206	23-7069110	501C3	10,000		FMV		GENERAL SUPPORT
(3)	PARENT AID - CHILD ABUSE PREVENTION 2580 E 22ND ST. TUCSON AZ 85713	74-2591577	501C3	10,000		FMV		GENERAL SUPPORT
(4)	PATAGONIA CREATIVE ARTS ASSOCIATION P.O. BOX 1248 PATAGONIA AZ 85624	31-1641854	501C3	10,000		FMV		GENERAL SUPPORT
(5)	PATAGONIA REGIONAL AQUATICS CENTER PO BOX 1052 PATAGONIA AZ 85624	87-2702064	501C3	10,000		FMV		GENERAL SUPPORT
(6)	PATAGONIA REGIONAL TIMES P.O. BOX 1073 PATAGONIA AZ 85624	27-2932569	501C3	20,250		FMV		GENERAL SUPPORT
(7)	PATAGONIA VOLUNTEER FIRE AND RESCUE P.O. BOX 497 PATAGONIA AZ 85624	74-2371137	501C3	10,250		FMV		GENERAL SUPPORT
(8)	PATAGONIA YOUTH ENRICHMENT CENTER P.O. BOX 843 PATAGONIA AZ 85624	46-4554862	501C3	20,000		FMV		GENERAL SUPPORT
(9)	PATRONATO SAN XAVIER P.O. BOX 522 TUCSON AZ 85702	74-2354509	501C3	32,500		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PAULA AND CABOT SEDGWICK FAMILY FOU DBA SANTA FE RANCH FOUNDATION NOGALES AZ 85628	20-4177878	501C3	8,605		FMV		GENERAL SUPPORT
(2)	PAWS PATROL, INC. P.O. BOX 1642 GREEN VALLEY AZ 85622	20-5537148	501C3	8,500		FMV		GENERAL SUPPORT
(3)	PAWSITIVELY CATS 1145 N WOODLAND AVE. TUCSON AZ 85712	30-0609374	501C3	36,500		FMV		GENERAL SUPPORT
(4)	PEACEFUL VALLEY DONKEY RESCUE, INC. P.O. BOX 216 MILES TX 76861	77-0562800	501C3	14,158		FMV		GENERAL SUPPORT
(5)	PIMA COMMUNITY COLLEGE OFFICE OF FINANCIAL AID & SCHOLARSH TUCSON AZ 85709-1110	86-0208787	GOV	44,696		FMV		GENERAL SUPPORT
(6)	PIMA COMMUNITY COLLEGE FOUNDATION, 4905C E BROADWAY BLVD., SUITE 252 TUCSON AZ 85709	86-0345089	501C3	33,014		FMV		GENERAL SUPPORT
(7)	PIMA COUNCIL ON AGING, INC. AKA PCOA TUCSON AZ 85710	86-0251768	501C3	32,864		FMV		GENERAL SUPPORT
(8)	PIMA COUNTY PUBLIC LIBRARY JOEL D. VALDEZ MAIN LIBRARY TUCSON AZ 85701		GOV	42,000		FMV		GENERAL SUPPORT
(9)	PLANNED PARENTHOOD FEDERATION OF AM ATTN: ONLINE SERVICES WASHINGTON DC 20090-7166	13-1644147	501C3	37,614		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

2022

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Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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- 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.

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(1)	PLANNED PARENTHOOD OF ARIZONA, INC. ATTN: DEVELOPMENT PHOENIX AZ 85014	86-0146520	501C3	53,289		FMV		GENERAL SUPPORT
(2)	PROJECT ACCESS, INC 2100 W ORANGEWOOD AVE. STE.230 ORANGE CA 92868	33-0834635	501C3	7,500		FMV		GENERAL SUPPORT
(3)	PROTEUS FUND INC 228 PARK AVE. S NEW YORK NY 10003	04-3243004	501C3	50,000		FMV		GENERAL SUPPORT
(4)	RAINBOW ACRES 2120 W RESERVATION LOOP RD. CAMP VERDE AZ 86322-8408	86-0286420	501C3	23,425		FMV		GENERAL SUPPORT
(5)	REACHOUT, INC. 2648 N CAMPBELL AVE. TUCSON AZ 85719-3102	86-6086733	501C3	121,817		FMV		GENERAL SUPPORT
(6)	REBUILDING TOGETHER-SANTA CRUZ COUN 3061 N. SUNRISE PLACE NOGALES AZ 85621	86-0892583	501C3	10,000		FMV		GENERAL SUPPORT
(7)	REID PARK ZOOLOGICAL SOCIETY, INC. 1030 S RANDOLPH WAY TUCSON AZ 85716	94-2379052	501C3	13,446		FMV		GENERAL SUPPORT
(8)	RENAISSANCE THEATRE COMPANY 415 E PRINCETON ST ORLANDO FL 32803	86-2197367	501C3	10,000		FMV		GENERAL SUPPORT
(9)	REST RAIL PO BOX 302128 JAMAICA PLAIN MA 02130	87-2955158	501C3	20,000		FMV		GENERAL SUPPORT

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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

