

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

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 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

B Check if applicable: C Name of organization COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA D Employer identification number 94-2681765 E Telephone number 520-770-0800 F Name and address of principal officer: KATHERINE WAIT 5049 E. BROADWAY BLVD., SUITE 201 TUCSON AZ 85711 I Tax-exempt status: X 501(c)(3) J Website: WWW.CFSAZ.ORG K Form of organization: X Corporation L Year of formation: 1980 M State of legal domicile: AZ

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Describe the organization's mission... TO BUILD A THRIVING SOUTHERN ARIZONA THROUGH PHILANTHROPY. 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

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. Preparer's name JULIE S. KLEWER, CPA, Preparer's signature Julie Klewer, Date 5/8/2026, Check self-employed, PTIN P00343046. Firm's name LUDWIG KLEWER & RUDNER PLLC, Firm's EIN 36-4538293, Firm's address TUCSON, AZ 85712, Phone no. 520-545-0500.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO BUILD A THRIVING SOUTHERN ARIZONA THROUGH PHILANTHROPY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 13,844,353 including grants of \$ 12,337,274) (Revenue \$ 202,719) SEE SCHEDULE O

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 13,844,353

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 Schedule B, Schedule of Contributors? 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 noncash 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			70
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	34			
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		X		
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 [X]

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 (16); 1b Enter the number of voting members included on line 1a, above, who are independent (16); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. (X)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 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? (X); 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 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

- 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

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) TAUNYA VILLICANA CHAIR	0.63 0.00	X		X				0	0	0
(2) RICHARD KOO VICE-CHAIR	0.64 0.00	X		X				0	0	0
(3) WILLIAM HAYES TREASURER	0.50 0.00	X		X				0	0	0
(4) DANIEL ARANA SECRETARY	0.12 0.00	X		X				0	0	0
(5) ANA NYGREN TRUSTEE	0.53 0.00	X						0	0	0
(6) BONNIE KAMPA TRUSTEE	0.52 0.00	X						0	0	0
(7) CLYDE KUNZ TRUSTEE	0.46 0.00	X						0	0	0
(8) COLETTE BARAJAS TRUSTEE	0.35 0.29	X						0	0	0
(9) DAVID BAKER TRUSTEE	0.35 0.00	X						0	0	0
(10) ERIC SCHINDLER TRUSTEE	0.33 0.00	X						0	0	0
(11) KRISTOPHER KITZ TRUSTEE	0.15 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) MEREDITH HAY TRUSTEE	0.29 0.00	X						0	0	0
(13) NANCY JOHNSON TRUSTEE	0.52 0.00	X						0	0	0
(14) NICOLLETTE DALY TRUSTEE	0.44 0.00	X						0	0	0
(15) SEAN MURRAY TRUSTEE	0.38 0.00	X						0	0	0
(16) SHAWN BEST TRUSTEE	0.37 0.00	X						0	0	0
(17) JENNY FLYNN CEO	40.00 0.06			X				284,072	0	32,093
(18) EMILY WALSH COO	40.00 0.00			X				145,202	0	11,471
(19) KATHERINE WAIT CFO	40.00 0.00			X				143,136	0	19,617
1b Subtotal								572,410		63,181
c Total from continuation sheets to Part VII, Section A								110,549		14,146
d Total (add lines 1b and 1c)								682,959		77,327

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 **4**

	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) LAURA E. MAHER	40.00									
VP OF PHILANTHROPY	0.00				X		110,549	0	14,146	
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							110,549		14,146	
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	102,208				
	d Related organizations	1d	339,359				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,045,892				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,813,751				
	h Total. Add lines 1a-1f		14,487,459				
Program Service Revenue	2a MANAGEMENT FEES	Business Code	541610	173,079	173,079		
	b NON-FUNDRAISING EVENTS		519100	24,964	24,964		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			198,043			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,181,773			6,181,773	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	374,645			
			(ii) Personal				
	b Less: rental expenses	6b		560,694			
	c Rental inc. or (loss)	6c		-186,049			
	d Net rental income or (loss)			-186,049		-186,049	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	38,492,178			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b		37,462,776			
	c Gain or (loss)	7c		1,029,402			
d Net gain or (loss)			1,029,402		1,029,402		
8a Gross income from fundraising events (not including \$ 102,208 of contributions reported on line 1c). See Part IV, line 18	8a		17,918				
		b Less: direct expenses	8b		68,325		
		c Net income or (loss) from fundraising events			-50,407		-50,407
9a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a OTHER REVENUE	Business Code	900099	4,676	4,676		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			4,676			
12 Total revenue. See instructions			21,664,897	202,719	-186,049	7,160,768	

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	12,322,274	12,322,274		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	15,000	15,000		
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	626,366	219,228	263,074	144,064
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	1,634,400	570,017	689,799	374,584
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	129,150	45,082	54,443	29,625
9 Other employee benefits	76,240	26,526	32,283	17,431
10 Payroll taxes	164,865	57,532	69,526	37,807
11 Fees for services (nonemployees):				
a Management				
b Legal	6,609		6,609	
c Accounting	64,140		64,140	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	476,060		476,060	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	258,035	165,872	59,607	32,556
12 Advertising and promotion	87,790	21,702	47,591	18,497
13 Office expenses	95,487	33,420	40,105	21,962
14 Information technology	195,679	68,488	82,185	45,006
15 Royalties				
16 Occupancy	52,841	6,054	42,809	3,978
17 Travel	27,778	9,722	11,667	6,389
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,065	9,823	11,787	6,455
20 Interest	19,177		19,177	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	116,020	5,348	107,157	3,515
23 Insurance	29,915	8,851	15,247	5,817
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 PROGRAM MATERIALS	228,191	228,191		
b DUES AND SUBSCRIPTIONS	50,796	17,779	21,334	11,683
c RECRUITMENT/TRAINING	37,992	13,444	15,900	8,648
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	16,742,870	13,844,353	2,130,500	768,017
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	2,180,358	1	567,346
	2 Savings and temporary cash investments	12,793,940	2	16,421,369
	3 Pledges and grants receivable, net	5,620,013	3	1,017,153
	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	1,085,893	7	883,360
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	128,024	9	123,669
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,971,156		
	b Less: accumulated depreciation	10b 1,874,581	5,339,951	10c 5,096,575
	11 Investments—publicly traded securities	172,588,155	11	195,133,119
	12 Investments—other securities. See Part IV, line 11	230,942	12	230,014
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,856	15	30,574
16 Total assets. Add lines 1 through 15 (must equal line 33)	199,978,132	16	219,503,179	
Liabilities	17 Accounts payable and accrued expenses	209,621	17	275,354
	18 Grants payable	1,114,066	18	1,350,657
	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	2,301,998	23	2,226,218
	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	8,219,293	25	8,957,644
	26 Total liabilities. Add lines 17 through 25	11,844,978	26	12,809,873
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	85,589,778	27	92,730,657
	28 Net assets with donor restrictions	102,543,376	28	113,962,649
	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	188,133,154	32	206,693,306	
33 Total liabilities and net assets/fund balances	199,978,132	33	219,503,179	

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	21,664,897
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,742,870
3	Revenue less expenses. Subtract line 2 from line 1	3	4,922,027
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	188,133,154
5	Net unrealized gains (losses) on investments	5	13,638,125
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	206,693,306

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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

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						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,054,921	34,316,728	14,394,492	13,409,784	14,487,459	103,663,384
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	27,054,921	34,316,728	14,394,492	13,409,784	14,487,459	103,663,384
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)						8,694,897
6 Public support. Subtract line 5 from line 4						94,968,487

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	27,054,921	34,316,728	14,394,492	13,409,784	14,487,459	103,663,384
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,341,924	4,079,503	4,145,328	5,103,036	6,556,418	23,226,209
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	47,519	119,119	106,165	90,221	124,802	487,826
11 Total support. Add lines 7 through 10						127,377,419
12 Gross receipts from related activities, etc. (see instructions)					12	1,153,689
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	74.56%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	76.86%
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test — 2024. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test — 2023. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) = 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 = 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) = 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 = 18 %

- 19a 33 1/3% support tests — 2024. 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 — 2023. 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 each of its 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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	\$	14,170
SPECIAL EVENTS GROSS RECEIPTS	\$	473,656

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.

