Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 07/01/23 **, and ending** 06/30/24

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 5049 E. BROADWAY BLVD, SUITE 201

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: TUCSON AZ 85711

D Employer identification number: 94-2681765

E Telephone number: 520-770-0800

G Gross receipts$ 38,223,649

F Name and address of principal officer:
KATHERINE WAIT
5049 E. BROADWAY BLVD., SUITE 201
TUCSON AZ 85711

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CFSAZ.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1980

M State of legal domicile: AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO CREATE A VIBRANT AND EQUITABLE COMMUNITY FOR ALL SOUTHERN ARIZONANS THROUGH PHILANTHROPY, NOW AND FOREVER.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	26
6 Total number of volunteers (estimate if necessary)	6	22
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-225,249
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	14,394,492	13,409,784
9 Program service revenue (Part VIII, line 2g)	236,541	203,799
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,429,971	5,474,382
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-408,045	-271,861
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,652,959	18,816,104
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,029,470	11,929,499
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,118,332	2,348,929
16a Professional fundraising fees (Part IX, column (A), line 11e)	50,000	0
b Total fundraising expenses (Part IX, column (D), line 25) 899,914		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,779,144	1,584,777
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	14,976,946	15,863,205
19 Revenue less expenses. Subtract line 18 from line 12	3,676,013	2,952,899

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	186,272,025	199,978,132
21 Total liabilities (Part X, line 26)	12,737,571	11,844,978
22 Net assets or fund balances. Subtract line 21 from line 20	173,534,454	188,133,154

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 — Date

KATHERINE WAIT CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
JULIE S. KLEWER, CPA	Signed by: Julie Klewer 431C800EF9BF4CF...	5/20/2025	☐ if self-employed	P00343046

Firm's name: LUDWIG KLEWER & RUDNER PLLC — Firm's EIN: 36-4538293

Firm's address: 4783 E CAMP LOWELL DR TUCSON, AZ 85712 — Phone no. 520-545-0500

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2023)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO CREATE A VIBRANT AND EQUITABLE COMMUNITY FOR ALL SOUTHERN ARIZONANS THROUGH PHILANTHROPY, NOW AND FOREVER.

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

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

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

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

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

4a (Code:) (Expenses $ 13,154,498 including grants of$ 11,929,499) (Revenue $ 204,682)

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

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

N/A

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

N/A

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

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

4e Total program service expenses 13,154,498

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	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	65		
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?	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 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20		
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?	2			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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AZ

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

COMMUNITY FOUND. FOR S. ARIZONA 5049 E. BROADWAY BLVD., SUITE 201
TUCSON AZ 85711 520-770-0800

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WYLLSTYNE HILL CHAIR	0.33 0.00	X		X				0	0	0
(2) TAUNYA VILLICANA VICE-CHAIR	0.55 0.00	X		X				0	0	0
(3) HERB HOFFMAN TREASURER	0.31 0.00	X		X				0	0	0
(4) DANIEL ARANA SECRETARY	0.23 0.00	X		X				0	0	0
(5) ANA NYGREN TRUSTEE	0.48 0.00	X						0	0	0
(6) BONNIE KAMPA TRUSTEE	0.48 0.00	X						0	0	0
(7) CHRIS YOUNG TRUSTEE	0.06 0.00	X						0	0	0
(8) CLYDE KUNZ TRUSTEE	0.52 0.00	X						0	0	0
(9) COLETTE BARAJAS TRUSTEE	0.37 0.06	X						0	0	0
(10) DAVID BAKER TRUSTEE	0.42 0.00	X						0	0	0
(11) ERIC SCHINDLER TRUSTEE	0.58 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) KENDAL WASHINGTON WHITE										
(12)	0.15									
TRUSTEE	0.00	X						0	0	0
(13) KRISTOPHER KITZ										
(13)	0.17									
TRUSTEE	0.00	X						0	0	0
(14) MARCEL DABDOUB										
(14)	0.00									
TRUSTEE	0.06	X						0	0	0
(15) MARIAN LALONDE										
(15)	0.17									
TRUSTEE	0.00	X						0	0	0
(16) MEREDITH HAY										
(16)	0.29									
TRUSTEE	0.00	X						0	0	0
(17) NANCY JOHNSON										
(17)	0.50									
TRUSTEE	0.00	X						0	0	0
(18) NICOLLETTE DALY										
(18)	0.55									
TRUSTEE	0.00	X						0	0	0
(19) RICHARD KOO										
(19)	0.52									
TRUSTEE	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								687,096		74,320
d Total (add lines 1b and 1c)								687,096		74,320

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? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*		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 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	88,998				
	d Related organizations	1d	260,390				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,060,396				
	g Noncash contributions included in lines 1a-1f	1g	$ 1,451,574				
	h **Total.** Add lines 1a–1f			13,409,784			
Program Service Revenue			Business Code				
	2a MANAGEMENT FEES		541610	168,549	168,549		
	b NON-FUNDRAISING EVENTS		519100	35,250	35,250		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			203,799			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,810,046			4,810,046
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a	292,990				
	b Less: rental expenses	6b	518,239				
	c Rental inc. or (loss)	6c	-225,249				
	d Net rental income or (loss)			-225,249		-225,249	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities 19,502,307 / (ii) Other				
	b Less: cost or other basis and sales exps.	7b	18,837,971				
	c Gain or (loss)	7c	664,336				
	d Net gain or (loss)			664,336			664,336
	8a Gross income from fundraising events (not including $ 88,998 of contributions reported on line 1c). See Part IV, line 18	8a	3,840				
	b Less: direct expenses	8b	51,335				
	c Net income or (loss) from fundraising events			-47,495			-47,495
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a OTHER REVENUE		900099	883	883		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			883			
	12 **Total revenue.** See instructions			18,816,104	204,682	-225,249	5,426,887

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,917,499	11,917,499		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,000	12,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	671,680	207,509	256,662	207,509
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	1,257,566	388,514	480,539	388,513
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	146,452	45,400	55,652	45,400
9 Other employee benefits	128,361	39,501	49,359	39,501
10 Payroll taxes	144,870	44,757	55,357	44,756
11 Fees for services (nonemployees):				
a Management				
b Legal	4,077		4,077	
c Accounting	53,995		53,995	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	437,250		437,250	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	143,235	94,605	31,500	17,130
12 Advertising and promotion	69,173	24,699	15,558	28,916
13 Office expenses	71,434	21,954	27,526	21,954
14 Information technology	187,338	58,075	71,188	58,075
15 Royalties				
16 Occupancy	65,138	4,644	55,850	4,644
17 Travel	28,068	8,701	10,666	8,701
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,465	8,204	10,057	8,204
20 Interest	25,488		25,488	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	129,944		129,944	
23 Insurance	29,571	7,321	14,929	7,321
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 11g expenses on Schedule O.)				
a PROGRAM MATERIALS	252,279	252,279		
b DUES AND SUBSCRIPTIONS	46,187	14,318	17,551	14,318
c RECRUITMENT/TRAINING	13,912	4,177	5,139	4,596
d MISC. EXPENSE	1,223	341	506	376
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	15,863,205	13,154,498	1,808,793	899,914
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,023,116	1	2,180,358
	2	Savings and temporary cash investments		15,330,785	2	12,793,940
	3	Pledges and grants receivable, net		6,126,264	3	5,620,013
	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		1,309,095	7	1,085,893
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		96,407	9	128,024
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,921,443			
	b	Less: accumulated depreciation	10b 1,581,492	5,550,276	10c	5,339,951
	11	Investments—publicly traded securities		156,591,922	11	172,588,155
	12	Investments—other securities. See Part IV, line 11		233,634	12	230,942
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		10,526	15	10,856
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		186,272,025	16	199,978,132
Liabilities	17	Accounts payable and accrued expenses		238,600	17	209,621
	18	Grants payable		697,663	18	1,114,066
	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		2,375,523	23	2,301,998
	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		9,425,785	25	8,219,293
	26	**Total liabilities.** Add lines 17 through 25		12,737,571	26	11,844,978
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		81,079,397	27	85,589,778
	28	Net assets with donor restrictions		92,455,057	28	102,543,376
		Organizations that do not follow FASB ASC 958, check her ☐ 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		173,534,454	32	188,133,154
	33	Total liabilities and net assets/fund balances		186,272,025	33	199,978,132