2022

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

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

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(1)	REVEILLE GAY MEN'S CHORUS DBA: REVEILLE MEN'S CHORUS TUCSON AZ 85733-3633	86-0804112	501C3	15,000		FMV		GENERAL SUPPORT
(2)	RIGHT TO THE CITY ALLIANCE 388 ATLANTIC AVE STE 2 BROOKLYN NY 11217	94-3462187	501C3	10,000		FMV		GENERAL SUPPORT
(3)	RINCON CONGREGATIONAL UNITED CHURCH 122 N CRAYCROFT ROAD TUCSON AZ 85711-3238	86-6007256	501C3	10,446		FMV		GENERAL SUPPORT
(4)	ROOTS & ROADS COMMUNITY HOSPICE FOU AKA CASA DE LA LUZ FOUNDATION TUCSON AZ 85711	86-1004321	501C3	20,000		FMV		GENERAL SUPPORT
(5)	SADDLEBROOKE COMMUNITY OUTREACH INC 63675 E SADDLEBROOKE BLVD., STE. L TUCSON AZ 85739	86-0843458	501C3	13,609		FMV		GENERAL SUPPORT
(6)	SAHUARITA FOOD BANK 17750 S. LA CAADA DR. SAHUARITA AZ 85629	47-1654162	501C3	20,000		FMV		GENERAL SUPPORT
(7)	SAN MIGUEL HIGH SCHOOL 6601 S SAN FERNANDO AVE. TUCSON AZ 85756	48-1270906	501C3	81,000		FMV		GENERAL SUPPORT
(8)	SANTA CRUZ COUNCIL ON AGING, INC. 125 E MADISON ST. NOGALES AZ 85621	86-0281248	501C3	10,000		FMV		GENERAL SUPPORT
(9)	SANTA CRUZ TRAINING PROGRAMS, INC. P.O. BOX 638 NOGALES AZ 85628	86-0424088	501C3	15,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SANTA CRUZ VALLEY ART ASSOCIATION, AKA: TUBAC CENTER OF THE ARTS TUBAC AZ 85646-1911	23-7034028	501C3	25,000		FMV		GENERAL SUPPORT
(2)	SANTA THERESA TILE WORKS 440 NORTH 6TH AVE TUCSON AZ 85705	83-3464317	501C3	20,000		FMV		GENERAL SUPPORT
(3)	SARSEF: SOUTHERN ARIZONA RESEARCH, 5049 E. BROADWAY BLVD. TUCSON AZ 85711	86-0946185	501C3	40,000		FMV		GENERAL SUPPORT
(4)	SAVE DEMOCRACY INC PO BOX 31597 TUCSON AZ 85751	87-4067722	501C3	150,000		FMV		GENERAL SUPPORT
(5)	SAVE THE CHILDREN FEDERATION, INC. P.O. BOX 97132 WASHINGTON DC 20090-7132	06-0726487	501C3	100,000		FMV		GENERAL SUPPORT
(6)	SAWALMEM 14840 BEAR MOUNTAIN RD REDDING CA 96003	88-2735662	501C3	50,000		FMV		GENERAL SUPPORT
(7)	SCHOLARSHIP FOUNDATION OF ST LOUIS 6825 CLAYTON AVE., STE. 100 ST. LOUIS MO 63139	43-6031234	501C3	10,151		FMV		GENERAL SUPPORT
(8)	SCHOLARSHIPSA-Z 225 E 26TH ST., STE. 6 TUCSON AZ 85713	45-4458497	501C3	45,000		FMV		GENERAL SUPPORT
(9)	SCOUNDREL & SCAMP 738 NORTH 5TH AVE TUCSON AZ 85705	81-4781384	501C3	15,000		FMV		GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

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(1)	SENIOR CITIZEN ONE STOP INFORMATION DBA: MEALS OF JOY LITCHFIELD PARK AZ 85340	47-2668533	501C3	23,100		FMV		GENERAL SUPPORT
(2)	SENIOR CITIZENS OF PATAGONIA, INC. P.O. BOX 1121 PATAGONIA AZ 85624-1121	86-0458778	501C3	15,000		FMV		GENERAL SUPPORT
(3)	SERENITY BAPTIST CHURCH 15501 W. AJO HWY TUCSON AZ 85735	86-0470457	501C3	16,448		FMV		GENERAL SUPPORT
(4)	SHERIFF'S AUXILIARY VOLUNTEERS OF T 601 N. LA CANADA DRIVE GREEN VALLEY AZ 85614	95-3545831	501C3	21,500		FMV		GENERAL SUPPORT
(5)	SIERRA VISTA VOLUNTEER INTERFAITH C AKA: VICAP SIERRA VISTA AZ 85636	86-0761694	501C3	15,000		FMV		GENERAL SUPPORT
(6)	SIMON WIESENTHAL CENTER 1399 S. ROXBURY DRIVE LOS ANGELES CA 90035	95-3964928	501C3	14,022		FMV		GENERAL SUPPORT
(7)	SKY ISLAND ALLIANCE P.O. BOX 41165 TUCSON AZ 85717-1165	86-0796748	501C3	41,000		FMV		GENERAL SUPPORT
(8)	SOCIAL VENTURE PARTNERS 5049 E. BROADWAY BLVD TUCSON AZ 85711	82-2964855	501C3	46,000		FMV		GENERAL SUPPORT
(9)	SOCIETY FOR BEVEL INTENTIONS, INC. AKA: MAT BEVEL COMPANY PATAGONIA AZ 85624	13-4012463	501C3	10,000		FMV		GENERAL SUPPORT