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	174	82
2 Aggregate value of contributions to (during year)	10,811,689	7,831,999
3 Aggregate value of grants from (during year)	11,474,001	1,509,298
4 Aggregate value at end of year	87,057,151	44,302,928
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	98,223,856	87,891,381	77,720,671	86,964,527	58,738,978
b Contributions	10,482,441	11,495,762	10,187,663	7,296,010	17,109,627
c Net investment earnings, gains, and losses	7,755,585	9,851,955	8,348,353	-10,460,628	15,370,571
d Grants or scholarships					
e Other expenditures for facilities and programs	-6,676,290	-11,015,242	-8,365,306	-6,079,238	4,254,649
f Administrative expenses					
g End of year balance	109,785,592	98,223,856	87,891,381	77,720,671	86,964,527

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

- a Board designated or quasi-endowment 1.28%
- b Permanent endowment 98.72%
- 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?		X
(ii) Related organizations?		X
3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		495,782		495,782
b Buildings		5,527,918	1,171,889	4,356,029
c Leasehold improvements				
d Equipment		519,937	339,654	180,283
e Other		427,519	363,038	64,481
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5,096,575

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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	8,957,644
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	8,957,644

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, 2025, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT ARE POTENTIALLY MATERIAL.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
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

**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 nongovernment 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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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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	
		QUEER FOR GOOD (event type)	SANTA CRUZ CLC (event type)	3 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	73,320	13,175	33,631	120,126
	2	Less: Contributions	63,360	11,815	27,033	102,208
	3	Gross income (line 1 minus line 2)	9,960	1,360	6,598	17,918
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	40,990	7,216	20,119	68,325
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-50,407

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))	
		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: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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)	3RD DECADE, INC. 4729 E SUNRISE DR # 331 TUCSON AZ 85718	84-2298062	501C3	57,000				GENERAL SUPPORT
(2)	ABILITY DOGS OF ARIZONA 75 S MONTEGO DR TUCSON AZ 85710	95-3247091	501C3	40,000				GENERAL SUPPORT
(3)	ABOLISH PRIVATE PRISONS 24 W CAMELBACK RD STE A BOX 439 PHOENIX AZ 85013	47-4543845	501C3	10,000				GENERAL SUPPORT
(4)	ACLU FOUNDATION OF ARIZONA PO BOX 17148 PHOENIX AZ 85011	23-7238580	501C3	10,500				GENERAL SUPPORT
(5)	AJO COUNCIL FOR THE FINE ARTS PO BOX 163 AJO AZ 85321	86-0897953	501C3	10,000				GENERAL SUPPORT
(6)	ALCOHOLISM COUNCIL OF COCHISE COUNT PO BOX 4098 BISBEE AZ 85603	86-0286228	501C3	50,000				GENERAL SUPPORT
(7)	ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH ST SUITE 1 TUCSON AZ 85713	52-2094677	501C3	10,000				GENERAL SUPPORT
(8)	ALZHEIMER'S DISEASE AND RELATED 225 N MICHIGAN AVE FL 17 CHICAGO IL 60601	13-3039601	501C3	14,855				GENERAL SUPPORT
(9)	AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET, 18TH FL NEW YORK NY 10004	13-6213516	501C3	11,000				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **329**
- 3** Enter total number of other organizations listed in the line 1 table **17**

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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(1)	AMERICAN JOURNALISM PROJECT, INC. 6218 GEORGIA AVENUE NW SUITE 1 599 WASHINGTON DC 20011	83-1772542	501C3	25,000				GENERAL SUPPORT
(2)	AMERICAN NATIONAL RED CROSS P.O. BOX 37839 BOONE IA 50037	53-0196605	501C3	13,084				GENERAL SUPPORT
(3)	AMERICAN RED CROSS 3470 E UNIVERSAL WAY TUCSON AZ 85756	53-0196605	501C3	8,847				GENERAL SUPPORT
(4)	AMIGOS DE EDUCACION DE ALAMOS 7739 E BROADWAY BLVD PMB 342 TUCSON AZ 85710	98-0156328	501C3	5,300				GENERAL SUPPORT
(5)	AMISTAD Y SALUD CLINICA AMISTAD PO BOX 27284 TUCSON AZ 85726	75-3060875	501C3	86,500				GENERAL SUPPORT
(6)	AMPHITHEATER PUBLIC SCHOOLS 701 W WETMORE RD TUCSON AZ 85705	86-0472926	501C3	38,529				GENERAL SUPPORT
(7)	ANGEL CHARITY FOR CHILDREN, INC. 3132 N SWAN RD TUCSON AZ 85712	86-0472794	501C3	30,268				GENERAL SUPPORT
(8)	APACHE JAZZ BOOSTERS 1905 N APACHE BLVD NOGALES AZ 85621	88-3732143	501C3	15,000				GENERAL SUPPORT
(9)	APRENDER TUCSON 2701 S CAMPBELL AVE TUCSON AZ 85713	86-0995325	501C3	20,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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

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Name of the organization
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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)	ARIZONA ANIMAL WELFARE LEAGUE 25 N 40TH ST PHOENIX AZ 85034	23-7149453	501C3	6,000				GENERAL SUPPORT
(2)	ARIZONA AUTISM CHARTER SCHOOLS INC 4125 N 14TH ST PHOENIX AZ 85014	46-1292127	501C3	15,000				GENERAL SUPPORT
(3)	ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD STE 405B PHOENIX AZ 85016	86-0348306	501C3	60,208				GENERAL SUPPORT
(4)	ARIZONA COUNCIL ON ECONOMIC 16421 N TATUM BLVD STE 123 PHOENIX AZ 85032	86-0896574	501C3	8,500				GENERAL SUPPORT
(5)	ARIZONA COWBOY POETS GATHERING PO BOX 12051 PRESCOTT AZ 86304	26-1585211	501C3	9,761				GENERAL SUPPORT
(6)	ARIZONA FRIENDS OF FOSTER 360 E CORONADO RD STE 190 PHOENIX AZ 85004	86-0468850	501C3	12,500				GENERAL SUPPORT
(7)	ARIZONA JUSTICE FOR OUR NEIGHBORS PO BOX 27185 TUCSON AZ 85726	82-3785502	501C3	35,000				GENERAL SUPPORT
(8)	ARIZONA LAND AND WATER TRUST 5049 E BROADWAY BLVD STE 117 TUCSON AZ 85711	86-6148507	501C3	108,000				GENERAL SUPPORT
(9)	ARIZONA LOCAL POST PO BOX 1335 TUCSON AZ 85702	87-2217945	501C3	46,000				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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Employer identification number
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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)	ARIZONA ONCOLOGY FOUNDATION 2625 N CRAYCROFT STE 215 TUCSON AZ 85712	27-4035615	501C3	20,000				GENERAL SUPPORT
(2)	ARIZONA OPERA COMPANY 1636 N CENTRAL AVE PHOENIX AZ 85004	23-7169261	501C3	5,804				GENERAL SUPPORT
(3)	ARIZONA SCIENCE TEACHERS ASSOCIATION 1601 E UNIVERSITY BLVD, PO BOX 2100 TUCSON AZ 85721	86-0622405	501C3	45,000				GENERAL SUPPORT
(4)	ARIZONA SOUTHERN BAPTIST 12801 N 28TH DR PHOENIX AZ 85029	86-0123683	501C3	16,582				GENERAL SUPPORT
(5)	ARIZONA STATE SCHOOLS FOR THE DEAF 1200 W SPEEDWAY BLVD TUCSON AZ 85745	86-6004791	GOV	6,507				GENERAL SUPPORT
(6)	ARIZONA STATE UNIVERSITY PO BOX 870412 TEMPE AZ 85287	86-0196696	SCHOOL	34,750				GENERAL SUPPORT
(7)	ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE AZ 85280	86-6051042	501C3	10,300				GENERAL SUPPORT
(8)	ARIZONA THEATRE COMPANY PO BOX 1631 TUCSON AZ 85702	86-0211777	501C3	18,500				GENERAL SUPPORT
(9)	ARIZONA WESTERN COLLEGE FOUNDATION PO BOX 929 YUMA AZ 85366	86-6051919	501C3	25,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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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Inspection**

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.

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 7600 N 16TH ST STE 110 PHOENIX AZ 85020	86-0096772	501C3	22,832				GENERAL SUPPORT
(2)	ARIZONA-SONORA DESERT 2021 N KINNEY RD TUCSON AZ 85743	86-0111675	501C3	21,000				GENERAL SUPPORT
(3)	ASAVET VETERINARY CHARITIES 5408 S 12TH AVE TUCSON AZ 85706	46-5746312	501C3	71,851				GENERAL SUPPORT
(4)	ASSISTANCE LEAGUE OF TUCSON, INC. 1307 N ALVERNON WAY TUCSON AZ 85712	86-6057789	501C3	30,295				GENERAL SUPPORT
(5)	AUTISM SOCIETY OF SOUTHERN 2302 E SPEEDWAY BLVD STE 112 TUCSON AZ 85719	47-2524160	501C3	6,600				GENERAL SUPPORT
(6)	AVIVA CHILDREN'S SERVICES 153 S PLUMER AVE TUCSON AZ 85719	86-0948932	501C3	12,500				GENERAL SUPPORT
(7)	AWANA CLUBS INTERNATIONAL PO BOX 809 ST CHARLES IL 60174	36-2428692	501C3	24,873				GENERAL SUPPORT
(8)	AYUDA SMILES PO BOX 1174 GREEN VALLEY AZ 85622	47-3619166	501C3	50,000				GENERAL SUPPORT
(9)	AZ CYBER INITIATIVE 477 W CRAWFORD ST NOGALES AZ 85621	84-4243833	501C3	50,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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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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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)	AZDA CARES FOUNDATION 3193 N DRINKWATER BLVD. SCOTTSDALE AZ 85251	92-2734429	501C3	5,500				GENERAL SUPPORT
(2)	BANNER HEALTH FOUNDATION 2901 N CENTRAL AVE STE 160 PHOENIX AZ 85012	94-2545356	501C3	40,000				GENERAL SUPPORT
(3)	BAPTIST MEDICAL AND DENTAL 11 PLAZA DR HATTIESBURG MS 39402	64-0811705	501C3	16,582				GENERAL SUPPORT
(4)	BARRIOS UNIDOS LAND TRUST 401 E 26TH ST TUCSON AZ 85713	86-0883165	501C3	55,000				GENERAL SUPPORT
(5)	BAYLOR UNIVERSITY ONE BEAR PLACE # 97050 WACO TX 76798	74-1159753	501C3	62,183				GENERAL SUPPORT
(6)	BE KIND PEOPLE PROJECT FOUNDATION 731 GRAND AVE PHOENIX AZ 85007	46-0720140	501C3	7,600				GENERAL SUPPORT
(7)	BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB UT 84741	23-7147797	501C3	7,000				GENERAL SUPPORT
(8)	BIG BROTHERS BIG SISTERS OF SOUTHER 2552 N ALVERNON WAY STE 110 TUCSON AZ 85712	86-0188050	501C3	85,000				GENERAL SUPPORT
(9)	BISBEE COALITION FOR THE HOMELESS PO BOX 5393 BISBEE AZ 85603	86-0782752	501C3	77,347				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)**