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,816,104
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,863,205
3	Revenue less expenses. Subtract line 2 from line 1	3	2,952,899
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	173,534,454
5	Net unrealized gains (losses) on investments	5	11,835,638
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	-189,837
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	188,133,154

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	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. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	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.	2c	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) SEAN MURRAY	0.43									
TRUSTEE	0.00	X						0	0	0
(21) SHAWN BEST	0.31									
TRUSTEE	0.00	X						0	0	0
(22) WILLIAM HAYES	0.54									
TRUSTEE	0.00	X						0	0	0
(23) JENNY FLYNN	40.00									
CEO	0.00			X				277,108	0	33,577
(24) EMILY WALSH	40.00									
COO	0.00			X				144,836	0	9,963
(25) KATHERINE WAIT	40.00									
CFO	0.00			X				140,152	0	20,137
(26) KELLY HUBER	40.00									
VP FOR PHILANTHROPY	0.00					X		125,000	0	10,643
(19)										
1b Subtotal								687,096		74,320
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? *If "Yes," complete Schedule J for such individual*	3		
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? *If "Yes," complete Schedule J for such individual*	4		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		

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

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

2023

Open to Public Inspection

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

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,539,745	27,054,921	34,316,728	14,394,492	13,409,784	107,715,670
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	18,539,745	27,054,921	34,316,728	14,394,492	13,409,784	107,715,670
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)						9,561,075
6 **Public support.** Subtract line 5 from line 4						98,154,595

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	18,539,745	27,054,921	34,316,728	14,394,492	13,409,784	107,715,670
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,136,379	3,341,924	4,079,503	4,145,328	5,103,036	19,806,170
9 Net income from unrelated business activities, whether or not the business is regularly carried on	4,850					4,850
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	52,012	2,731	17,900	3,700	105,692	182,035
11 **Total support.** Add lines 7 through 10						127,708,725

12	Gross receipts from related activities, etc. (see instructions)	12	1,186,967
13	**First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**		☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	76.86%
15	Public support percentage from 2022 Schedule A, Part II, line 14	15	76.20%
16a	**33 1/3% support test — 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization		☒
b	**33 1/3% support test — 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization		☐
17a	**10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐
b	**10%-facts-and-circumstances test — 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐
18	**Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2023.** 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 — 2022.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
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? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	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? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	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)? *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).*	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
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? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
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? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) 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—*provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). 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 (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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	$	12,464
SPECIAL EVENTS GROSS RECEIPTS	$	169,571

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

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	177	80
2	Aggregate value of contributions to (during year)	9,022,987	3,114,024
3	Aggregate value of grants from (during year)	8,094,602	1,587,007
4	Aggregate value at end of year	79,645,211	36,071,843

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? [X] Yes [ ] 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? [X] Yes [ ] 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).

- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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.

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

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	87,891,381	77,720,671	86,964,527	58,738,978	59,169,645
b Contributions	11,495,762	10,187,663	7,296,010	17,109,627	3,726,255
c Net investment earnings, gains, and losses	9,851,955	8,348,353	-10,460,628	15,370,571	1,639,937
d Grants or scholarships					
e Other expenditures for facilities and programs	-11,015,242	-8,365,306	-6,079,238	4,254,649	5,796,859
f Administrative expenses					
g End of year balance	98,223,856	87,891,381	77,720,671	86,964,527	58,738,978

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

- a Board designated or quasi-endowment 1.33 %
- b Permanent endowment 98.67 %
- 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?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		5,503,593	998,228	4,505,365
c Leasehold improvements				
d Equipment		500,420	266,737	233,683
e Other		421,648	316,527	105,121
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				5,339,951

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	8,219,293
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	8,219,293

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 X

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, 2024, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT ARE POTENTIALLY MATERIAL.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fund-raiser have custody or control of contributions? Yes	No	**(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
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.

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 (add col. (a) through col. (c))
		QUEER FOR GOOD (event type)	SANTA CRUZ CLC (event type)	1 (total number)	
Revenue	1 Gross receipts	69,113	11,900	11,825	92,838
	2 Less: Contributions	69,113	9,160	10,725	88,998
	3 Gross income (line 1 minus line 2)		2,740	1,100	3,840
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	40,843	9,084	1,408	51,335
	10 Direct expense summary. Add lines 4 through 9 in column (d)				51,335
	11 Net income summary. Subtract line 10 from line 3, column (d)				-47,495

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

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information.

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

SCHEDULE I (Form 990)

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 the latest information.

OMB No. 1545-0047

2023

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) 0S3 MOVEMENT 2230 N CALLE RIVAS NOGALES AZ 85621	47-5422260	501C3	15,000		FMV		GENERAL SUPPORT
(2) ABILITY DOGS OF ARIZONA 75 S MONTEGO DR TUCSON AZ 85710	26-3777503	501C3	39,123		FMV		GENERAL SUPPORT
(3) ACLU FOUNDATION OF ARIZONA PO BOX 17148 PHOENIX AZ 85011	23-7238580	501C3	25,000		FMV		GENERAL SUPPORT
(4) ADMINISTRATION OF RESOURCES AND CHO 1625 N ALVERNON WAY STE 101 TUCSON AZ 85712	86-0735999	501C3	17,000		FMV		GENERAL SUPPORT
(5) ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH ST TUCSON AZ 85703	52-2094677	501C3	10,000		FMV		GENERAL SUPPORT
(6) ALZHEIMER'S DISEASE AND RELATED DIS 225 N MICHIGAN AVE., FLOOR 17 CHICAGO IL 60601-7633	13-3039601	501C3	20,166		FMV		GENERAL SUPPORT
(7) AMAZIMA MINISTRIES PO BOX 682521 FRANKLIN TN 37068	61-1555718	501C3	10,000		FMV		GENERAL SUPPORT
(8) AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET, 18TH FL NEW YORK NY 10004-2400	13-6213516	501C3	10,500		FMV		GENERAL SUPPORT
(9) AMERICAN NATIONAL RED CROSS P.O. BOX 37839 BOONE IA 50037-0839	53-0196605	501C3	11,333		FMV		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: 310

3 Enter total number of other organizations listed in the line 1 table: 16

SCHEDULE I (Form 990)

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 the latest information.

OMB No. 1545-0047

2023

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) AMERICAN RED CROSS, SOUTHERN ARIZON 3470 E UNIVERSAL WAY TUCSON AZ 85756	53-0196605	501C3	15,889		FMV		GENERAL SUPPORT
(2) AMERIND FOUNDATION, INC. PO BOX 400 DRAGOON AZ 85609	86-0122680	501C3	40,993		FMV		GENERAL SUPPORT
(3) AMIGOS DE EDUCACION DE ALAMOS 7739 E BROADWAY BLVD PMB 342 TUCSON AZ 85710	98-0156328	501C3	6,000		FMV		GENERAL SUPPORT
(4) AMISTAD Y SALUD P.O. BOX 27284 TUCSON AZ 85726-7284	75-3060875	501C3	31,000		FMV		GENERAL SUPPORT
(5) AMPHITHEATER PUBLIC SCHOOLS FDN 701 W WETMORE RD TUCSON AZ 85705	86-0472926	501C3	24,250		FMV		GENERAL SUPPORT
(6) ANGEL CHARITY FOR CHILDREN, INC. 3132 N SWAN RD TUCSON AZ 85712	86-0472794	501C3	30,768		FMV		GENERAL SUPPORT
(7) ANGEL HEART PAJAMA PROJECT 1370 N. SILVERBELL RD. STE. 140 TUCSON AZ 85745	46-3882856	501C3	9,000		FMV		GENERAL SUPPORT
(8) APRENDER TUCSON 2701 CAMPBELL AVE TUCSON AZ 85713	86-0995325	501C3	80,000		FMV		GENERAL SUPPORT
(9) ARCHAEOLOGY SOUTHWEST 281 N STONE AVE TUCSON AZ 85701	86-0640183	501C3	12,359		FMV		GENERAL SUPPORT

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

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

SCHEDULE I (Form 990)

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 the latest information.