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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

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

Part I General Information on Grants and Assistance

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

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(1)	SOLAR UNITED NEIGHBORS 1350 CONNECTICUT AVENUE NW WASHINGTON DC 20036	46-2462990	501C3	28,600		FMV		GENERAL SUPPORT
(2)	SOUTHEAST ARIZONA AREA HEALTH EDUCATION 1171 W. TARGET RANGE ROAD NOGALES AZ 85621	86-0520996	501C3	21,000		FMV		GENERAL SUPPORT
(3)	SOUTHERN ARIZONA AIDS FOUNDATION AKA: SAAF TUCSON AZ 85719	86-0864100	501C3	29,800		FMV		GENERAL SUPPORT
(4)	SOUTHERN ARIZONA ASSOCIATION FOR THE ELDERLY 3767 E GRANT RD. TUCSON AZ 85719	86-6056057	501C3	10,132		FMV		GENERAL SUPPORT
(5)	SOUTHERN ARIZONA CAT RESCUE P.O. BOX 65791 TUCSON AZ 85728	84-3384497	501C3	42,000		FMV		GENERAL SUPPORT
(6)	SOUTHERN ARIZONA GENDER ALLIANCE, INC. P.O. BOX 41863 TUCSON AZ 85717	47-2419543	501C3	12,000		FMV		GENERAL SUPPORT
(7)	SOUTHERN ARIZONA SENIOR PRIDE 1632 N COUNTRY CLUB ROAD TUCSON AZ 85716	85-3355472	501C3	60,722		FMV		GENERAL SUPPORT
(8)	SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE. MONTGOMERY AL 36104	63-0598743	501C3	8,000		FMV		GENERAL SUPPORT
(9)	SOUTHSIDE WORKER CENTER P.O. BOX 27640 TUCSON AZ 85726	86-0748470	501C3	30,000		FMV		GENERAL SUPPORT

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Schedule I (Form 990) (2022)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

Part I General Information on Grants and Assistance

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(1)	SOUTHWEST AUTISM RESEARCH AND RESOU AKA: SARRC PHOENIX AZ 85006	31-1496646	501C3	25,000		FMV		GENERAL SUPPORT
(2)	SOUTHWEST CENTER FOR ECONOMIC INTEG 509 E. RADBURN ST. TUCSON AZ 85704	26-0026603	501C3	11,000		FMV		GENERAL SUPPORT
(3)	SPAY AND NEUTER SOLUTIONS ATTN: DONATION COLLECTIONS CORTARO AZ 85652-0762	20-0065631	501C3	20,000		FMV		GENERAL SUPPORT
(4)	SPLINTER ART AND COMMUNITY FUND 901 N 13TH AVE SUITE 105 TUCSON AZ 85705-7553	86-1918619	501C3	38,000		FMV		GENERAL SUPPORT
(5)	SPREADING THREADS CLOTHING BANK PO BOX 86182 TUCSON AZ 85754-6182	83-1151614	501C3	30,000		FMV		GENERAL SUPPORT
(6)	SR. JOSE WOMEN'S CENTER 1028 S PARK AVE TUCSON AZ 85719	46-1290517	501C3	50,300		FMV		GENERAL SUPPORT
(7)	ST. AMBROSE PARISH CATHOLIC SCHOOL 300 SOUTH TUCSON BLVD. TUCSON AZ 85716	26-0560732	501C3	6,063		FMV		GENERAL SUPPORT
(8)	ST. AUGUSTINE CATHOLIC HIGH SCHOOL 8800 E. 22ND STREET TUCSON AZ 85710	86-0408580	501C3	15,000		FMV		GENERAL SUPPORT
(9)	ST. LUKE'S IN THE DESERT, INC. AKA: ST. LUKE'S HOME TUCSON AZ 85705-6714	86-0098924	501C3	11,000		FMV		GENERAL SUPPORT

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Schedule I (Form 990) (2022)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Name of the organization **COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA** Employer identification number **94-2681765**

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(1)	STEP UP BISBEE NACO P.O. BOX 1554 BISBEE AZ 85603	31-1584017	501C3	21,000		FMV		GENERAL SUPPORT
(2)	STEP UP TO JUSTICE 320 N COMMERCE PARK LOOP #100 TUCSON AZ 85745	81-3776452	501C3	59,500		FMV		GENERAL SUPPORT
(3)	STEP: STUDENT EXPEDITION PROGRAM 6336 N ORACLE RD, STE #326-326 TUCSON AZ 85704	22-3879050	501C3	85,000		FMV		GENERAL SUPPORT
(4)	SUNNYSIDE UNIFIED SCHOOL DISTRICT 2238 E. GINTER ROAD TUCSON AZ 85706	86-0656064	GOV	39,929		FMV		GENERAL SUPPORT
(5)	TANQUE VERDE LUTHERAN CHURCH 8625 E TANQUE VERDE RD. TUCSON AZ 85749	86-0309129	501C3	9,701		FMV		GENERAL SUPPORT
(6)	TECHNOSERVE, INC ATTN: DEVELOPMENT OFFICE ARLINGTON VA 22209	13-2626135	501C3	10,151		FMV		GENERAL SUPPORT
(7)	TEEM - TUCSON EDUCATION EMPOWERMENT AKA: SABCCSG TUCSON AZ 85752	54-2188301	501C3	5,250		FMV		GENERAL SUPPORT
(8)	TEEN KINGZ 5072 ERWIN ST MAPLE HEIGHTS OH 44137	37-1581946	501C3	10,000		FMV		GENERAL SUPPORT
(9)	THE BISBEE RADIO PROJECT, INC. P.O. BOX 1501 BISBEE AZ 85603	86-0904572	501C3	15,000		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2022)