(Rev. December 2024)

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(1)	BISBEE SCIENCE EXPLORATION PO BOX 375 BISBEE AZ 85603	83-2355488	501C3	20,000				GENERAL SUPPORT
(2)	BLACKLIDGE COMMUNITY COLLECTIVE 6373 N WILLOWBROOK DR TUCSON AZ 85704	84-3282314	501C3	15,000				GENERAL SUPPORT
(3)	BLUE LOTUS ARTIST'S COLLECTIVE 15 E PENNINGTON ST TUCSON AZ 85701	92-0413507	501C3	10,000				GENERAL SUPPORT
(4)	BOOKS FOR CLASSROOMS 1432 S SAN LUIS GREEN VALLEY AZ 85614	84-2102053	501C3	40,000				GENERAL SUPPORT
(5)	BOOTSTRAPS TO SHARE OF TUCSON, INC. 2001 N 7TH AVE TUCSON AZ 85705	74-2580768	501C3	45,000				GENERAL SUPPORT
(6)	BORDERLANDS THEATER-TEATRO PO BOX 2791 TUCSON AZ 85702	86-0548361	501C3	30,000				GENERAL SUPPORT
(7)	BOYS & GIRLS CLUB OF BISBEE, AZ PO BOX 5205 BISBEE AZ 85603	86-0986317	501C3	30,000				GENERAL SUPPORT
(8)	BOYS & GIRLS CLUB OF SANTA CRUZ COU 590 N TYLER AVE NOGALES AZ 85621	86-0671818	501C3	33,314				GENERAL SUPPORT
(9)	BOYS & GIRLS CLUBS OF THE SUN CORRI PO BOX 10291 CASA GRANDE AZ 85130	86-0864429	501C3	30,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	BOYS AND GIRLS CLUBS OF TUCSON PO BOX 40217 TUCSON AZ 85717	86-0172257	501C3	124,814				GENERAL SUPPORT
(2)	BOYS TO MEN TUCSON, INC 325 W 2ND ST TUCSON AZ 85705	80-0432852	501C3	42,500				GENERAL SUPPORT
(3)	BRIGHAM YOUNG UNIVERSITY-IDAHO 196 KIMBALL BUILDING REXBURG ID 83460	82-0207699	501C3	13,000				GENERAL SUPPORT
(4)	BUILDING FROM WITHIN INC 7805 W 9TH ST ZIONSVILLE IN 46077	93-4691480	501C3	5,500				GENERAL SUPPORT
(5)	C A R E, INC. PO BOX 1870 MERRIFIELD VA 22116	13-1685039	501C3	10,000				GENERAL SUPPORT
(6)	CALIFORNIA COMMUNITY FOUNDATION 717 W TEMPLE ST LOS ANGELES CA 90012	95-3510055	501C3	25,000				GENERAL SUPPORT
(7)	CANYONLANDS COMMUNITY HEALTH CARE PO BOX 1625 PAGE AZ 86040	86-0350153	501C3	50,000				GENERAL SUPPORT
(8)	CARE BRIDGE FOUNDATION 333 N WILMOT RD SUITE 340 TUCSON AZ 85711	88-2011703	501C3	10,000				GENERAL SUPPORT
(9)	CARE FOR CYCLING INC 6363 N SWAN RD STE 151 TUCSON AZ 85718	27-4797792	501C3	15,000				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)	CASA DE LOS NINOS, INC. 1120 N 5TH AVE TUCSON AZ 85705	86-0314595	501C3	45,628				GENERAL SUPPORT
(2)	CASAS ADOBES BAPTIST CHURCH 10801 N LA CHOLLA BLVD TUCSON AZ 85742	86-0314386	CHURCH	82,910				GENERAL SUPPORT
(3)	CATALINA COUNCIL, SCOUTING AMERICA 2250 E BROADWAY BLVD TUCSON AZ 85719	86-0107516	501C3	42,007				GENERAL SUPPORT
(4)	CATHOLIC COMMUNITY SERVICES PO BOX 5313 TUCSON AZ 85703	86-0100880	501C3	56,500				GENERAL SUPPORT
(5)	CEDO INTERCULTURAL CENTER PO BOX 44208 TUCSON AZ 85733	86-0578996	501C3	10,000				GENERAL SUPPORT
(6)	CENTER FOR BIOLOGICAL DIVERSITY, IN PO BOX 710 TUCSON AZ 85702	27-3943866	501C3	6,000				GENERAL SUPPORT
(7)	CENTER FOR NEUROSCIENCES FOUNDATION 2450 E RIVER RD TUCSON AZ 85718	27-2783064	501C3	12,000				GENERAL SUPPORT
(8)	CENTRAL SCHOOL PROJECT, INC. PO BOX DRAWER H BISBEE AZ 85603	86-0536659	501C3	20,000				GENERAL SUPPORT
(9)	CENTRAL WYOMING COLLEGE FOUNDATION 2659 PECK AVE RIVERTON WY 82501	83-6009533	501C3	50,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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)	CHILD AND FAMILY RESOURCES, INC. 2800 E BROADWAY BLVD TUCSON AZ 85716	86-0251984	501C3	15,250				GENERAL SUPPORT
(2)	CHILD EVANGELISM FELLOWSHIP, INC. PO BOX 348 WARRENTON MO 63383	38-6091187	501C3	29,019				GENERAL SUPPORT
(3)	CHILD HEALTH & RESILIENCE MASTERY 7941 E PRESIDIO RD TUCSON AZ 85750	83-2702573	501C3	15,000				GENERAL SUPPORT
(4)	CHILDREN'S ACTION ALLIANCE, INC. PO BOX 10481 PHOENIX AZ 85064	86-0594785	501C3	85,000				GENERAL SUPPORT
(5)	CHILDREN'S CLINICS FOR REHABILITATI 2600 N WYATT DR TUCSON AZ 85712	86-0667510	501C3	6,000				GENERAL SUPPORT
(6)	CHILDREN'S MEDICAL CENTER FOUNDATIO PO BOX 847253 DALLAS TX 75284	75-2062015	501C3	10,000				GENERAL SUPPORT
(7)	CHIRICAHUA COMMUNITY HEALTH 1205 F AVE DOUGLAS AZ 85607	86-0814898	501C3	25,000				GENERAL SUPPORT
(8)	CHIRICAHUA LAND CONSERVANCY PO BOX 16234 PORTAL AZ 85632	87-2317440	501C3	8,500				GENERAL SUPPORT
(9)	CIVIC NEWS COMPANY 450 SEVENTH AVE, 32ND FL NEW YORK NY 10123	90-0915846	501C3	25,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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)	COCHISE FAMILY ADVOCACY CENTER, INC PO BOX 3413 SIERRA VISTA AZ 85636	47-3408612	501C3	50,000				GENERAL SUPPORT
(2)	COCHISE HARM REDUCTION PO BOX 920 BISBEE AZ 85603	87-4830119	501C3	25,000				GENERAL SUPPORT
(3)	CODY'S FRIENDS, INC. PO BOX 36502 TUCSON AZ 85704	47-4052727	501C3	25,000				GENERAL SUPPORT
(4)	COLGATE UNIVERSITY PO BOX 313 CANAJOHARIE NY 13317	15-0532078	SCHOOL	10,000				GENERAL SUPPORT
(5)	COMMUNITY FOOD BANK, INC. 3003 S COUNTRY CLUB RD TUCSON AZ 85713	51-0192519	501C3	273,181				GENERAL SUPPORT
(6)	COMMUNITY GARDENS OF TUCSON 5049 E BROADWAY BLVD STE 300 TUCSON AZ 85711	86-0981116	501C3	15,000				GENERAL SUPPORT
(7)	COMMUNITY HOMES OF PATAGONIA PO BOX 1063 PATAGONIA AZ 85624	83-0463916	501C3	25,000				GENERAL SUPPORT
(8)	COMMUNITY INVESTMENT CORPORATION 2033 E GRANT RD TUCSON AZ 85719	86-0837146	501C3	15,000				GENERAL SUPPORT
(9)	CONGREGATION CHOFETZ CHAYIM 5150 E 5TH ST TUCSON AZ 85711	86-0369304	501C3	9,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
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OMB No. 1545-0047