OMB No. 1545-0047

2023

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) ARIVACA COORDINATING COUNCIL-HUMAN PO BOX 93 ARIVACA AZ 85601	86-0609733	501C3	15,000		FMV		GENERAL SUPPORT
(2) ARIZONA ANIMAL WELFARE LEAGUE 25 N 40TH ST PHOENIX AZ 85034	23-7149453	501C3	15,000		FMV		GENERAL SUPPORT
(3) ARIZONA COMMUNITY FOUNDATION 2230 N CALLE RIVAS NOGALES AZ 85621	47-5422260	501C3	1,404,411		FMV		GENERAL SUPPORT
(4) ARIZONA COUNCIL ON ECONOMIC 16421 N TATUM BLVD STE 123 PHOENIX AZ 85032	86-0896574	501C3	8,500		FMV		GENERAL SUPPORT
(5) ARIZONA EARLY MUSIC SOCIETY PO BOX 44172 TUCSON AZ 85733-4172	86-0460081	501C3	11,500		FMV		GENERAL SUPPORT
(6) ARIZONA FRIENDS OF FOSTER CHILDREN 360 E CORONADO RD STE 190 PHOENIX AZ 85004	86-0468850	501C3	10,800		FMV		GENERAL SUPPORT
(7) ARIZONA JUSTICE FOR OUR NEIGHBORS PO BOX 27185 TUCSON AZ 85726	82-3785502	501C3	25,000		FMV		GENERAL SUPPORT
(8) ARIZONA LAND AND WATER TRUST 5049 E BROADWAY BLVD STE 117 TUCSON AZ 85711	86-6148507	501C3	426,000		FMV		GENERAL SUPPORT
(9) ARIZONA LOCAL POST 2252 E BLACKLIDGE DR TUCSON AZ 85719	87-2217945	501C3	45,000		FMV		GENERAL SUPPORT

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

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

SCHEDULE I (Form 990)

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 the latest information.

OMB No. 1545-0047

2023

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) ARIZONA ONCOLOGY FOUNDATION 2625 N CRAYCROFT STE 215 TUCSON AZ 85712	27-4035615	501C3	10,000		FMV		GENERAL SUPPORT
(2) ARIZONA OPERA COMPANY 1636 N CENTRAL AVE PHOENIX AZ 85004	23-7169261	501C3	5,805		FMV		GENERAL SUPPORT
(3) ARIZONA PET PROJECT 3905 N 7TH AVE # 7611 PHOENIX AZ 85011	86-1008549	501C3	27,000		FMV		GENERAL SUPPORT
(4) ARIZONA SCIENCE TEACHERS ASSOCIATIO 1601 E UNIVERSITY BLVD. TUCSON AZ 85721	86-0622405	501C3	10,000		FMV		GENERAL SUPPORT
(5) ARIZONA SOUTHERN BAPTIST CONVENTION 12801 N 28TH DR STE 1 PHOENIX AZ 85029	86-0123683	501C3	16,397		FMV		GENERAL SUPPORT
(6) ARIZONA THEATRE COMPANY PO BOX 1631 TUCSON AZ 85701-1301	86-0211777	501C3	29,500		FMV		GENERAL SUPPORT
(7) ARIZONA WESTERN COLLEGE FOUNDATION PO BOX 929 YUMA AZ 85366-0929	86-6051919	501C3	15,000		FMV		GENERAL SUPPORT
(8) ARIZONA'S CHILDREN ASSOCIATION 3636 N CENTRAL AVE STE 200 PHOENIX AZ 85031	86-0096772	501C3	22,817		FMV		GENERAL SUPPORT
(9) ARK OF ARIZONA PO BOX 252 DOUGLAS AZ 85608	86-0147485	501C3	15,000		FMV		GENERAL SUPPORT

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

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

SCHEDULE I (Form 990)

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 the latest information.

OMB No. 1545-0047

2023

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) ASAVET VETERINARY CHARITIES 5408 S 12TH AVE TUCSON AZ 85706	46-5746312	501C3	65,000		FMV		GENERAL SUPPORT
(2) ASSISTANCE LEAGUE OF TUCSON, INC. 1307 N ALVERNON WAY TUCSON AZ 85712	86-6057789	501C3	53,000		FMV		GENERAL SUPPORT
(3) ASYLUM PROGRAM OF ARIZONA PO BOX 41001 TUCSON AZ 85717	47-0982003	501C3	22,000		FMV		GENERAL SUPPORT
(4) AVIVA CHILDRENS SERVICES 153 S PLUMER AVE TUCSON AZ 85719	86-0948932	501C3	7,500		FMV		GENERAL SUPPORT
(5) AWANA CLUBS INTERNATIONAL 15877 COLLECTION CENTER DR CHICAGO IL 60693	36-2428692	501C3	24,596		FMV		GENERAL SUPPORT
(6) AZ CYBER INITIATIVE 477 W CRAWFORD ST NOGALES AZ 85621	84-4243833	501C3	30,000		FMV		GENERAL SUPPORT
(7) BANK OF AMERICA, N.A. 100 W 33RD ST NEW YORK NY 10001	94-1687665	501C3	31,496		FMV		GENERAL SUPPORT
(8) BAPTIST MEDICAL AND DENTAL MISSION 11 PLAZA DR HATTIESBURG MS 39402	64-0811705	501C3	16,397		FMV		GENERAL SUPPORT
(9) BAYLOR UNIVERSITY ONE BEAR PLACE, #97050 WACO TX 76798	74-1159753	SCHOOL	61,490		FMV		GENERAL SUPPORT

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

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

SCHEDULE I (Form 990)

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 the latest information.

OMB No. 1545-0047

2023

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) BEN'S BELLS, INC. 40 W BROADWAY BLVD TUCSON AZ 85701	76-0779755	501C3	7,500		FMV		GENERAL SUPPORT
(2) BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB UT 84741-5000	23-7147797	501C3	7,900		FMV		GENERAL SUPPORT
(3) BI-NATIONAL ARTS INSTITUTE PO BOX 107 DOUGLAS AZ 85608	45-3554409	501C3	13,000		FMV		GENERAL SUPPORT
(4) BIG BROTHERS BIG SISTERS OF 2552 N ALVERNON WAY STE 110 TUCSON AZ 85712	86-0188050	501C3	70,000		FMV		GENERAL SUPPORT
(5) BISBEE COALITION FOR THE HOMELESS PO BOX 5393 BISBEE AZ 85603-5393	86-0782752	501C3	82,201		FMV		GENERAL SUPPORT
(6) BOOKS FOR CLASSROOMS 1432 S SAN LUIS GREEN VALLEY AZ 85614	84-2102053	501C3	19,608		FMV		GENERAL SUPPORT
(7) BORDER COMMUNITY ALLIANCE PO BOX 1863 TUBAC AZ 85646	61-1726630	501C3	15,000		FMV		GENERAL SUPPORT
(8) BORDER YOUTH TENNIS EXCHANGE, INC. 3129 GUIDO ST OAKLAND CA 94602	82-1211390	501C3	35,000		FMV		GENERAL SUPPORT
(9) BOYS & GIRLS CLUB OF SANTA CRUZ 590 N TYLER AVE NOGALES AZ 85621	86-0671818	501C3	33,337		FMV		GENERAL SUPPORT

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

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

SCHEDULE I (Form 990)

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 the latest information.