**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

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE COMMONS: CENTER FOR FOOD SECURITY P.O. BOX 416 SILVER CITY NM 88062	20-1004201	501C3	35,000		FMV		GENERAL SUPPORT
(2)	THE EXECUTIVE COMMITTEE OF THE SOUTH 901 COMMERCE ST. NASHVILLE TN 37203	62-0535346	501C3	41,120		FMV		GENERAL SUPPORT
(3)	THE GOOD BROTHERS FOUNDATION 5750 S. HOUGHTON RD. STE. 11205 TUCSON AZ 85747	88-0802637	501C3	6,000		FMV		GENERAL SUPPORT
(4)	THE HAVEN, INC. 2601 N CAMPBELL AVE., STE. 202 TUCSON AZ 85719	23-7112026	501C3	50,972		FMV		GENERAL SUPPORT
(5)	THE INN OF SOUTHERN ARIZONA P. O. BOX 43332 TUCSON AZ 85719	85-3718596	501C3	30,000		FMV		GENERAL SUPPORT
(6)	THE PATAGONIA MUSEUM P.O. BOX 919 PATAGONIA AZ 85624	20-2244767	501C3	10,000		FMV		GENERAL SUPPORT
(7)	THE PRIMAVERA FOUNDATION, INC. 151 W 40TH ST. TUCSON AZ 85713	86-0733182	501C3	89,151		FMV		GENERAL SUPPORT
(8)	THE SALVATION ARMY - TUCSON 1002 N MAIN AVE. TUCSON AZ 85705	94-1156347	501C3	26,691		FMV		GENERAL SUPPORT
(9)	THE STATE OF BLACK ARIZONA 24 W. CAMELBACK RD. #558 PHOENIX AZ 85013	47-3755556	501C3	21,000		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2022)

**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

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE UNITED WAY OF SANTA CRUZ COUNTY P.O. BOX 2174 NOGALES AZ 85628-2174	86-0667974	501C3	10,000		FMV		GENERAL SUPPORT
(2)	THE WOMENS FOUNDATION FOR THE STATE 7090 N. ORACLE RD. SUITE 178 PMB 20 TUCSON AZ 85704	31-1660702	501C3	192,500		FMV		GENERAL SUPPORT
(3)	THERAPEUTIC RANCH FOR ANIMALS AND K 3250 E ALLEN RD. TUCSON AZ 85718	20-4737638	501C3	26,000		FMV		GENERAL SUPPORT
(4)	TOHONO CHUL PARK, INC. 7366 N PASEO DEL NORTE TUCSON AZ 85704-4415	86-0438592	501C3	5,037		FMV		GENERAL SUPPORT
(5)	TREASURES 4 EDUCATORS, INC. AKA: TREASURES4TEACHERS OF TUCSON TUCSON AZ 85741	47-1640930	501C3	10,000		FMV		GENERAL SUPPORT
(6)	TRUE CONCORD VOICES & ORCHESTRA P.O. BOX 64912 TUCSON AZ 85728-4912	56-2488631	501C3	6,250		FMV		GENERAL SUPPORT
(7)	TU NIDITO CHILDREN AND FAMILY SERVI 3922 N MOUNTAIN AVENUE TUCSON AZ 85719	86-0769031	501C3	60,000		FMV		GENERAL SUPPORT
(8)	TUCSON AUDUBON SOCIETY P.O. BOX 91770 TUCSON AZ 85752	86-6053779	501C3	65,592		FMV		GENERAL SUPPORT
(9)	TUCSON C.A.R.E.S., INC. P.O. BOX 41702 TUCSON AZ 85717	26-1129087	501C3	20,000		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2022)