**Open to Public
Inspection**

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)	CONTRUYENDO CIRCULOS DE PAZ 155 N MORLEY AVE NOGALES AZ 85621	20-3452166	501C3	22,843				GENERAL SUPPORT
(2)	COUNCIL ON FOUNDATIONS PO BOX 715674 PHILADELPHIA PA 19171	13-6068327	501C3	10,000				GENERAL SUPPORT
(3)	DAMES CHARITIES INC 360 E CORONADO RD STE 110 PHOENIX AZ 85004	85-1013667	501C3	9,000				GENERAL SUPPORT
(4)	DEAF ABUSE NETWORK 1900 CARLA VISTA DR. #7603 CHANDLER AZ 85224	84-4759589	501C3	15,000				GENERAL SUPPORT
(5)	DEMOCRACY FORWARD FOUNDATION PO BOX 34553 WASHINGTON DC 20043	82-1007988	501C3	50,000				GENERAL SUPPORT
(6)	DENVER CENTER FOR THE PERFORMING 1101 13TH ST DENVER CO 80204	84-0407760	501C3	25,000				GENERAL SUPPORT
(7)	DESERT CAT RESCUE PO BOX 1238 THATCHER AZ 85552	47-3983524	501C3	7,000				GENERAL SUPPORT
(8)	DIAPER BANK OF SOUTHERN ARIZONA 1050 S PLUMER AVE TUCSON AZ 85719	43-1990345	501C3	28,250				GENERAL SUPPORT
(9)	DOCTORS WITHOUT BORDERS USA, INC. PO BOX 5030 HAGERSTOWN MD 21741	13-3433452	501C3	20,237				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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	DUNBAR COALITION, INC. 325 W 2ND ST TUCSON AZ 85705	86-0776891	501C3	7,750				GENERAL SUPPORT
(2)	EARN TO LEARN 6336 N ORACLE RD STE 326 # 106 TUCSON AZ 85704	26-1151754	501C3	25,000				GENERAL SUPPORT
(3)	EASTSIDE AUDUBON SOCIETY 7241 185TH AVE NE REDMOND WA 98073	91-1123007	501C3	35,000				GENERAL SUPPORT
(4)	EDGE SCHOOL, INC. 2555 E 1ST ST TUCSON AZ 85716	86-0850116	501C3	25,000				GENERAL SUPPORT
(5)	EDUCATIONAL ENRICHMENT FOUNDATION 5049 E BROADWAY BLVD STE 107 TUCSON AZ 85711	74-2354578	501C3	54,029				GENERAL SUPPORT
(6)	EL GRUPO YOUTH CYCLING PO BOX 295 TUCSON AZ 85702	80-0252901	501C3	10,500				GENERAL SUPPORT
(7)	EL RIO FOUNDATION, INC. 839 W CONGRESS ST TUCSON AZ 85745	86-0816675	501C3	71,248				GENERAL SUPPORT
(8)	EMERGE! CENTER AGAINST DOMESTIC ABU 2545 E ADAMS ST TUCSON AZ 85716	86-0312162	501C3	49,055				GENERAL SUPPORT
(9)	FAMILY HEALTH CARE AMIGOS PO BOX 13 PATAGONIA AZ 85624	51-0206952	501C3	53,600				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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)	FELICIA'S FARM 5995 E GRANT RD STE 200 TUCSON AZ 85712	26-3758898	501C3	8,000				GENERAL SUPPORT
(2)	FIRST CHRISTIAN CHURCH OF TUCSON 740 E SPEEDWAY BLVD TUCSON AZ 85719	86-0113954	501C3	20,000				GENERAL SUPPORT
(3)	FIRST CONGREGATIONAL CHURCH 1609 UNIVERSITY AVE MADISON WI 53726	39-6103868	501C3	6,000				GENERAL SUPPORT
(4)	FIRST LOVE INTERNATIONAL MINISTRIES PO BOX 15836 LOVES PARK IL 61132	36-4423774	501C3	7,200				GENERAL SUPPORT
(5)	FLORENCE IMMIGRANT AND REFUGEE PO BOX 86299 TUCSON AZ 85754	86-0658103	501C3	65,000				GENERAL SUPPORT
(6)	FLOWING WELLS UNIFIED SCHOOL DISTRI 1556 W PRINCE RD TUCSON AZ 85705	86-6003684	501C3	5,400				GENERAL SUPPORT
(7)	FOUNDATION FOR CREATIVE 220 S 4TH AVE TUCSON AZ 85701	94-2746379	501C3	48,000				GENERAL SUPPORT
(8)	FREE ARTS FOR ABUSED CHILDREN OF AR 352 E CAMELBACK RD STE 100 PHOENIX AZ 85012	86-0739613	501C3	17,500				GENERAL SUPPORT
(9)	FRIENDS OF CAVE CREEK CANYON PO BOX 16126 PORTAL AZ 85632	27-3531633	501C3	30,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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)	FRIENDS OF PIMA ANIMAL CARE CENTER PO BOX 85370 TUCSON AZ 85754	47-4160770	501C3	155,000				GENERAL SUPPORT
(2)	FRIENDS OF THE PIMA COUNTY 2230 N COUNTRY CLUB RD TUCSON AZ 85716	23-7201040	501C3	15,250				GENERAL SUPPORT
(3)	FRIENDS OF TUCSON'S BIRTHPLACE PO BOX 1228 TUCSON AZ 85702	27-1326401	501C3	52,000				GENERAL SUPPORT
(4)	GALLAUDET UNIVERSITY 800 FLORIDA AVE NE WASHINGTON DC 20002	53-0199507	501C3	18,000				GENERAL SUPPORT
(5)	GAP MINISTRIES 2025 W HIGHWAY DR TUCSON AZ 85705	86-0999503	501C3	40,640				GENERAL SUPPORT
(6)	GENERATIONS: MUSIC FOR JUSTICE 1320 FILLMORE AVE CHARLOTTE NC 28203	87-1647310	501C3	10,000				GENERAL SUPPORT
(7)	GILA RIVER HEALTH CARE CORPORATION PO BOX 38 SACATON AZ 85147	86-0810876	501C3	50,000				GENERAL SUPPORT
(8)	GIRL SCOUTS OF SOUTHERN ARIZONA 4300 E BROADWAY BLVD TUCSON AZ 85711	86-0098917	501C3	20,000				GENERAL SUPPORT
(9)	GIVE2ASIA 2201 BROADWAY ST 4TH FLR OAKLAND CA 94612	94-3373670	501C3	31,500				GENERAL SUPPORT

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

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

Schedule I (Form 990) (Rev. 12-2024)

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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?
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.

Table with 8 columns: (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. Rows include GOSPEL RESCUE MISSION, INC., GRACE-ST. PAUL'S EPISCOPAL CHURCH, GRAND CANYON UNIVERSITY, GREATER TUCSON FIRE FOUNDATION, GREATER VAIL COMMUNITY RESOURCES, GREEN VALLEY ASSISTANCE SERVICES, GREEN VALLEY GARDENERS, GROUNDWORKS TUCSON, and HABITAT FOR HUMANITY TUCSON, INC.

- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
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OMB No. 1545-0047