OMB No. 1545-0047

2023

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) BOYS & GIRLS CLUBS OF THE SUN PO BOX 10291 CASA GRANDE AZ 85130	86-0864429	501C3	30,000		FMV		GENERAL SUPPORT
(2) BOYS AND GIRLS CLUBS OF TUCSON P.O. BOX 40217 TUCSON AZ 85717-0217	86-0172257	501C3	65,823		FMV		GENERAL SUPPORT
(3) BOYS TO MEN TUCSON, INC. 738 N 5TH AVE. STE 130 TUCSON AZ 85705	80-0432852	501C3	10,000		FMV		GENERAL SUPPORT
(4) BPS FOUNDATION 1120 N TOWN CENTER DR STE 160 LAS VEGAS NV 89144	88-2260784	501C3	10,000		FMV		GENERAL SUPPORT
(5) CAMP KESEM NATIONAL 440 N BARRANCA AVE # 2773 COVINA CA 91723	51-0454157	501C3	10,000		FMV		GENERAL SUPPORT
(6) CANDLELIGHTERS CHILDHOOD CANCER PO BOX 42436 TUCSON AZ 85733-2436	43-2080690	501C3	10,000		FMV		GENERAL SUPPORT
(7) CARE P.O. BOX 1870 MERRIFIELD VA 22116	13-1685039	501C3	15,000		FMV		GENERAL SUPPORT
(8) CARE FOR CYCLING INC 6363 N SWAN RD STE 151 TUCSON AZ 85718	27-4797792	501C3	15,000		FMV		GENERAL SUPPORT
(9) CASA DE LOS NIOS, INC. 1120 N 5TH AVE TUCSON AZ 85705	86-0314595	501C3	42,917		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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(1) CASA MARIA CATHOLIC WORKER 401 E 26TH ST. TUCSON AZ 85713	87-2956227	501C3	13,000		FMV		GENERAL SUPPORT
(2) CASAS ADOBES BAPTIST CHURCH 10801 N LA CHOLLA BLVD TUCSON AZ 85742	86-0314386	CHURCH	81,986		FMV		GENERAL SUPPORT
(3) CATALINA COUNCIL, BOY SCOUTS OF AME 2250 E BROADWAY BLVD TUCSON AZ 85719	86-0107516	501C3	44,047		FMV		GENERAL SUPPORT
(4) CATALINA LUTHERAN CHURCH 15855 N TWIN LAKES DR TUCSON AZ 85739	86-0473060	CHURCH	15,000		FMV		GENERAL SUPPORT
(5) CATHOLIC COMMUNITY SERVICES OF 848 S SEVENTH AVE. TUCSON AZ 85701-2698	86-0100880	501C3	50,500		FMV		GENERAL SUPPORT
(6) CENTURION FOUNDATION INC 5049 E BROADWAY BLVD STE 135 TUCSON AZ 85711	46-3852752	501C3	22,000		FMV		GENERAL SUPPORT
(7) CHANGING LANES RECOVERY 6425 E BROADWAY BLVD TUCSON AZ 85710	88-3962422	501C3	10,000		FMV		GENERAL SUPPORT
(8) CHILD AND FAMILY RESOURCES, INC. 2800 E BROADWAY BLVD TUCSON AZ 85716	86-0251984	501C3	12,000		FMV		GENERAL SUPPORT
(9) CHILD EVANGELISM FELLOWSHIP, INC. PO BOX 348 WARRENTON MO 63383	38-6091187	501C3	28,695		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

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

2023

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(1) CHILD HEALTH & RESILIENCE MASTERY 7941 E PRESIDIO RD TUCSON AZ 85750	83-2702573	501C3	10,000		FMV		GENERAL SUPPORT
(2) CHILDREN'S ACTION ALLIANCE 5049 E BROADWAY BLVD TUCSON AZ 85711	86-0594785	501C3	55,000		FMV		GENERAL SUPPORT
(3) CHILDREN'S MEDICAL CENTER FDN PO BOX 847253 DALLAS TX 75284-7253	75-2062015	501C3	10,000		FMV		GENERAL SUPPORT
(4) CIHUAPACTLI COLLECTIVE 230 N WESTMORELAND AVE PHOENIX AZ 85036	82-4846555	501C3	15,000		FMV		GENERAL SUPPORT
(5) COALITION FOR SONORAN DESERT 738 N 5TH AVE STE 205 TUCSON AZ 85705	82-2156664	501C3	8,000		FMV		GENERAL SUPPORT
(6) CODY'S FRIENDS, INC. PO BOX 36502 TUCSON AZ 85704	47-4052727	501C3	50,000		FMV		GENERAL SUPPORT
(7) COLGATE UNIVERSITY TREASURERS OFFIC PO BOX 313 CANAJOHARIE NY 13317-0313	15-0532078	501C3	10,000		FMV		GENERAL SUPPORT
(8) COLORADO OPEN LANDS 1546 COLE BLVD STE 200 GOLDEN CO 80401	84-0866211	501C3	5,200		FMV		GENERAL SUPPORT
(9) COMMUNITY FOOD BANK, INC. 3003 S. COUNTRY CLUB ROAD TUCSON AZ 85713	51-0192519	501C3	235,742		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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(1) COMMUNITY GARDENS OF TUCSON 5049 E BROADWAY BLVD STE 300 TUCSON AZ 85711	86-0981116	501C3	15,000		FMV		GENERAL SUPPORT
(2) COMMUNITY HOME REPAIR PROJECTS OF PO BOX 26215 TUCSON AZ 85726	86-0682684	501C3	35,000		FMV		GENERAL SUPPORT
(3) COMMUNITY SHARE 634 NORTH JACOBUS AVE TUCSON AZ 85705	88-1108848	501C3	17,000		FMV		GENERAL SUPPORT
(4) COMPASS AFFORDABLE HOUSING, INC. 48 N TUCSON BLVD STE 102 TUCSON AZ 85716	86-0708645	501C3	30,000		FMV		GENERAL SUPPORT
(5) CONGREGATION CHOFETZ CHAYIM 5150 E 5TH ST TUCSON AZ 85711	86-0369304	501C3	7,000		FMV		GENERAL SUPPORT
(6) CONQUISTADORES YOUTH GOLF FUND 1400 W SPEEDWAY BLVD. TUCSON AZ 85745	45-0511766	501C3	7,500		FMV		GENERAL SUPPORT
(7) CONSTRUYENDO CIRCULES DE PAZ 155 N MORLEY AVE NOGALES AZ 85621	20-3452166	501C3	42,243		FMV		GENERAL SUPPORT
(8) COYOTE TASKFORCE 66 E PENNINGTON ST. TUCSON AZ 85701-1535	86-0679405	501C3	30,000		FMV		GENERAL SUPPORT
(9) CROSSROADS NOGALES MISSION, INC. 338 N MORLEY AVE NOGALES AZ 85621	86-0804463	501C3	6,000		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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(1) DESERT CAT RESCUE & SANCTUARY OF PO BOX 1238 THATCHER AZ 85552	AR 47-3983524	501C3	9,000		FMV		GENERAL SUPPORT
(2) DESERT SPRING CHILDREN'S CENTER 740 E SPEEDWAY BLVD TUCSON AZ 85719	86-0585831	501C3	10,000		FMV		GENERAL SUPPORT
(3) DESERT SURVIVORS, INC. 1020 W STARR PASS BLVD TUCSON AZ 85713	86-0420538	501C3	30,250		FMV		GENERAL SUPPORT
(4) DIVERSITY IN DENTISTRY MENTORSHIPS, 4729 E SUNRISE DR # 147 TUCSON AZ 85718	85-2395210	501C3	10,000		FMV		GENERAL SUPPORT
(5) DOCTORS WITHOUT BORDERS USA, INC. PO BOX 5030 HAGERSTOWN MD 21741-5030	13-3433452	501C3	14,944		FMV		GENERAL SUPPORT
(6) DONKEY DREAMS SANCTUARY PO BOX 951 LITTLEFIELD AZ 86432	81-3650509	501C3	6,680		FMV		GENERAL SUPPORT
(7) DOUGHERTY FOUNDATION INC 221 E INDIANOLA AVE PHOENIX AZ 85012	86-6051637	501C3	77,902		FMV		GENERAL SUPPORT
(8) DUNBAR COALITION, INC. 325 W 2ND ST TUCSON AZ 85705	86-0776891	501C3	10,750		FMV		GENERAL SUPPORT
(9) E-TECH INTERNATIONAL INC 1421 MIRACERROS LOOP S SANTA FE NM 87505	61-1458602	501C3	6,000		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