**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

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TUCSON CANCER CONQUERORS, INC. 3482 E RIVER RD TUCSON AZ 85718	27-3459811	501C3	17,000		FMV		GENERAL SUPPORT
(2)	TUCSON CHILDREN'S MUSEUM, INC. 200 S SIXTH AVE. TUCSON AZ 85701	86-0676237	501C3	13,500		FMV		GENERAL SUPPORT
(3)	TUCSON CONQUISTADORES FOUNDATION 6450 E BROADWAY BLVD. TUCSON AZ 85710	20-1940513	501C3	7,500		FMV		GENERAL SUPPORT
(4)	TUCSON DESERT ART MUSEUM 7000 E. TANQUE VERDE, STE. 16 TUCSON AZ 85715	46-5102259	501C3	7,011		FMV		GENERAL SUPPORT
(5)	TUCSON DESERT SONG FESTIVAL P.O. BOX 65866 TUCSON AZ 85728	27-3777745	501C3	10,000		FMV		GENERAL SUPPORT
(6)	TUCSON GIRLS CHORUS ASSOCIATION, INC 4020 E RIVER RD. TUCSON AZ 85718	86-0505318	501C3	41,000		FMV		GENERAL SUPPORT
(7)	TUCSON INTERFAITH HIV/AIDS NETWORK, AKA: TIHAN TUCSON AZ 85719	86-0819574	501C3	29,707		FMV		GENERAL SUPPORT
(8)	TUCSON JEWISH COMMUNITY CENTER, INC 3800 E RIVER RD. TUCSON AZ 85718	86-0183578	501C3	8,000		FMV		GENERAL SUPPORT
(9)	TUCSON LGBT CHAMBER OF COMMERCE FOU P.O. BOX 14312 TUCSON AZ 85732-4312	84-1737498	501C3	10,000		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TUCSON METROPOLITAN COMMUNITY CHORU PO BOX 270 TUCSON AZ 85702-0270	86-0617536	501C3	15,000		FMV		GENERAL SUPPORT
(2)	TUCSON MUSEUM OF ART 140 N MAIN AVE. TUCSON AZ 85701-8290	86-6006371	501C3	79,985		FMV		GENERAL SUPPORT
(3)	TUCSON POPS ORCHESTRA P.O. BOX 43114 TUCSON AZ 85733	94-2783658	501C3	7,761		FMV		GENERAL SUPPORT
(4)	TUCSON PRESIDIO TRUST FOR HISTORIC 196 N COURT AVE. TUCSON AZ 85701	86-0687426	501C3	36,671		FMV		GENERAL SUPPORT
(5)	TUCSON SYMPHONY SOCIETY 2175 N 6TH AVE. TUCSON AZ 85705-5606	86-0107538	501C3	30,166		FMV		GENERAL SUPPORT
(6)	TUCSON UNIFIED SCHOOL DISTRICT - OM LEE INSTRUCTIONAL RESOURCE CENTER TUCSON AZ 85719	86-6000551	GOV	40,000		FMV		GENERAL SUPPORT
(7)	TUCSON VALUES TEACHERS 1760 E RIVER RD STE 280 TUCSON AZ 85718	26-4637708	501C3	15,000		FMV		GENERAL SUPPORT
(8)	TUCSON WILDLIFE CENTER, INC. P.O. BOX 18320 TUCSON AZ 85731	86-1001344	501C3	39,637		FMV		GENERAL SUPPORT
(9)	TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BOULEVARD STATEN ISLAND NY 10306	02-0554654	501C3	7,011		FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UA FOUNDATION - ARIZONA CANCER CENT 1111 N. CHERRY AVENUE TUCSON AZ 85721-0109	86-6050388	501C3	100,000		FMV		GENERAL SUPPORT
(2)	UA FOUNDATION - ARIZONA PUBLIC MEDI 1111 N CHERRY AVE. TUCSON AZ 85721-0109	86-6050388	501C3	54,500		FMV		GENERAL SUPPORT
(3)	UA FOUNDATION - COLLEGE OF AGRICULT 1111 N. CHERRY AVENUE TUCSON AZ 85721-0109	86-6050388	501C3	32,000		FMV		GENERAL SUPPORT
(4)	UA FOUNDATION - COLLEGE OF FINE ART 1111 N. CHERRY AVENUE TUCSON AZ 85721-0109	86-6050388	501C3	20,463		FMV		GENERAL SUPPORT
(5)	UA FOUNDATION - COLLEGE OF MEDICINE 1111 N. CHERRY AVENUE TUCSON AZ 85721-0109	86-6050388	501C3	49,250		FMV		GENERAL SUPPORT
(6)	UA FOUNDATION - COLLEGE OF SOCIAL A DOUGLASS BLDG., 200W TUCSON AZ 85721-0028	86-6050388	501C3	134,300		FMV		GENERAL SUPPORT
(7)	UA FOUNDATION - ELLER COLLEGE OF MA 1111 N CHERRY AVE. TUCSON AZ 85721-0109	86-6050388	501C3	70,000		FMV		GENERAL SUPPORT
(8)	UA FOUNDATION - INDICATORS, DASHBOA MCCLELLAND HALL 417 TUCSON AZ 85721-0108	86-6050388	501C3	50,000		FMV		GENERAL SUPPORT
(9)	UA FOUNDATION - NORTON SCHOOL 1111 N CHERRY AVE. TUCSON AZ 85721-0109	86-6050388	501C3	10,000		FMV		GENERAL SUPPORT