**Open to Public
Inspection**

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)	HEAL MINISTRIES, INC. PO BOX 50361 NASHVILLE TN 37205	26-2267496	501C3	20,000				GENERAL SUPPORT
(2)	HEALING HEARTS ANIMAL SANCTUARY INC 5814 E PEAK VIEW RD CAVE CREEK AZ 85331	65-1259371	501C3	6,000				GENERAL SUPPORT
(3)	HERMITAGE NO-KILL CAT SHELTER PO BOX 13508 TUCSON AZ 85732	86-0213263	501C3	10,000				GENERAL SUPPORT
(4)	HIGHER GROUND A RESOURCE CENTER 101 W 44TH ST TUCSON AZ 85713	27-3585869	501C3	21,000				GENERAL SUPPORT
(5)	HISTORIC FOURTH AVENUE COALITION 422 N. 4TH AVE. TUCSON AZ 85705	83-1578260	501C3	15,000				GENERAL SUPPORT
(6)	HONOR FLIGHT TUCSON PO BOX 35364 TUCSON AZ 85704	27-4841319	501C3	7,991				GENERAL SUPPORT
(7)	HUMANE SOCIETY OF SOUTHERN ARIZONA 635 W ROGER RD TUCSON AZ 85705	86-0112798	501C3	62,396				GENERAL SUPPORT
(8)	IMAGO DEI MIDDLE SCHOOL PO BOX 3056 TUCSON AZ 85702	86-1155866	501C3	50,250				GENERAL SUPPORT
(9)	IMPACT OF SOUTHERN ARIZONA 3535 E HAWSER ST TUCSON AZ 85739	86-0968242	501C3	30,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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)	INSIDE OUT NETWORK 3247 S SUN SPLASH DR TUCSON AZ 85713	85-0906053	501C3	30,000				GENERAL SUPPORT
(2)	INSTITUTE OF REAL ESTATE MANAGEMENT 7739 E BROADWAY BLVD STE 279 TUCSON AZ 85710	51-0203909	501C6	9,000				GENERAL SUPPORT
(3)	INTERFAITH COMMUNITY SERVICES 2820 W INA RD TUCSON AZ 85741	86-0520997	501C3	40,000				GENERAL SUPPORT
(4)	INTERMOUNTAIN CENTERS FOR HUMAN DEV PO BOX 86537 TUCSON AZ 85754	85-0254535	501C3	16,400				GENERAL SUPPORT
(5)	INTERNATIONAL COMMUNITY FOUNDATION PO BOX 244 NATIONAL CITY CA 91951	33-0457858	501C3	107,883				GENERAL SUPPORT
(6)	INTERNATIONAL MISSION BOARD OF THE 3806 MONUMENT AVE RICHMOND VA 23230	54-0213930	501C3	45,601				GENERAL SUPPORT
(7)	INTERNATIONAL SCHOOL FOR PEACE 4625 E RIVER RD TUCSON AZ 85718	86-0388672	CHURCH	35,000				GENERAL SUPPORT
(8)	ISKASHITAA REFUGEE NETWORK 3736 E 2ND ST TUCSON AZ 85716	45-5067244	501C3	50,000				GENERAL SUPPORT
(9)	ITTY BITTY BOTTLE BABIES, INC. PO BOX 2253 ARIZONA CITY AZ 85123	84-4562588	501C3	15,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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)	JEWISH FEDERATION OF SOUTHERN ARIZONA 3718 E RIVER RD STE 100 TUCSON AZ 85718	86-0096795	501C3	34,500				GENERAL SUPPORT
(2)	JEWISH HISTORY MUSEUM PO BOX 889 TUCSON AZ 85702	86-0762311	501C3	23,300				GENERAL SUPPORT
(3)	JEWISH WAR VETERANS OF THE UNITED STATES 1811 R ST NW WASHINGTON DC 20009	36-4668941	501C3	7,491				GENERAL SUPPORT
(4)	JOBPATH, INC 5049 E BROADWAY BLVD STE 157 TUCSON AZ 85711	65-1190309	501C3	19,237				GENERAL SUPPORT
(5)	JUNIOR ACHIEVEMENT OF ARIZONA 5210 E WILLIAMS CIR STE 740 TUCSON AZ 85711	86-0184349	501C3	18,069				GENERAL SUPPORT
(6)	JUST COMMUNITIES ARIZONA PO BOX 13369 TUCSON AZ 85732	87-0884330	501C3	10,000				GENERAL SUPPORT
(7)	KAREN'S ANGELS 12711 N. RANGPUR DR. MARANA AZ 85653	99-4192669	501C3	20,000				GENERAL SUPPORT
(8)	KEEP TUCSON TOGETHER 730 S OSBORNE AVE TUCSON AZ 85701	99-2126546	501C3	35,000				GENERAL SUPPORT
(9)	KOL AMI SYNAGOGUE 225 N COUNTRY CLUB RD TUCSON AZ 85716	87-1926763	501C3	7,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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)	KYAH RAYNE FOUNDATION 3104 E CAMELBACK RD # 1172 PHOENIX AZ 85016	87-1903581	501C3	15,000				GENERAL SUPPORT
(2)	LA LINEA ART STUDIO 32 N MORLEY AVE NOGALES AZ 85621	88-4092662	501C3	15,000				GENERAL SUPPORT
(3)	LARAMIE COUNTY COMMUNITY COLLEGE 1400 E COLLEGE DR CHEYENNE WY 82007	FO 23-7033750	501C3	9,815				GENERAL SUPPORT
(4)	LAW COLLEGE ASSOCIATION OF THE P.O. BOX 210176 TUCSON AZ 85721	86-6037148	501C3	41,000				GENERAL SUPPORT
(5)	LEAD GUITAR 4765 E CAMP LOWELL DR TUCSON AZ 85712	26-1416560	501C3	25,000				GENERAL SUPPORT
(6)	LITERACY CONNECTS 200 E YAVAPAI RD TUCSON AZ 85705	23-7047508	501C3	154,007				GENERAL SUPPORT
(7)	LIVING STREETS ALLIANCE PO BOX 2641 TUCSON AZ 85702	27-4678502	501C3	15,000				GENERAL SUPPORT
(8)	LOFT CINEMA, INC. 3233 E SPEEDWAY BLVD TUCSON AZ 85716	46-0477843	501C3	79,050				GENERAL SUPPORT
(9)	LUTHERAN SOCIAL SERVICES OF THE SOU 2502 E UNIVERSITY DR STE 125 PHOENIX AZ 85034	86-0252302	501C3	35,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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)	MADRE 26 BROADWAY 3RD FLOOR OFFICE 390 NEW YORK NY 10004	13-3280194	501C3	90,000				GENERAL SUPPORT
(2)	MAKE WAY FOR BOOKS 700 N STONE AVE TUCSON AZ 85705	31-1583036	501C3	20,000				GENERAL SUPPORT
(3)	MAKING CONNECTIONS 4U SANTA CRUZ 1071 N GRAND AVE STE 122 NOGALES AZ 85621	46-1917331	501C3	10,000				GENERAL SUPPORT
(4)	MARIPOSA COMMUNITY HEALTH CENTER 825 N GRAND AVE STE 100 NOGALES AZ 85621	86-0524321	501C3	65,636				GENERAL SUPPORT
(5)	MCINTOSH COUNTY ACADEMY 8945 US HIGHWAY 17 DARIEN GA 31305	58-6000286	SCHOOL	7,500				GENERAL SUPPORT
(6)	MOBILE MEALS OF SOUTHERN ARIZONA 3355 S 6TH AVE TUCSON AZ 85713	23-7157579	501C3	10,100				GENERAL SUPPORT
(7)	MOON & STARS ANIMAL RESCUE PO BOX 35161 TUCSON AZ 85740	83-3170364	501C3	6,000				GENERAL SUPPORT
(8)	MT. GRAHAM SAFE HOUSE, INC. PO BOX 1202 SAFFORD AZ 85548	86-0800990	501C3	20,000				GENERAL SUPPORT
(9)	NACO HERITAGE ALLIANCE PO BOX 655 NACO AZ 85620	27-1039885	501C3	30,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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)	NATIVE AMERICAN ADVANCEMENT 6262 N SWAN RD STE 135 TUCSON AZ 85718	45-2725155	501C3	6,500				GENERAL SUPPORT
(2)	NATIVE SEEDS/SEARCH 3584 E RIVER RD TUCSON AZ 85718	94-2899356	501C3	21,750				GENERAL SUPPORT
(3)	NATURAL RESOURCES DEFENSE COUNCIL, 40 W 20TH ST 11TH FL NEW YORK NY 10011	13-2654926	501C3	8,518				GENERAL SUPPORT
(4)	NATURE AND CULTURE INTERNATIONAL 1400 MAIDEN LANE DEL MAR CA 92014	33-0773524	501C3	5,500				GENERAL SUPPORT
(5)	NATURE CONSERVANCY OF ARIZONA 1510 E FT LOWELL RD TUCSON AZ 85719	53-0242652	501C3	12,000				GENERAL SUPPORT
(6)	NETTYGOESBOOBLESS 2561 E FORT LOWELL RD SUITE 4 TUCSON AZ 85716	88-1135227	501C3	10,000				GENERAL SUPPORT
(7)	NEUROSURGERY RESEARCH AND EDUCATION 7661 EAGLE WAY CHICAGO IL 60678	46-2905743	501C3	10,000				GENERAL SUPPORT
(8)	NORTH AMERICAN MISSION BOARD OF THE PO BOX 116543 ATLANTA GA 30368	58-2379481	501C3	20,728				GENERAL SUPPORT
(9)	NORTH DAKOTA STATE UNIVERSITY PO BOX 6050 FARGO ND 58108	45-6002439	SCHOOL	8,000				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) (Rev. 12-2024)

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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?
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.

Table with 8 columns: (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. Rows include Northern Arizona University, Nueva Esperanza Inc, Old Pueblo Community Services, Open Primaries Education Fund, Our Family Services, Inc., Our Lady of Fatima Parish, Oxfam America, Pan de Vida Foundation, and Pantano Christian Church.