Department of the Treasury
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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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(1) EARN TO LEARN 6336 N ORACLE RD STE 326 # 106 TUCSON AZ 85704	26-1151754	501C3	40,000		FMV		GENERAL SUPPORT
(2) EAST SANTA CRUZ COUNTY COMMUNITY PO BOX 1147 PATAGONIA AZ 85624	86-0765764	501C3	7,000		FMV		GENERAL SUPPORT
(3) EASTSIDE AUDUBON SOCIETY P.O. BOX 3113 REDMOND WA 98073	91-1123007	501C3	35,000		FMV		GENERAL SUPPORT
(4) EDGE SCHOOL, INC. 2555 E FIRST ST. TUCSON AZ 85716	86-0850116	501C3	29,048		FMV		GENERAL SUPPORT
(5) EDUCATIONAL ENRICHMENT FOUNDATION 5049 E BROADWAY BLVD STE 107 TUCSON AZ 85711	74-2354578	501C3	59,278		FMV		GENERAL SUPPORT
(6) EL GRUPO YOUTH CYCLING PO BOX 295 TUCSON AZ 85702	80-0252901	501C3	10,000		FMV		GENERAL SUPPORT
(7) EL RIO HEALTH CENTER FOUNDATION, IN 839 W. CONGRESS STREET TUCSON AZ 85745	86-0816675	501C3	69,424		FMV		GENERAL SUPPORT
(8) EMERGE! CENTER AGAINST DOMESTIC 2545 E. ADAMS STREET TUCSON AZ 85716	86-0312162	501C3	524,682		FMV		GENERAL SUPPORT
(9) EMPOWER COALITION, INC. 6336 N ORACLE RD STE 326-235 TUCSON AZ 85704	81-1068512	501C3	10,000		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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(1) EQUINE VOICES RESCUE & SANCTUARY PO BOX 1685 GREEN VALLEY AZ 85622	74-3127794	501C3	6,000		FMV		GENERAL SUPPORT
(2) FIDELITY CHARITABLE GIFT FUND 100 CROSBY PKWY KC1D-FCS COVINGTON KY 41015-4325	11-0303001	501C3	6,938		FMV		GENERAL SUPPORT
(3) FINALLY MY FOREVER HOME RESCUE 6646 S GILA AVE TUCSON AZ 85746	83-2405094	501C3	10,000		FMV		GENERAL SUPPORT
(4) FIRST CHRISTIAN CHURCH OF TUCSON 740 E SPEEDWAY TUCSON AZ 85719	86-0113954	CHURCH	10,000		FMV		GENERAL SUPPORT
(5) FLAGSTAFF FAMILY FOOD CENTER 3805 E HUNTINGTON DR FLAGSTAFF AZ 86004	86-0754044	501C3	6,116		FMV		GENERAL SUPPORT
(6) FLORENCE IMMIGRANT AND REFUGEE RIGH P.O. BOX 86299 TUCSON AZ 85754	86-0658103	501C3	33,200		FMV		GENERAL SUPPORT
(7) FOUNDATION FOR CREATIVE BROADCASTIN 220 S 4TH AVE TUCSON AZ 85701	94-2746379	501C3	155,000		FMV		GENERAL SUPPORT
(8) FOX TUCSON THEATRE FOUNDATION PO BOX 1008 TUCSON AZ 85702	86-0965120	501C3	25,600		FMV		GENERAL SUPPORT
(9) FREE ARTS FOR ABUSED CHILDREN OF AZ 352 E CAMELBACK RD STE 100 PHOENIX AZ 85012	86-0739613	501C3	30,000		FMV		GENERAL SUPPORT

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(1) FRIENDS OF APHASIA PO BOX 12232 TUCSON AZ 85732	81-4575180	501C3	23,000		FMV		GENERAL SUPPORT
(2) FRIENDS OF LAS LAGUNAS DE ANZA P.O. BOX 1386 NOGALES AZ 85628	81-4077251	501C3	10,000		FMV		GENERAL SUPPORT
(3) FRIENDS OF PIMA ANIMAL CARE CENTER PO BOX 85370 TUCSON AZ 85754-5370	47-4160770	501C3	32,250		FMV		GENERAL SUPPORT
(4) FRIENDS OF THE LIBRARY 518 N GRAND AVE NOGALES AZ 85621	20-3253323	501C3	10,000		FMV		GENERAL SUPPORT
(5) FRIENDS OF THE TUBAC PRESIDIO AND M 1 BURRUEL ST TUBAC AZ 85646	46-2133238	501C3	15,000		FMV		GENERAL SUPPORT
(6) FRIENDS OF TUCSON'S BIRTHPLACE PO BOX 1228 TUCSON AZ 85702	27-1326401	501C3	27,000		FMV		GENERAL SUPPORT
(7) FRIENDS OF UNITED HATZALAH INC 208 E 51ST ST STE 303 NEW YORK NY 10022	11-3533002	501C3	6,000		FMV		GENERAL SUPPORT
(8) GALLAUDET UNIVERSITY 800 FLORIDA AVE., NE WASHINGTON DC 20002-3695	53-0199507	SCHOOL	18,000		FMV		GENERAL SUPPORT
(9) GAP MINISTRIES 2025 W HIGHWAY DR TUCSON AZ 85705	86-0999503	501C3	14,435		FMV		GENERAL SUPPORT

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2023

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) GIRL SCOUTS OF SOUTHERN ARIZONA 4300 E BROADWAY BLVD TUCSON AZ 85711	86-0098917	501C3	22,500		FMV		GENERAL SUPPORT
(2) GIVE2ASIA 2201 BROADWAY ST., 4TH FLOOR OAKLAND CA 94612	94-3373670	501C3	31,500		FMV		GENERAL SUPPORT
(3) GOSPEL RESCUE MISSION, INC. PO BOX 28813 TUCSON AZ 85726-8813	86-6054088	501C3	16,161		FMV		GENERAL SUPPORT
(4) GRACE-ST. PAUL'S EPISCOPAL CHURCH 2331 E ADAMS ST TUCSON AZ 85719	86-0677399	CHURCH	20,000		FMV		GENERAL SUPPORT
(5) GRAND CANYON UNIVERSITY PO BOX 11590 PHOENIX AZ 85061	47-2507725	SCHOOL	60,000		FMV		GENERAL SUPPORT
(6) GREATER TUCSON LEADERSHIP, INC. 5049 E BROADWAY BLVD STE 152 TUCSON AZ 85711	86-0695269	501C3	45,000		FMV		GENERAL SUPPORT
(7) GREEN VALLEY ASSISTANCE SERVICES, I 3950 S CAMINO DEL HEROE GREEN VALLEY AZ 85614	94-2783969	501C3	45,234		FMV		GENERAL SUPPORT
(8) GROUNDWORKS TUCSON 2919 E GRANT RD TUCSON AZ 85716	83-4315432	501C3	30,000		FMV		GENERAL SUPPORT
(9) HABITAT FOR HUMANITY TUCSON, INC. 3501 N MOUNTAIN AVE. TUCSON AZ 85719	94-2725100	501C3	13,250		FMV		GENERAL SUPPORT

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

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

SCHEDULE I (Form 990)

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 the latest information.

OMB No. 1545-0047

2023

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Employer identification number: 94-2681765