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

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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UA FOUNDATION - UA COLLEGE OF ENGIN 1111 N CHERRY AVE. TUCSON AZ 85721-0119	86-6050388	501C3	63,929		FMV		GENERAL SUPPORT
(2)	UA FOUNDATION - UA COLLEGE OF SCIEN 1111 N. CHERRY AVENUE TUCSON AZ 85721	86-6050388	501C3	22,963		FMV		GENERAL SUPPORT
(3)	UA FOUNDATION - UA POETRY CENTER 1111 N CHERRY AVE. TUCSON AZ 85721-0109	86-6050388	501C3	11,500		FMV		GENERAL SUPPORT
(4)	UNITED STATES FUND FOR UNICEF AKA: UNICEF USA NEW YORK NY 10038	13-1760110	501C3	100,000		FMV		GENERAL SUPPORT
(5)	UNITED WAY OF TUCSON AND SOUTHERN A 330 N COMMERCE PARK LOOP, STE 200 TUCSON AZ 85745	86-0098932	501C3	28,000		FMV		GENERAL SUPPORT
(6)	UNIVERSITY AT BUFFALO FOUNDATION PO BOX 900 BUFFALO NY 14226-0900	16-0865182	501C3	10,000		FMV		GENERAL SUPPORT
(7)	UNIVERSITY OF ARIZONA 1111 N. CHERRY AVE TUCSON AZ 85721-0109		GOV	164,034		FMV		GENERAL SUPPORT
(8)	UNIVERSITY OF ARIZONA FOUNDATION 1111 N CHERRY AVE. TUCSON AZ 85721-0109	86-6050388	501C3	167,044		FMV		GENERAL SUPPORT
(9)	VIETNAM VETERANS OF AMERICA, INC. AKA: 106 TUCSON VVA CHAPTER TUCSON AZ 85717-0903	52-1389485	501C3	14,022		FMV		GENERAL SUPPORT

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

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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

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Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	VITALYST HEALTH FOUNDATION 2929 NORTH CENTRAL AVE., SUITE 1550 PHOENIX AZ 85012	86-0097240	501C3	10,000		FMV		GENERAL SUPPORT
(2)	WATERSHED MANAGEMENT GROUP, INC. 1137 N DODGE BLVD. TUCSON AZ 85716	20-0637567	501C3	21,500		FMV		GENERAL SUPPORT
(3)	WESTERN GOVERNORS UNIVERSITY FINANCIAL AID, DEPT 227 SALT LAKE CITY UT 84130	47-4365018	501C3	12,000		FMV		GENERAL SUPPORT
(4)	WHEEL FUN (FUN) 239 SUN UP RANCH RD SEDONA AZ 86351	84-2056455	501C3	7,500		FMV		GENERAL SUPPORT
(5)	WHISKERS N WISHES SANCTUARY 16705 W CALLE AMAYA MARANA AZ 85653	86-1903307	501C3	7,500		FMV		GENERAL SUPPORT
(6)	WILLCOX THEATER AND ARTS, INC. P.O. BOX 217 WILLCOX AZ 85644	45-5329399	501C3	30,000		FMV		GENERAL SUPPORT
(7)	WOMAN'S MISSIONARY UNION FOUNDATION 100 MISSIONARY RIDGE BIRMINGHAM AL 35242	63-1138772	501C3	16,448		FMV		GENERAL SUPPORT
(8)	WORLD CENTRAL KITCHEN, INC. ATTN: DONOR SERVICES TEAM WASHINGTON DC 20001	27-3521132	501C3	7,000		FMV		GENERAL SUPPORT
(9)	YOUTH EASTSIDE SERVICES AKA: YES BELLEVUE WA 98008	91-0849093	501C3	35,000		FMV		GENERAL SUPPORT

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

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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

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Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	YOUTH ON THEIR OWN 1660 N ALVERNON WAY TUCSON AZ 85712	86-0644388	501C3	149,500		FMV		GENERAL SUPPORT
(2)	YOUTH OUTDOOR EXPERIENCE AKA: IRONWOOD TREE EXPERIENCE TUCSON AZ 85705	46-4125968	501C3	50,000		FMV		GENERAL SUPPORT
(3)	YUMA LIBRARY FOUNDATION P.O. BOX 4505 YUMA AZ 85366-4505	86-0899337	501C3	88,213		FMV		GENERAL SUPPORT
(4)	YWCA OF SOUTHERN ARIZONA AKA: YWCA OF TUCSON TUCSON AZ 85745	86-0098937	501C3	24,379		FMV		GENERAL SUPPORT
(5)	ZUZI 738 N 5TH AVE. STE 131 TUCSON AZ 85705	86-0961299	501C3	10,000		FMV		GENERAL SUPPORT
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2022)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 GENERAL SUPPORT	1	12,000		FMV	
2					
3					
4					
5					
6					
7					

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

PART IV - ADDITIONAL INFORMATION

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2022

Open to Public Inspection

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JENNY FLYNN	(i) 268,800	(ii) 0	(iii) 0	14,478	8,406	291,684	0
1 CEO	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	(i)	(ii)	(iii)				
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

Part III Supplemental Information

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

Dotted lines for supplemental information entry

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open To Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHERN ARIZONA

Employer identification number

94-2681765

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	23	1,793,921	FMV
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M - SUPPLEMENTAL INFORMATION

ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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

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

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
BEQUEST RECEIVABLE WRITE OFF \$ -441,231
WRITE-OFF OF BEQUEST RECEIVABLE FROM A PRIOR YEAR DEEMED UNCOLLECTIBLE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CFSA COMMUNITY CAMPUS, LLC 5049 E. BROADWAY, STE 201 82-1217360 TUCSON AZ 85711	CHARITABLE	AZ	496,532	5,971,958	N/A
(2)					
(3)					
(4)					
(5)					