- 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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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)	PARENT AID - CHILD ABUSE PREVENTION 2580 E 22ND ST TUCSON AZ 85713	74-2591577	501C3	19,000				GENERAL SUPPORT
(2)	PATAGONIA AREA RESOURCE ALLIANCE PO BOX 1044 PATAGONIA AZ 85624	45-4416414	501C3	15,250				GENERAL SUPPORT
(3)	PATAGONIA CREATIVE ARTS ASSOCIATION PO BOX 1248 PATAGONIA AZ 85624	31-1641854	501C3	25,500				GENERAL SUPPORT
(4)	PATAGONIA REGIONAL AQUATICS CENTER PO BOX 1052 PATAGONIA AZ 85624	87-2702064	501C3	10,000				GENERAL SUPPORT
(5)	PATAGONIA REGIONAL TIMES PO BOX 1073 PATAGONIA AZ 85624	27-2932569	501C3	25,250				GENERAL SUPPORT
(6)	PATAGONIA VOLUNTEER FIRE AND RESCUE PO BOX 402 PATAGONIA AZ 85624	74-2371137	501C3	10,250				GENERAL SUPPORT
(7)	PATAGONIA YOUTH ENRICHMENT CENTER PO BOX 843 PATAGONIA AZ 85624	46-4554862	501C3	10,000				GENERAL SUPPORT
(8)	PAULA AND CABOT SEDGWICK FAMILY FOU PO BOX 1386 NOGALES AZ 85628	20-4177878	501C3	8,463				GENERAL SUPPORT
(9)	PAWS PATROL, INC. PO BOX 1642 GREEN VALLEY AZ 85622	20-5537148	501C3	16,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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)	PAWSITIVELY CATS 1145 N WOODLAND AVE TUCSON AZ 85712	30-0609374	501C3	16,518				GENERAL SUPPORT
(2)	PEACEFUL VALLEY DONKEY RESCUE, INC. PO BOX 216 MILES TX 76861	77-0562800	501C3	10,111				GENERAL SUPPORT
(3)	PIMA COMMUNITY COLLEGE 1255 N STONE AVE TUCSON AZ 85709	86-0208787	SCHOOL	92,255				GENERAL SUPPORT
(4)	PIMA COUNCIL ON AGING, INC. 600 S COUNTRY CLUB RD TUCSON AZ 85716	86-0251768	501C3	33,509				GENERAL SUPPORT
(5)	PIMA COUNTY COMMUNITY LAND TRUST 17 N LINDA AVE TUCSON AZ 85745	27-2635994	501C3	25,000				GENERAL SUPPORT
(6)	PIMA PAWS FOR LIFE 2555 W ZINNIA AVE TUCSON AZ 85705	46-3039870	501C3	6,000				GENERAL SUPPORT
(7)	PLANNED PARENTHOOD FEDERATION OF AM P.O. BOX 97166 WASHINGTON DC 20090	13-1644147	501C3	26,237				GENERAL SUPPORT
(8)	PLANNED PARENTHOOD OF ARIZONA, INC. 4751 N 15TH ST PHOENIX AZ 85014	86-0146520	501C3	34,868				GENERAL SUPPORT
(9)	PRIMAVERA FOUNDATION, INC. 151 W 40TH ST TUCSON AZ 85713	86-0733182	501C3	91,227				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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)	PROJECT ACCESS, INC 2100 W ORANGEWOOD AVE STE 230 ORANGE CA 92868	33-0834635	501C3	20,000				GENERAL SUPPORT
(2)	RAINBOW ACRES 2120 W RESERVATION LOOP RD CAMP VERDE AZ 86322	86-0286420	501C3	23,147				GENERAL SUPPORT
(3)	REACHOUT, INC. 2648 N CAMPBELL AVE TUCSON AZ 85719	86-6086733	501C3	124,700				GENERAL SUPPORT
(4)	REBUILDING TOGETHER-SANTA CRUZ COUN 3061 N SUNRISE PL NOGALES AZ 85621	86-0892583	501C3	10,000				GENERAL SUPPORT
(5)	REID PARK ZOOLOGICAL SOCIETY, INC. 1030 S RANDOLPH WAY TUCSON AZ 85716	94-2379052	501C3	9,524				GENERAL SUPPORT
(6)	RENAISSANCE THEATRE COMPANY 415 E PRINCETON ST ORLANDO FL 32803	86-2197367	501C3	10,000				GENERAL SUPPORT
(7)	REVEILLE MEN'S CHORUS PO BOX 43633 TUCSON AZ 85733	86-0804112	501C3	28,000				GENERAL SUPPORT
(8)	RINCON CONGREGATIONAL UNITED CHURCH 122 N CRAYCROFT RD TUCSON AZ 85711	86-6007256	CHURCH	16,004				GENERAL SUPPORT
(9)	RIO RICO COMMUNITY CENTER PO BOX 4052 RIO RICO AZ 85648	81-4887903	501C3	10,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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)	RONALD MCDONALD HOUSE CHARITIES 2155 E ALLEN RD TUCSON AZ 85719	95-3526934	501C3	20,500				GENERAL SUPPORT
(2)	SAAVI SERVICES FOR THE BLIND 3350 E GRANT RD TUCSON AZ 85716	86-6056057	501C3	10,146				GENERAL SUPPORT
(3)	SABINO CANYON LITTLE LEAGUE 1871 N MARBLE RIDGE PL TUCSON AZ 85715	23-7432757	501C3	30,618				GENERAL SUPPORT
(4)	SADDLEBROOKE COMMUNITY OUTREACH INC 63675 E SADDLEBROOKE BLVD STE L TUCSON AZ 85739	86-0843458	501C3	20,892				GENERAL SUPPORT
(5)	SAGUARO JUNIPER CORPORATION 1125 E LINDEN ST TUCSON AZ 85719	86-0613688	501C3	28,000				GENERAL SUPPORT
(6)	SAN MIGUEL HIGH SCHOOL 6601 S SAN FERNANDO RD TUCSON AZ 85756	48-1270906	501C3	71,000				GENERAL SUPPORT
(7)	SANTA CRUZ ADVOCATES FOR THE ARTS PO BOX 2017 NOGALES AZ 85628	80-0351691	501C3	10,000				GENERAL SUPPORT
(8)	SANTA CRUZ COUNCIL ON AGING, INC. 125 E MADISON ST NOGALES AZ 85621	86-0281248	501C3	10,000				GENERAL SUPPORT
(9)	SANTA CRUZ ELEMENTARY SCHOOL DISTRI 7 DUQUESNE RD NOGALES AZ 85621	86-0498511	SCHOOL	10,000				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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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 TRAINING PROGRAMS, INC. PO BOX 638 NOGALES AZ 85628	86-0424088	501C3	17,500				GENERAL SUPPORT
(2)	SARSEF: SOUTHERN ARIZONA RESEARCH 5049 E BROADWAY BLVD STE 125 TUCSON AZ 85711	86-0946185	501C3	30,263				GENERAL SUPPORT
(3)	SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HWY E STE 400 FAIRFIELD CT 06825	06-0726487	501C3	25,000				GENERAL SUPPORT
(4)	SCHOLARSHIP FOUNDATION OF ST LOUIS 6825 CLAYTON AVE STE 100 ST. LOUIS MO 63139	43-6031234	501C3	9,237				GENERAL SUPPORT
(5)	SCHOLARSHIPS A-Z 225 E 26TH ST STE 6 TUCSON AZ 85713	45-4458497	501C3	15,000				GENERAL SUPPORT
(6)	SCOUNDREL & SCAMP THEATRE INC 738 N 5TH AVE STE 131 TUCSON AZ 85705	81-4781384	501C3	25,000				GENERAL SUPPORT
(7)	SENIOR CITIZEN ONE STOP INFORMATION 555 E. PLAZA CIR STE. C LITCHFIELD PARK AZ 85340	47-2668533	501C3	10,000				GENERAL SUPPORT
(8)	SEQUOIA SPRINGS TRAUMA HEALING CENT 6761 E TANQUE VERDE RD STE 6 TUCSON AZ 85715	47-5155142	501C3	15,000				GENERAL SUPPORT
(9)	SERENITY BAPTIST CHURCH 15501 W AJO HWY TUCSON AZ 85735	86-0470457	501C3	16,582				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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)	SIERRA CLUB FOUNDATION 2101 WEBSTER ST STE 1250 OAKLAND CA 94612	94-6069890	501C3	10,000				GENERAL SUPPORT
(2)	SIERRA VISTA DREAM CENTER 3657 HERBA DE MARIA SIERRA VISTA AZ 85650	20-2648636	501C3	10,000				GENERAL SUPPORT
(3)	SIERRA VISTA VOLUNTEER INTERFAITH PO BOX 3004 SIERRA VISTA AZ 85636	86-0761694	501C3	65,000				GENERAL SUPPORT
(4)	SIMON WIESENTHAL CENTER 1399 S ROXBURY DR LOS ANGELES CA 90035	95-3964928	501C3	14,981				GENERAL SUPPORT
(5)	SISTER JOSE WOMEN'S CENTER 1028 S PARK AVE TUCSON AZ 85719	46-1290517	501C3	93,000				GENERAL SUPPORT
(6)	SKY ISLAND ALLIANCE PO BOX 41165 TUCSON AZ 85717	86-0796748	501C3	29,500				GENERAL SUPPORT
(7)	SOCIAL VENTURE PARTNERS INTERNATIONAL PO BOX 24111 SEATTLE WA 98124	68-0492186	501C3	20,000				GENERAL SUPPORT
(8)	SOCIETY FOR BEVEL INTENTIONS, INC. PO BOX 1684 TUCSON AZ 85702	13-4012463	501C3	10,000				GENERAL SUPPORT
(9)	SOLAR UNITED NEIGHBORS 1350 CONNECTICUT AVE NW STE 412 WASHINGTON DC 20036	46-2462990	501C3	67,803				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) (Rev. 12-2024)

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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?
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.

Table with 8 columns: (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. Rows include SOLIDAIRE NETWORK, INC; SOUTH TUCSON COMMUNITY OUTREACH; SOUTHERN ARIZONA ANIMAL FOOD BANK; SOUTHERN ARIZONA BIRTH SUPPORT FUND; SOUTHERN ARIZONA CAT RESCUE; SOUTHERN ARIZONA CHILDREN'S; SOUTHERN ARIZONA SENIOR PRIDE; SOUTHERN POVERTY LAW CENTER, INC.; SOUTHWEST AUTISM RESEARCH.

- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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	(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)	SOUTHWEST CENTER FOR ECONOMIC INTEG 509 E RADBURN ST TUCSON AZ 85704	26-0026603	501C3	21,000				GENERAL SUPPORT
(2)	SOUTHWEST FOLKLIFE ALLIANCE, INC. PO BOX 42044 TUCSON AZ 85733	51-0195434	501C3	20,250				GENERAL SUPPORT
(3)	SPECIAL NEEDS SOLUTIONS, INC. 4555 S PALO VERDE RD STE 131 TUCSON AZ 85714	82-4566103	501C3	36,000				GENERAL SUPPORT
(4)	SPLINTER ART AND COMMUNITY FUND 901 N 13TH AVE SUITE TUCSON AZ 85705	86-1918619	501C3	82,500				GENERAL SUPPORT
(5)	SPREADING THREADS CLOTHING BANK PO BOX 86182 TUCSON AZ 85754	83-1151614	501C3	25,000				GENERAL SUPPORT
(6)	ST. FRANCIS SHELTER PO BOX 65752 TUCSON AZ 85728	83-2427128	501C3	10,000				GENERAL SUPPORT
(7)	ST. LUKE'S IN THE DESERT, INC. 615 E ADAMS ST TUCSON AZ 85705	86-0098924	501C3	11,954				GENERAL SUPPORT
(8)	ST. PHILIP'S IN THE HILLS PO BOX 65840 TUCSON AZ 85728	86-0124188	CHURCH	28,720				GENERAL SUPPORT
(9)	ST. PIUS X CATHOLIC CHURCH 1800 N CAMINO PIO DECIMO TUCSON AZ 85715	86-0227990	501C3	10,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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Inspection**

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)	STARTUP TUCSON PO BOX 1214 TUCSON AZ 85702	46-0801496	501C3	10,000				GENERAL SUPPORT
(2)	STEP STUDENT EXPEDITION 6336 N ORACLE RD STE #326-326 TUCSON AZ 85704	22-3879050	501C3	65,000				GENERAL SUPPORT
(3)	STEP UP TO JUSTICE 320 N COMMERCE PARK LOOP SUITE 100 TUCSON AZ 85745	81-3776452	501C3	22,000				GENERAL SUPPORT
(4)	STRENGTHBUILDING PARTNERS PO BOX 91313 TUCSON AZ 85752	86-0954216	501C3	10,000				GENERAL SUPPORT
(5)	SUFFOLK UNIVERSITY 8 ASHBURTON PL BOSTON MA 02108	04-2133255	501C3	6,000				GENERAL SUPPORT
(6)	SUNNYSIDE UNIFIED SCHOOL DISTRICT 2238 E GINTER RD TUCSON AZ 85706	86-0656064	501C3	27,529				GENERAL SUPPORT
(7)	TECHNICAL ASSISTANCE PARTNERSHIP 2020 N CENTRAL AVE STE 720 PHOENIX AZ 85004	86-0975231	501C3	15,000				GENERAL SUPPORT
(8)	TECHNOSERVE, INC 1777 N KENT ST STE 1100 ARLINGTON VA 22209	13-2626135	501C3	9,237				GENERAL SUPPORT
(9)	THE COMMONS: CENTER FOR FOOD PO BOX 416 SILVER CITY NM 88062	20-1004201	501C3	35,000				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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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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- 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)	THE DRAWING STUDIO INC 2760 N TUCSON BLVD TUCSON AZ 85716	86-0992193	501C3	30,000				GENERAL SUPPORT
(2)	THE EXECUTIVE COMMITTEE OF THE 901 COMMERCE ST NASHVILLE TN 37203	62-0535346	501C3	41,455				GENERAL SUPPORT
(3)	THE GREATER PURPOSE PROJECT HEROES 3104 E CAMELBACK RD #961 PHOENIX AZ 85016	82-0958984	501C3	6,500				GENERAL SUPPORT
(4)	THE HAVEN 1107 E ADELAIDE DR TUCSON AZ 85719	23-7112026	501C3	41,250				GENERAL SUPPORT
(5)	THE INTENTIONAL MAN PROJECT 2261 MARKET ST, STE 22879 SAN FRANCISCO CA 94114	85-0538848	501C3	125,000				GENERAL SUPPORT
(6)	THE MULTIVRS IS ILLUMINATED 6460 E GRANT RD #31172 TUCSON AZ 85716	85-1326093	501C3	10,000				GENERAL SUPPORT
(7)	THE ROGUE THEATRE 300 E UNIVERSITY BLVD STE 150 TUCSON AZ 85705	20-2501781	501C3	15,000				GENERAL SUPPORT
(8)	THE SALVATION ARMY 1002 N MAIN AVE TUCSON AZ 85705	94-1156347	501C3	18,021				GENERAL SUPPORT
(9)	THE UNIVERSITY OF ARIZONA P.O. BOX 210109 TUCSON AZ 85721	74-2652689	SCHOOL	264,912				SCHOLARSHIPS

- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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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

- 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)	TINY NEWS COLLECTIVE 1500 CHESTNUT STREET #2113 PHILADELPHIA PA 19102	85-3963369	501C3	60,000				GENERAL SUPPORT
(2)	TMC HEALTH FOUNDATION 5301 E GRANT RD TUCSON AZ 85712	86-0504015	501C3	50,000				GENERAL SUPPORT
(3)	TOOTH BUDDS INC PO BOX 937 PIMA AZ 85543	81-4460839	501C3	15,000				GENERAL SUPPORT
(4)	TREASURES 4 EDUCATORS, INC. PO BOX 91144 TUCSON AZ 85752	47-1640930	501C3	28,000				GENERAL SUPPORT
(5)	TRUE CONCORD VOICES & ORCHESTRA PO BOX 64912 TUCSON AZ 85728	56-2488631	501C3	33,000				GENERAL SUPPORT
(6)	TU NIDITO 3922 N MOUNTAIN AVE TUCSON AZ 85719	86-0769031	501C3	30,000				GENERAL SUPPORT
(7)	TUCSON ARIZONA BOYS CHORUS 5770 E PIMA ST TUCSON AZ 85712	86-0137258	501C3	5,500				GENERAL SUPPORT
(8)	TUCSON AUDUBON SOCIETY PO BOX 91770 TUCSON AZ 85752	86-6053779	501C3	97,895				GENERAL SUPPORT
(9)	TUCSON BOTANICAL GARDENS 2150 N ALVERNON WAY TUCSON AZ 85712	23-7037310	501C3	66,250				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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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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)	TUCSON CANCER CONQUERORS, INC. 3482 E RIVER RD TUCSON AZ 85718	27-3459811	501C3	16,500				GENERAL SUPPORT
(2)	TUCSON CHILDREN'S MUSEUM, INC. 200 S 6TH AVE TUCSON AZ 85701	86-0676237	501C3	18,500				GENERAL SUPPORT
(3)	TUCSON CONQUISTADORES FOUNDATION 3320 N CAMPBELL AVE STE 200 TUCSON AZ 85719	20-1940513	501C3	11,000				GENERAL SUPPORT
(4)	TUCSON DESERT ART MUSEUM 7000 E TANQUE VERDE STE 16 TUCSON AZ 85715	46-5102259	501C3	7,491				GENERAL SUPPORT
(5)	TUCSON DESERT SONG FESTIVAL PO BOX 65866 TUCSON AZ 85728	27-3777745	501C3	10,250				GENERAL SUPPORT
(6)	TUCSON FESTIVAL OF BOOKS PO BOX 42466 TUCSON AZ 85733	26-2145432	501C3	66,950				GENERAL SUPPORT
(7)	TUCSON GIRLS CHORUS ASSOCIATION, IN 4020 E RIVER RD TUCSON AZ 85718	86-0505318	501C3	85,500				GENERAL SUPPORT
(8)	TUCSON INTERFAITH HIV/AIDS NETWORK, 1200 N CAMPBELL AVE TUCSON AZ 85719	86-0819574	501C3	60,502				GENERAL SUPPORT
(9)	TUCSON INVESTIGATIVE REPORTING CENT 1960 N PAINTED HILLS TUCSON AZ 85745	47-1106725	501C3	61,750				GENERAL SUPPORT

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
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(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

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(1)	TUCSON JEWISH COMMUNITY CENTER, INC 3800 E RIVER RD TUCSON AZ 85718	86-0183578	501C3	18,500				GENERAL SUPPORT
(2)	TUCSON LGBT CHAMBER OF COMMERCE PO BOX 66063 TUCSON AZ 85718	84-1737498	501C3	10,000				GENERAL SUPPORT
(3)	TUCSON MEDICAL CENTER FOUNDATION 5301 E GRANT RD TUCSON AZ 85712	86-0504015	501C3	208,000				GENERAL SUPPORT
(4)	TUCSON METROPOLITAN COMMUNITY CHORU PO BOX 270 TUCSON AZ 85702	86-0617536	501C3	36,500				GENERAL SUPPORT
(5)	TUCSON MUSEUM OF ART 140 N MAIN AVE TUCSON AZ 85701	86-6006371	501C3	126,268				GENERAL SUPPORT
(6)	TUCSON PARKS AND RECREATION DEPARTM 900 S RANDOLPH WAY TUCSON AZ 85716		GOV	29,715				GENERAL SUPPORT
(7)	TUCSON POPS ORCHESTRA PO BOX 43114 TUCSON AZ 85733	94-2783658	501C3	7,491				GENERAL SUPPORT
(8)	TUCSON SYMPHONY SOCIETY 2175 N 6TH AVE TUCSON AZ 85705	86-0107538	501C3	84,704				GENERAL SUPPORT
(9)	TUCSON VALUES TEACHERS 1760 E RIVER RD STE 280 TUCSON AZ 85718	26-4637708	501C3	16,000				GENERAL SUPPORT

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**SCHEDULE I
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(Rev. December 2024)