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(1) HEAL MINISTRIES, INC. PO BOX 50361 NASHVILLE TN 37205	26-2267496	501C3	20,000		FMV		GENERAL SUPPORT
(2) HEALING HEARTS ANIMAL SANCTUARY INC 5814 E PEAK VIEW RD CAVE CREEK AZ 85331	65-1259371	501C3	6,000		FMV		GENERAL SUPPORT
(3) HEBREWS 34 1700 W KOCH ST STE 2 BOZEMAN MT 59715	99-2797139	501C3	25,000		FMV		GENERAL SUPPORT
(4) HIGHER GROUND A RESOURCE CENTER PO BOX 27883 TUCSON AZ 85726	27-3585869	501C3	28,000		FMV		GENERAL SUPPORT
(5) HOMICIDE SURVIVORS, INC. 5049 E BROADWAY BLVD STE 151 TUCSON AZ 85711	86-0889964	501C3	16,000		FMV		GENERAL SUPPORT
(6) HONOR FLIGHT TUCSON PO BOX 32649 TUCSON AZ 85751	27-4841319	501C3	8,338		FMV		GENERAL SUPPORT
(7) HOPE & A FUTURE 909 W MCDOWELL RD PHOENIX AZ 85007	42-1651764	501C3	10,000		FMV		GENERAL SUPPORT
(8) HOPE ANIMAL SHELTER, INC. PO BOX 1996 CORTARO AZ 85652	03-0561855	501C3	7,600		FMV		GENERAL SUPPORT
(9) HUMANE BORDERS, INC PO BOX 27024 TUCSON AZ 85726	80-5033532	501C3	15,000		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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(1) HUMANE SOCIETY OF SOUTHERN ARIZONA 635 W ROGER RD TUCSON AZ 85705	86-0112798	501C3	66,946		FMV		GENERAL SUPPORT
(2) IMAGO DEI MIDDLE SCHOOL PO BOX 3056 TUCSON AZ 85702	86-1155866	501C3	130,000		FMV		GENERAL SUPPORT
(3) INSTITUTE OF REAL ESTATE MANAGEMENT 7739 E BROADWAY BLVD # 279 TUCSON AZ 85710	51-0203909	501C3	9,000		FMV		GENERAL SUPPORT
(4) INTERNATIONAL MISSION BOARD OF THE 3806 MONUMENT AVE RICHMOND VA 23230-0767	54-0213930	501C3	45,092		FMV		GENERAL SUPPORT
(5) INTERNATIONAL SCHOOL FOR PEACE 4625 E RIVER RD TUCSON AZ 85718	86-0388672	501C3	35,000		FMV		GENERAL SUPPORT
(6) INTERNATIONAL SONORAN DESERT PO BOX 687 AJO AZ 85321	86-0778917	501C3	15,250		FMV		GENERAL SUPPORT
(7) ISKASHITAA REFUGEE NETWORK 3736 E 2ND ST TUCSON AZ 85716	45-5067244	501C3	25,200		FMV		GENERAL SUPPORT
(8) ITTY BITTY BOTTLE BABIES, INC. PO BOX 2253 ARIZONA CITY AZ 85123	84-4562588	501C3	7,000		FMV		GENERAL SUPPORT
(9) JEWISH FEDERATION OF SOUTHERN 3718 E RIVER RD. STE. 100 TUCSON AZ 85718	86-0096795	501C3	43,500		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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(1) JEWISH WAR VETERANS OF THE UNITED 1811 R ST NW WASHINGTON DC 20009	36-4668941	501C3	7,338		FMV		GENERAL SUPPORT
(2) JOBPATH, INC PO BOX 12519 TUCSON AZ 85732	65-1190309	501C3	10,444		FMV		GENERAL SUPPORT
(3) JUNETEENTH FESTIVAL COMMITTEE, INC. PO BOX 12533 TUCSON AZ 85732	86-0510825	501C3	10,000		FMV		GENERAL SUPPORT
(4) JUNIOR ACHIEVEMENT OF ARIZONA 6339 E SPEEDWAY BLVD. TUCSON AZ 85710	86-0184349	501C3	45,107		FMV		GENERAL SUPPORT
(5) KINO BORDER INITIATIVE PO BOX 159 NOGALES AZ 85628-0159	26-3623357	501C3	10,000		FMV		GENERAL SUPPORT
(6) KOL AMI TUCSON 225 N COUNTRY CLUB RD TUCSON AZ 85716	87-1926763	501C3	10,100		FMV		GENERAL SUPPORT
(7) KYAH RAYNE FOUNDATION 3104 E CAMELBACK RD # 1172 PHOENIX AZ 85016	87-1903581	501C3	15,000		FMV		GENERAL SUPPORT
(8) LA FRONTERA CENTER, INC. 504 W 29TH ST TUCSON AZ 85713-3353	86-0215009	501C3	7,500		FMV		GENERAL SUPPORT
(9) LA LINEA ART STUDIO 32 N MORLEY AVE NOGALES AZ 85621	88-4092662	501C3	10,000		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

Department of the Treasury
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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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(1) LARAMIE COUNTY COMMUNITY COLLEGE 1400 E COLLEGE DR. CHEYENNE WY 82007	23-7033750	501C3	9,332		FMV		GENERAL SUPPORT
(2) LAW COLLEGE ASSOCIATION OF THE P.O. BOX 210176 TUCSON AZ 85721-0176	86-6037148	501C3	41,000		FMV		GENERAL SUPPORT
(3) LIBERTY PARTNERSHIP COMMUNITY 7658 S. BOSWORTH FIELD WAY TUCSON AZ 85746	86-0709757	501C3	20,000		FMV		GENERAL SUPPORT
(4) LIBRARIES, LTD. 503 W PORTLAND ST PHOENIX AZ 85003	86-6056882	501C3	10,000		FMV		GENERAL SUPPORT
(5) LITERACY CONNECTS 200 E YAVAPAI RD TUCSON AZ 85705	23-7047508	501C3	69,280		FMV		GENERAL SUPPORT
(6) LIVING STREETS ALLIANCE PO BOX 2641 TUCSON AZ 85702	27-4678502	501C3	20,000		FMV		GENERAL SUPPORT
(7) LOFT CINEMA, INC. 3233 E. SPEEDWAY BOULEVARD TUCSON AZ 85716	46-0477843	501C3	37,551		FMV		GENERAL SUPPORT
(8) LUTHERAN SOCIAL SERVICES OF THE 2502 E UNIVERSITY DR STE 125 PHOENIX AZ 85034	86-0252302	501C3	40,000		FMV		GENERAL SUPPORT
(9) MAKE WAY FOR BOOKS 700 N STONE AVE. TUCSON AZ 85705	31-1583036	501C3	22,750		FMV		GENERAL SUPPORT

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(1) MARIPOSA COMMUNITY HEALTH CENTER 825 N GRAND AVE., STE. 100 NOGALES AZ 85621	86-0524321	501C3	20,647		FMV		GENERAL SUPPORT
(2) MCINTOSH COUNTY ACADEMY 8945 US HIGHWAY 17 DARIEN GA 31305	58-6000286	501C3	7,500		FMV		GENERAL SUPPORT
(3) MICROCARE COMMUNITY DEVELOPMENT SOL 5049 E BROADWAY BLVD STE 306 TUCSON AZ 85711	81-2556015	501C3	15,000		FMV		GENERAL SUPPORT
(4) MIKID MENTALLY ILL KIDS IN DISTRESS 7816 N 19TH AVE STE 100 PHOENIX AZ 85021	86-0673994	501C3	30,000		FMV		GENERAL SUPPORT
(5) MOBILE MEALS OF SOUTHERN ARIZONA 3355 S. SIXTH AVE. TUCSON AZ 85713	23-7157579	501C3	30,100		FMV		GENERAL SUPPORT
(6) MOON & STARS ANIMAL RESCUE PO BOX 35161 TUCSON AZ 85740	83-3170364	501C3	6,000		FMV		GENERAL SUPPORT
(7) MUSEUM OF CONTEMPORARY ART TUCSON 265 S CHURCH AVE TUCSON AZ 85701	86-0850880	501C3	15,000		FMV		GENERAL SUPPORT
(8) NAMI OF SOUTHERN ARIZONA 6122 E 22ND ST TUCSON AZ 85711	86-0450977	501C3	24,250		FMV		GENERAL SUPPORT
(9) NATIONAL ACTION COUNCIL FOR MINORIT 1432 DUKE ST ALEXANDRIA VA 22314	52-1190664	501C3	12,222		FMV		GENERAL SUPPORT

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(1) NATIONAL CENTER FOR YOUTH LAW 1212 BROADWAY STE 600 OAKLAND CA 94612	94-2506933	501C3	25,000		FMV		GENERAL SUPPORT
(2) NATIVE SEEDS/SEARCH 3584 E RIVER RD TUCSON AZ 85718	94-2899356	501C3	28,250		FMV		GENERAL SUPPORT
(3) NATURAL RESOURCES DEFENSE COUNCIL, 40 W 20TH ST 11TH FL NEW YORK NY 10011	13-2654926	501C3	6,222		FMV		GENERAL SUPPORT
(4) NATURE CONSERVANCY OF ARIZONA 1510 E FT LOWELL RD TUCSON AZ 85719-2313	53-0242652	501C3	12,500		FMV		GENERAL SUPPORT
(5) NEWMAN FOUNDATION AT THE UNIVERSITY PO BOX 40473 TUCSON AZ 85717-4073	86-0658807	501C3	5,640		FMV		GENERAL SUPPORT
(6) NICHOLS SCHOOL OF BUFFALO 1250 AMHERST ST BUFFALO NY 14216	16-0755808	501C3	50,000		FMV		GENERAL SUPPORT
(7) NO KILL PIMA COUNTY PO BOX 86231 TUCSON AZ 85754	46-3333316	501C3	20,000		FMV		GENERAL SUPPORT
(8) NOGALES COMMUNITY DEVELOPMENT CORP. PO BOX 421 NOGALES AZ 85621	86-0878561	501C3	15,000		FMV		GENERAL SUPPORT
(9) NORTH AMERICAN MISSION BOARD OF THE PO BOX 116543 ATLANTA GA 30368-6543	58-2379481	501C3	20,497		FMV		GENERAL SUPPORT