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

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

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

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Schedule R (Form 990) 2022

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THOMAS R. BROWN FOUNDATION	C	255,500	FMV
(2) CFSA PROPERTIES, INC.	C	322,586	FMV
(3) DAVID S. & NORMA R. LEWIS FDN	C	1,150,000	FMV
(4)			
(5)			
(6)			

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

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

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

Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R - ADDITIONAL INFORMATION

EFFECTIVE JULY 1, 2023, THE WORTH AND DOT HOWARD FOUNDATION BECAME A PRIVATE OPERATING FOUNDATION UNDER IRC SECTION 4942(J)(3) AND IS, THEREFORE, NO LONGER A PUBLICLY SUPPORTED ORGANIZATION OF THE ORGANIZATION.

EFFECTIVE JUNE 30, 2023, THE THOMAS R. BROWN FAMILY FOUNDATION AMENDED ITS BYLAWS TO CHANGE THE QUALIFYING SUPPORTED ORGANIZATION FROM COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA TO THE EAST TEXAS COMMUNITIES FOUNDATION. A RELEASE AND TRANSFER AGREEMENT WAS EXECUTED IN OCTOBER 2023.

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning 07/01/22, and ending 06/30/23.

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection
for 501(c)(3)
Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA Number, street, and room or suite no. If a P.O. box, see instructions. 5049 E. BROADWAY BLVD, SUITE 201 City or town, state or province, country, and ZIP or foreign postal code TUCSON AZ 85711	D Employer identification number 94-2681765 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year 186,272,025		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university	
H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439		I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>	
J Enter the number of attached Schedules A (Form 990-T) 1		K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation	

L The books are in care of COMMUNITY FOUND. FOR S. A Telephone number 520-770-0800

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-173,373
2 Reserved	2	
3 Add lines 1 and 2	3	-173,373
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-173,373
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-173,373
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions) <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
531120	\$	122,267
	\$	
	\$	
	\$	
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature		Date	Check <input type="checkbox"/> if self-employed PTIN
	JULIE S. KLEWER, CPA				P00343046
	Firm's name	Firm's EIN			
	LUDWIG KLEWER & RUDNER PLLC	36-4538293			
	4783 E CAMP LOWELL DR				
	TUCSON, AZ 85712			Phone no. 520-545-0500	

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization COMMUNITY FOUNDATION FOR	B Employer identification number 94-2681765
C Unrelated business activity code (see instructions) 531120	D Sequence: 1 of 1

E Describe the unrelated trade or business UNRELATED BUSINESS ACTIVITY

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7 112,284	278,137	-165,853
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 112,284	278,137	-165,853

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income	7	8a	8b	18
1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2			
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562). See instructions	7 214,142			
8 Less depreciation claimed in Part III and elsewhere on return	8a 214,142		8b 0	
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement)	14			
15 Total deductions. Add lines 1 through 14	15			
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-165,853
17 Deduction for net operating loss. See instructions	17			
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-165,853

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A 5049 E. BROADWAY BLVD TUCSON AZ 85711
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property	239,872			
3 Deductions directly connected with or allocable to debt-financed property	SEE STATEMENT 2			
a Straight line depreciation (attach statement)	214,142			
b Other deductions (attach statement)	380,041			
c Total deductions (add lines 3a and 3b, columns A through D)	594,183			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	SEE STATEMENT 3 1,097,960			
5 Average adjusted basis of or allocable to debt-financed property (attach statement)	SEE STATEMENT 4 2,345,749			
6 Divide line 4 by line 5	46.81%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	112,284			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	112,284			
9 Allocable deductions. Multiply line 3c by line 6	278,137			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	278,137			
11 Total dividends-received deductions included in line 10				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A)

Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)	_____			
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)	_____			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13	_____			

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

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For the calendar year 2022 or fiscal year beginning 07/01/2022 and ending 06/30/2023.

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA	Employer Identification Number (EIN) 94-2681765
	Address – number and street or PO Box 5049 E. BROADWAY BLVD, SUITE 201	
Business Telephone Number (with area code) 520-770-0800	City, Town or Post Office TUCSON	State ZIP Code AZ 85711

68 Check box if: **A** This is a first return **B** Name change **C** Address change

A Date Arizona operations began 06/04/1980

B Nature of unrelated business activities: _____

C Unrelated business activity codes: 531120

D ARIZONA apportionment for multistate organizations only (check one box):
1 AIR CARRIER **2** STANDARD **3** SALES FACTOR ONLY

E Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included. Indicate the year of the election cycle Yr 1 Yr 2 Yr 3 Yr 4 Yr 5

F Check federal form filed: **1** 990-T **2** Other (specify) _____

Check box if return filed under extension:
 82 **82F**

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM **66** RCVD

Arizona Unrelated Business Taxable Income Computation

1 Unrelated business taxable income	1	0	00
2 Additions related to Arizona tax credits claimed	2		00
3 Subtotal: Add line 1 and line 2. Enter the total	3		00
4 Apportionment ratio for multistate organizations only: See instructions	4		
5 Taxable income attributable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3)	5		0 00