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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 WILDLIFE CENTER, INC. PO BOX 18320 TUCSON AZ 85731	86-1001344	501C3	11,819				GENERAL SUPPORT
(2)	TUCSON YOUTH MUSIC CENTER PO BOX 42654 TUCSON AZ 85733	86-6051375	501C3	12,000				GENERAL SUPPORT
(3)	TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD STATEN ISLAND NY 10306	02-0554654	501C3	7,491				GENERAL SUPPORT
(4)	UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK NY 10038	13-1760110	501C3	35,000				GENERAL SUPPORT
(5)	UNITED WAY OF SANTA CRUZ PO BOX 2174 NOGALES AZ 85628	86-0667974	501C3	10,000				GENERAL SUPPORT
(6)	UNIVERSITY OF ARIZONA FOUNDATION PO BOX 210109 TUCSON AZ 85721	86-6050388	501C3	1,062,929				GENERAL SUPPORT
(7)	UNIVERSITY OF CALIFORNIA SANTA CRUZ 1156 HIGH STREET SANTA CRUZ CA 95064	94-1539563	SCHOOL	49,378				GENERAL SUPPORT
(8)	UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS MN 55486	41-6042488	501C3	20,000				GENERAL SUPPORT
(9)	UNIVERSITY OF NOTRE DAME 215 JORDAN HALL OF SCIENCE NOTRE DAME IN 46556	35-0868188	501C3	10,000				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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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)	UTAH FILM CENTER 375 WEST 400 NORTH SALT LAKE CITY UT 84103	75-3077559	501C3	15,000				GENERAL SUPPORT
(2)	VIETNAM VETERANS OF AMERICA, INC. PO BOX 40903 TUCSON AZ 85717	52-1389485	501C19	14,981				GENERAL SUPPORT
(3)	WE CARE TUCSON PO BOX 42761 TUCSON AZ 85733	86-0830973	501C3	26,309				GENERAL SUPPORT
(4)	WOMAN'S MISSIONARY UNION FOUNDATION 100 MISSIONARY RIDGE BIRMINGHAM AL 35242	63-1138772	501C3	16,582				GENERAL SUPPORT
(5)	WORLD CENTRAL KITCHEN, INC. PO BOX 96538 WASHINGTON DC 20090	27-3521132	501C3	10,500				GENERAL SUPPORT
(6)	XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI OH 45207	31-0537516	501C3	13,000				GENERAL SUPPORT
(7)	YELLOWSTONE ALLIANCE ADVENTURES 13707 COTTONWOOD CANYON RD BOZEMAN MT 59718	81-0472967	501C3	25,000				GENERAL SUPPORT
(8)	YOUTH EASTSIDE SERVICES 999 164TH AVENUE NE BELLEVUE WA 98008	91-0849093	501C3	35,000				GENERAL SUPPORT
(9)	YOUTH ON THEIR OWN 2525 N COUNTRY CLUB RD TUCSON AZ 85716	86-0644388	501C3	236,496				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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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 OUTDOOR EXPERIENCE 738 N 5TH AVE STE 101 TUCSON AZ 85705	46-4125968	501C3	41,500				GENERAL SUPPORT
(2)	YUMA COMMUNITY FOOD BANK 2404 E 24TH ST STE A YUMA AZ 85365	86-0457836	501C3	15,000				GENERAL SUPPORT
(3)	YWCA OF SOUTHERN ARIZONA 525 N BONITA AVE TUCSON AZ 85745	86-0098937	501C3	14,500				GENERAL SUPPORT
(4)	ZEN DESERT SANGHA INC PO BOX 44122 TUCSON AZ 85733	86-0895692	501C3	53,798				GENERAL SUPPORT
(5)								
(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

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 AWARDS	7	15,000		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)

(Rev. December 2024)

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

Open to Public
Inspection

COMMUNITY FOUNDATION FOR
SOUTHERN ARIZONA

Employer identification number

94-2681765

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include questions 1a through 9 regarding compensation policies, substantiation, and contingent payments.

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				
1 JENNY FLYNN CEO	(i)	254,072	30,000	0	21,074	11,019	316,165	0
	(ii)	0	0	0	0	0	0	0
2 EMILY WALSH COO	(i)	143,202	2,000	0	10,694	777	156,673	0
	(ii)	0	0	0	0	0	0	0
3 KATHERINE WAIT CFO	(i)	141,136	2,000	0	10,646	8,971	162,753	0
	(ii)	0	0	0	0	0	0	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**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	89	6,813,751	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)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 III, LINE 4A - FIRST ACCOMPLISHMENT
THE COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA (CFSA) ADVANCES COMMUNITY WELL-BEING THROUGH STRATEGIC GRANTMAKING, NONPROFIT CAPACITY BUILDING, AND COLLABORATIVE LEADERSHIP ACROSS THE REGION.

CFSA'S CORE GRANTS PROVIDE GENERAL OPERATING SUPPORT TO HIGH-PERFORMING NONPROFIT ORGANIZATIONS, STRENGTHENING ORGANIZATIONAL STABILITY AND LONG-TERM IMPACT. IN THE FISCAL YEAR, CFSA AWARDED \$1.35 MILLION IN CORE GRANTS, CONTRIBUTING TO A CUMULATIVE TOTAL OF \$7,400,000 INVESTED TO DATE. CFSA INVESTS IN GRASSROOTS ORGANIZATIONS ACROSS OUR REGION THROUGH ANNUAL COMUNIDAD GRANTS, AND INVESTS IN THE FUTURE LEADERS OF OUR COMMUNITY BY AWARDING OVER 150 STUDENT SCHOLARSHIPS ANNUALLY.

CFSA SERVES AS A REGIONAL CONVENER, ADVANCING CROSS-SECTOR SOLUTIONS TO COMPLEX CHALLENGES. THROUGH ITS PARTICIPATION IN THE NATIONAL PRESS FORWARD INITIATIVE, CFSA HELPS STRENGTHEN LOCAL NEWS ECOSYSTEMS AND EXPAND ACCESS TO RELIABLE, COMMUNITY-CENTERED JOURNALISM. THE FOUNDATION ALSO SUPPORTS COLLABORATIVE PARTNERSHIPS ADDRESSING REGIONAL PRIORITIES, INCLUDING END-OF-LIFE CARE AND OTHER SYSTEMS-LEVEL EFFORTS.

CFSA STEWARDS COMMUNITY-DRIVEN FUNDS, INCLUDING THE AFRICAN AMERICAN LEGACY FUND, THE LGBTQ+ ALLIANCE FUND, AND THE ASIAN PACIFIC ISLANDER DESI AMERICAN FUND WHICH INVEST IN CULTURALLY RESPONSIVE SOLUTIONS AND ELEVATE COMMUNITY VOICE IN PHILANTHROPY. THE FOUNDATION ALSO LEADS INITIATIVES SUCH AS THE NONPROFIT SOLAR PROJECT, ADVANCING SUSTAINABILITY AND LONG-TERM COST SAVINGS FOR NONPROFITS.

THROUGH ITS CENTER FOR HEALTHY NONPROFITS, CFSA PROVIDES TRAINING, PROFESSIONAL DEVELOPMENT, AND CAPACITY-BUILDING RESOURCES TO STRENGTHEN THE NONPROFIT SECTOR. CFSA ALSO FOSTERS INFORMED AND ENGAGED COMMUNITIES THROUGH PROGRAMS SUCH AS ITS SOLUTIONS-FOCUSED BOOK CLUB AND NONPARTISAN CANDIDATE FORUMS, CREATING SPACES FOR DIALOGUE, LEARNING, AND CIVIC PARTICIPATION ACROSS SOUTHERN ARIZONA.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 MANAGEMENT AND MEMBERS OF THE CFSA FINANCE COMMITTEE REVIEW THE FORM 990 PRIOR TO FILING.

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THERE IS A SEPARATE REVIEW AND PROCESS OF THE CEOS COMP WHICH GOES THROUGH THE EXECUTIVE COMMITTEE AND THEN THE BOARD.

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.

**SCHEDULE R
(Form 990)**

(Rev. December 2024)

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

**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	540,220	5,441,194	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) SYCAMORE CANYON CONSERVATION FDN 5049 E. BROADWAY BLVD., SUITE 201 20-5391377 TUCSON AZ 85711	CONSERVATI	AZ	501C3	12A	N/A	X	
(2) THE WILLIAM E. HALL FOUNDATION 5049 E. BROADWAY BLVD., SUITE 201 13-6105057 TUCSON AZ 85711	CHARITABLE	AZ	501C3	12A	N/A	X	
(3) CFSA PROPERTIES, INC. 5049 E. BROADWAY BLVD., SUITE 201 86-0742820 TUCSON AZ 85711	PROP MGMT	AZ	501C3	12A	N/A	X	
(4) SOCIAL VENTURE PARTNERS TUCSON 5049 E. BROADWAY BLVD., SUITE 201 82-2964855 TUCSON AZ 85711	CHARITABLE	AZ	501C3	12A	N/A	X	
(5) THE HOWARD V. MOORE FOUNDATION 5049 E. BROADWAY BLVD. SUITE 201 20-3983894 TUCSON AZ 85711	CHARITABLE	AZ	501C3	12A	N/A	X	

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

Schedule R (Form 990) (Rev. 12-2024)

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.

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?

	Yes	No
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)	THE WILLIAM E. HALL FOUNDATION	C	74,610	FMV
(2)				
(3)				
(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)													