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(1) NORTHERN JAGUAR PROJECT INC 2114 W GRANT RD STE 121 TUCSON AZ 85745	42-1554992	501C3	12,000		FMV		GENERAL SUPPORT
(2) ORACLE ANIMAL RESCUE & REHAB PO BOX 1043 ORACLE AZ 85623	84-1906997	501C3	10,000		FMV		GENERAL SUPPORT
(3) OUR FAMILY SERVICES, INC. 2590 N ALVERNON WAY TUCSON AZ 85712	94-2598560	501C3	30,000		FMV		GENERAL SUPPORT
(4) PANTANO CHRISTIAN CHURCH 1755 S HOUGHTON RD TUCSON AZ 85748	86-0478226	501C3	10,000		FMV		GENERAL SUPPORT
(5) PATAGONIA CREATIVE ARTS ASSOCIATION PO BOX 1248 PATAGONIA AZ 85624	31-1641854	501C3	25,000		FMV		GENERAL SUPPORT
(6) PATAGONIA REGIONAL AQUATICS CENTER PO BOX 1052 PATAGONIA AZ 85624	87-2702064	501C3	10,000		FMV		GENERAL SUPPORT
(7) PATAGONIA REGIONAL TIMES PO BOX 1073 PATAGONIA AZ 85624	27-2932569	501C3	38,350		FMV		GENERAL SUPPORT
(8) PATAGONIA VOLUNTEER FIRE AND RESCUE PO BOX 497 PATAGONIA AZ 85624	74-2371137	501C3	10,000		FMV		GENERAL SUPPORT
(9) PATAGONIA YOUTH ENRICHMENT CENTER PO BOX 843 PATAGONIA AZ 85624	46-4554862	501C3	20,000		FMV		GENERAL SUPPORT

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(1) PAULA AND CABOT SEDGWICK FAMILY FOU P.O. BOX 1386 NOGALES AZ 85628	20-4177878	501C3	8,450		FMV		GENERAL SUPPORT
(2) PAWSITIVELY CATS 1145 N WOODLAND AVE TUCSON AZ 85709	86-0208787	501C3	5,350		FMV		GENERAL SUPPORT
(3) PAWS PATROL, INC. PO BOX 1642 GREEN VALLEY AZ 85622	20-5537148	501C3	8,500		FMV		GENERAL SUPPORT
(4) PIMA COMMUNITY COLLEGE 4905 E. BROADWAY BLVD. TUCSON AZ 85709-1110	86-0208787	GOV	17,957		FMV		GENERAL SUPPORT
(5) PIMA COUNCIL ON AGING, INC. 8467 E BROADWAY BLVD. TUCSON AZ 85710	86-0251768	501C3	50,309		FMV		GENERAL SUPPORT
(6) PIMA COUNTY PUBLIC LIBRARY 101 N STONE AVE., 4TH FLOOR TUCSON AZ 85701	86-6000543	GOV	25,000		FMV		GENERAL SUPPORT
(7) PINAL COUNTY HISTORICAL SOCIETY 715 S MAIN ST FLORENCE AZ 85132	86-6055125	501C3	15,000		FMV		GENERAL SUPPORT
(8) PLANNED PARENTHOOD OF AZ 4751 N 15TH ST PHOENIX AZ 85014	86-0146520	501C3	59,472		FMV		GENERAL SUPPORT
(9) PLANNED PARENTHOOD FEDERATION OF AM 123 WILLIAM STREET NEW YORK NY 10038	13-1644147	501C3	29,444		FMV		GENERAL SUPPORT

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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) POPULATION CONNECTION PO BOX 8901 TOPEKA KS 66608-8901	94-1703155	501C3	7,000		FMV		GENERAL SUPPORT
(2) PRIMAVERA FOUNDATION, INC. 151 W 40TH ST. TUCSON AZ 85713	86-0733182	501C3	48,618		FMV		GENERAL SUPPORT
(3) PROJECT ACCESS, INC 2100 W ORANGEWOOD AVE STE 230 ORANGE CA 92868	33-0834635	501C3	22,500		FMV		GENERAL SUPPORT
(4) PUBLIC EMPLOYEES FOR ENVIRONMENTAL 962 WAYNE AVE STE 610 SILVER SPRING MD 20910	93-1102740	501C3	6,000		FMV		GENERAL SUPPORT
(5) RAINBOW ACRES 2120 W RESERVATION LOOP RD CAMP VERDE AZ 86322-8408	86-0286420	501C3	23,138		FMV		GENERAL SUPPORT
(6) REACHOUT, INC. 2648 N CAMPBELL AVE TUCSON AZ 85719-3102	86-6086733	501C3	121,831		FMV		GENERAL SUPPORT
(7) REBUILDING TOGETHER-SANTA CRUZ COUN 3061 N SUNRISE PL NOGALES AZ 85621	86-0892583	501C3	10,000		FMV		GENERAL SUPPORT
(8) REID PARK ZOOLOGICAL SOCIETY, INC. 1030 S RANDOLPH WAY TUCSON AZ 85716	94-2379052	501C3	8,434		FMV		GENERAL SUPPORT
(9) RENAISSANCE THEATRE COMPANY 415 E PRINCETON ST ORLANDO FL 32803	86-2197367	501C3	30,000		FMV		GENERAL SUPPORT

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

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

SCHEDULE I (Form 990)

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 the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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Employer identification number: 94-2681765

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(1) REVEILLE GAY MEN'S CHORUS P.O. BOX 43633 TUCSON AZ 85733-3633	86-0804112	501C3	77,500		FMV		GENERAL SUPPORT
(2) RIGHT TO THE CITY ALLIANCE 388 ATLANTIC AVE STE 2 BROOKLYN NY 11217	94-3462187	501C3	10,000		FMV		GENERAL SUPPORT
(3) RINCON CONGREGATIONAL UNITED CHURCH 122 N CRAYCROFT RD TUCSON AZ 85711-3238	86-6007256	CHURCH	11,540		FMV		GENERAL SUPPORT
(4) RIO RICO COMMUNITY CENTER PO BOX 4052 RIO RICO AZ 85648	81-4887903	501C3	10,000		FMV		GENERAL SUPPORT
(5) RONALD MCDONALD HOUSE CHARITIES OF 2155 E ALLEN RD TUCSON AZ 85719	95-3526934	501C3	20,000		FMV		GENERAL SUPPORT
(6) ROOTS & ROADS COMMUNITY HOSPICE FDN 5049 E BROADWAY BLVD., STE 400 TUCSON AZ 85711	86-1004321	501C3	15,000		FMV		GENERAL SUPPORT
(7) SADDLEBROOKE COMMUNITY OUTREACH INC 63675 E SADDLEBROOKE BLVD STE L TUCSON AZ 85739	86-0843458	501C3	16,611		FMV		GENERAL SUPPORT
(8) SAGRADO WELLNESS 2030 E BROADWAY BLVD STE 110 TUCSON AZ 85719	87-4291824	501C3	10,000		FMV		GENERAL SUPPORT
(9) SAN MIGUEL HIGH SCHOOL 6601 S SAN FERNANDO AVE. TUCSON AZ 85756	48-1270906	GOV	86,000		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

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

2023

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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.

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(1) SANTA CRUZ COUNCIL ON AGING, INC. 125 E MADISON ST NOGALES AZ 85621	86-0281248	501C3	15,000		FMV		GENERAL SUPPORT
(2) SANTA CRUZ ELEMENTARY SCHOOL 7 DUQUESNE RD NOGALES AZ 85621	86-0498511	GOV	10,000		FMV		GENERAL SUPPORT
(3) SANTA CRUZ TRAINING PROGRAMS, INC. PO BOX 638 NOGALES AZ 85628	86-0424088	501C3	15,000		FMV		GENERAL SUPPORT
(4) SANTA CRUZ VALLEY ART ASSOCIATION, P.O. BOX 1911 TUBAC AZ 85646-1911	23-7034028	501C3	25,000		FMV		GENERAL SUPPORT
(5) SANTA CRUZ VALLEY HERITAGE ALLIANCE PO BOX 2602 TUCSON AZ 85702	83-4384170	501C3	21,000		FMV		GENERAL SUPPORT
(6) SARSEF: SOUTHERN ARIZONA RESEARCH, 5049 E BROADWAY BLVD STE 125 TUCSON AZ 85711	86-0946185	501C3	55,500		FMV		GENERAL SUPPORT
(7) SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD CT 06825	06-0726487	501C3	50,000		FMV		GENERAL SUPPORT
(8) SCHOLARSHIP FOUNDATION OF ST LOUIS 6825 CLAYTON AVE STE 100 ST. LOUIS MO 63139	43-6031234	501C3	9,444		FMV		GENERAL SUPPORT
(9) SCHOLARSHIPS A-Z 225 E 26TH ST STE 6 TUCSON AZ 85713	45-4458497	501C3	19,500		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