Arizona Tax Liability Computation

6 Enter tax: Tax is 4.9 percent of line 5, or \$50, whichever is greater	6	50	00
7 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 24	7		00
8 Subtotal: Add line 6 and line 7. Enter the total.	8	50	00
9 Nonrefundable tax credits from Arizona Form 300, Part 2, line 44	9		00
10 Credit type: Enter form number for each nonrefundable credit claimed: 101 3 102 3 103 3 104 3			
11 Tax liability: Subtract line 9 from line 8. Enter the difference	11		50 00

Tax Payments

12 Refundable tax credits: Check box(es) and enter amount: <input type="checkbox"/> 308 <input checked="" type="checkbox"/> 122 <input type="checkbox"/> 349	12		00
13 Extension payment made with Arizona Form 120/165EXT or online	13		00
14 Estimated tax payments:	14		00
15 Amended returns. Payment made with original return plus all payments made after it was filed: See instructions	15		00
16 Subtotal payments: Add lines 12 through 15. Enter the total.	16		00
17 Overpayments of tax from original return or later adjustments: See instructions	17		00
18 Total Payments: Subtract line 17 from line 16. Enter the difference.	18		00

Computation of Total Due or Overpayment

19 Balance of tax due: If line 11 is larger than line 18, subtract line 18 from line 11. Enter balance of tax due. Skip line 20	19	50	00
20 Overpayment of tax: If line 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment of tax	20		00
21 Penalty and interest	21		00
22 Estimated tax underpayment penalty: If Form 220/PTE is included, check this box 22A <input type="checkbox"/>	22		00
23 TOTAL AMOUNT DUE: Add lines 19, 21, and 22. Enter the total. See instructions	23	50	00
24 OVERPAYMENT: See instructions	24		00
25 Amount of line 24 to be applied to 2023 estimated tax 25 <input type="checkbox"/>			00
26 Amount to be refunded: Subtract line 25 from line 24. Enter the difference.	26		00

Continued on page 2 →

SCHEDULE A Apportionment Formula (Multistate Organizations Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. If the **"SALES FACTOR ONLY"** box on page 1, line D, is checked, *complete only Section A3, Sales Factor, lines a through f.* See instructions.

LIMITED TO UNRELATED BUSINESS AMOUNTS		
COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
A1 Property Factor - STANDARD APPORTIONMENT ONLY Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value).		
A2 Payroll Factor - STANDARD APPORTIONMENT ONLY Total wages, salaries, commissions and other compensation to employees (per federal Form 990T, or payroll reports).		
A3 Sales Factor		
a Sales delivered or shipped to Arizona purchasers		
b Sales from services or from designated intangibles for qualifying multistate service providers only (see instructions; include Schedule MSP)		
c Other gross receipts		
d Total sales and other gross receipts (the sum of lines a through c)		
e Weight AZ sales: (STANDARD × 2; SALES FACTOR ONLY × 1)		
f Sales Factor: (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by Column B.)		
STANDARD Apportionment , continue to A4.		
SALES FACTOR ONLY Apportionment , enter the amount from Column C on page 1, line 4		
A4 STANDARD Apportionment Total Ratio: Add Column C of lines A1, A2, and A3f. Enter the total.		
A5 Average Apportionment Ratio for STANDARD Apportionment: Divide line A4, Column C, by four (4). Enter the result on page 1, line 4. (If one of the factors is "0", in both Column A and Column B, see instructions.)		

Declaration	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
Please Sign Here	OFFICER'S SIGNATURE KATHERINE WAIT	DATE	CFO TITLE
Paid Preparer's Use Only	PAID PREPARER'S SIGNATURE LUDWIG KLEWER & RUDNER PLLC FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) 4783 E CAMP LOWELL DR FIRM'S STREET ADDRESS TUCSON CITY	DATE	P00343046 PAID PREPARER'S TIN 36-4538293 FIRM'S EIN 520-545-0500 FIRM'S TELEPHONE NUMBER 85712 ZIP CODE

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

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning 07/01/22, and ending 06/30/23.

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection
for 501(c)(3)
Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA Number, street, and room or suite no. If a P.O. box, see instructions. 5049 E. BROADWAY BLVD, SUITE 201 City or town, state or province, country, and ZIP or foreign postal code TUCSON AZ 85711	D Employer identification number 94-2681765 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year 186,272,025		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university	
H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439		I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>	
J Enter the number of attached Schedules A (Form 990-T) 1		K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation	
L The books are in care of COMMUNITY FOUND. FOR S. A		Telephone number 520-770-0800	

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-173,373
2 Reserved	2	
3 Add lines 1 and 2	3	-173,373
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-173,373
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-173,373
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions) <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
531120	\$	122,267
	\$	
	\$	
	\$	
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer _____ Date _____ Title CFO	
Paid Preparer Use Only	Print/Type preparer's name JULIE S. KLEWER, CPA Preparer's signature _____ Date _____ Check <input type="checkbox"/> if self-employed PTIN P00343046	Firm's name LUDWIG KLEWER & RUDNER PLLC Firm's EIN 36-4538293
	Firm's address TUCSON, AZ 85712 Phone no. 520-545-0500	