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

2023

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Employer identification number: 94-2681765

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(1) SCOUNDREL & SCAMP 738 NORTH 5TH AVE TUCSON AZ 85705	81-4781384	501C3	20,000		FMV		GENERAL SUPPORT
(2) SEA SHEPHERD CONSERVATION SOCIETY PO BOX 8628 ALEXANDRIA VA 22306	93-0792021	501C3	8,000		FMV		GENERAL SUPPORT
(3) SENIOR CITIZEN ONE STOP INFORMATION 555 E. PLAZA CIRCLE, STE. C LITCHFIELD PARK AZ 85340	47-2668533	501C3	17,300		FMV		GENERAL SUPPORT
(4) SERENITY BAPTIST CHURCH 15501 W AJO HWY TUCSON AZ 85735	86-0470457	501C3	16,397		FMV		GENERAL SUPPORT
(5) SIMON WIESENTHAL CENTER 1399 S ROXBURY DR LOS ANGELES CA 90035	95-3964928	501C3	14,675		FMV		GENERAL SUPPORT
(6) SKY ISLAND ALLIANCE PO BOX 41165 TUCSON AZ 85717-1165	86-0796748	501C3	6,000		FMV		GENERAL SUPPORT
(7) SOCIETY FOR BEVEL INTENTIONS, INC. P.O. BOX 1163 PATAGONIA AZ 85624	13-4012463	501C3	7,500		FMV		GENERAL SUPPORT
(8) SOLDIER'S BEST FRIEND 14505 N 75TH AVE PEORIA AZ 85381	27-4665797	501C3	30,000		FMV		GENERAL SUPPORT
(9) SOLIDAIRE NETWORK, INC PO BOX 94684 SEATTLE WA 98124-6984	84-2130536	501C3	70,000		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

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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(1) SONORAN ART FOUNDATION, INC. 633 W. 18TH STREET TUCSON AZ 85701	86-1041970	501C3	18,000		FMV		GENERAL SUPPORT
(2) SOUTHERN ARIZONA ASSOCIATION FOR 3350 E GRANT RD TUCSON AZ 85716	86-6056057	501C3	10,126		FMV		GENERAL SUPPORT
(3) SOUTHERN ARIZONA CAT RESCUE P.O. BOX 65791 TUCSON AZ 85728	84-3384497	501C3	14,000		FMV		GENERAL SUPPORT
(4) SOUTHERN ARIZONA SENIOR PRIDE 1632 N COUNTRY CLUB RD TUCSON AZ 85716	85-3355472	501C3	66,200		FMV		GENERAL SUPPORT
(5) SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE MONTGOMERY AL 36104	63-0598743	501C3	8,000		FMV		GENERAL SUPPORT
(6) SOUTHWEST AUTISM RESEARCH AND 300 N 18TH STREET PHOENIX AZ 85006	31-1496646	501C3	15,000		FMV		GENERAL SUPPORT
(7) SOUTHWEST FOLKLIFE ALLIANCE, INC. PO BOX 42044 TUCSON AZ 85733	51-0195434	501C3	7,250		FMV		GENERAL SUPPORT
(8) SPLINTER ART AND COMMUNITY FUND 901 N 13TH AVE STE 105 TUCSON AZ 85705-7553	86-1918619	501C3	26,000		FMV		GENERAL SUPPORT
(9) SPREADING THREADS CLOTHING BANK PO BOX 86182 TUCSON AZ 85754-6182	83-1151614	501C3	8,000		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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(1) SR. JOSE WOMEN'S CENTER 1028 S PARK AVE TUCSON AZ 85719	46-1290517	501C3	25,250		FMV		GENERAL SUPPORT
(2) ST THERESE OF LISIEUX PARISH PO BOX 435 PATAGONIA AZ 85624	86-0209881	CHURCH	10,000		FMV		GENERAL SUPPORT
(3) ST. FRANCIS SHELTER PO BOX 65752 TUCSON AZ 85728	83-2427128	501C3	10,000		FMV		GENERAL SUPPORT
(4) ST. LUKE'S IN THE DESERT, INC. 615 E ADAMS ST. TUCSON AZ 85705-6714	86-0098924	501C3	31,500		FMV		GENERAL SUPPORT
(5) ST. MARK'S PRESBYTERIAN CHURCH 3809 E 3RD ST TUCSON AZ 85716	86-0120505	CHURCH	19,000		FMV		GENERAL SUPPORT
(6) ST. PIUS X CATHOLIC CHURCH 1800 N CAMINO PIO DECIMO TUCSON AZ 85715	86-0227990	CHURCH	10,000		FMV		GENERAL SUPPORT
(7) STANFORD UNIVERSITY P.O. BOX 20466 STANFORD CA 94309-0466	94-1156365	SCHOOL	10,000		FMV		GENERAL SUPPORT
(8) STEP UP BISBEE NACO PO BOX 1554 BISBEE AZ 85603	31-1584017	501C3	20,000		FMV		GENERAL SUPPORT
(9) STEP UP TO JUSTICE 320 N COMMERCE PARK LOOP # 100 TUCSON AZ 85745	81-3776452	501C3	6,500		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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(1) STEP: STUDENT EXPEDITION PROGRAM 6336 N ORACLE RD STE # 326-326 TUCSON AZ 85704	22-3879050	501C3	95,000		FMV		GENERAL SUPPORT
(2) SUNNYSIDE UNIFIED SCHOOL DISTRICT 2238 E GINTER RD TUCSON AZ 85706	86-0656064	501C3	38,371		FMV		GENERAL SUPPORT
(3) SWEETWATER CENTER 1125 E LINDEN TUCSON AZ 85719	45-5106200	501C3	6,000		FMV		GENERAL SUPPORT
(4) TAMPA GENERAL HOSPITAL FOUNDATION I PO BOX 1289 TAMPA FL 33601	23-7354477	501C3	10,000		FMV		GENERAL SUPPORT
(5) TECHNOSERVE, INC 1777 N KENT ST STE 1100 ARLINGTON VA 22209	13-2626135	501C3	9,444		FMV		GENERAL SUPPORT
(6) THE AMERICAN SOCIETY FOR THE PROTEC 15 E 40TH ST, STE 904 NEW YORK NY 10016	52-1467954	501C3	6,000		FMV		GENERAL SUPPORT
(7) THE CENTERS FOR HABILITATION 215 W LODGE DR TEMPE AZ 85283	86-0217033	501C3	15,000		FMV		GENERAL SUPPORT
(8) THE CHICAGO COMMUNITY FOUNDATION 33 S STATE ST STE 750 CHICAGO IL 60603	36-3432023	501C3	106,886		FMV		GENERAL SUPPORT
(9) THE COMMONS: CENTER FOR FOOD PO BOX 416 SILVER CITY NM 88062	20-1004201	501C3	35,000		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

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(1) THE DRAWING STUDIO, INC. 2760 N TUCSON BLVD TUCSON AZ 85716	86-0992193	501C3	20,000		FMV		GENERAL SUPPORT
(2) THE EXECUTIVE COMMITTEE OF THE 901 COMMERCE ST NASHVILLE TN 37203	62-0535346	501C3	40,993		FMV		GENERAL SUPPORT
(3) THE GOOD BROTHERS FOUNDATION 5750 S HOUGHTON RD STE 11205 TUCSON AZ 85747	88-0802637	501C3	6,000		FMV		GENERAL SUPPORT
(4) THE INTENTIONAL MAN PROJECT 226 S DACOTAH ST LOS ANGELES CA 90063	85-0538848	501C3	150,000		FMV		GENERAL SUPPORT
(5) THE LAND WITH NO NAME SANCTUARY 1830 E BROADWAY BLVD STE 124-188 TUCSON AZ 85719	45-3199408	501C3	18,000		FMV		GENERAL SUPPORT
(6) THE SALVATION ARMY - TUCSON 1002 N MAIN AVE TUCSON AZ 85705	94-1156347	501C3	16,582		FMV		GENERAL SUPPORT
(7) THE WOMENS FOUNDATION FOR THE STATE 7090 N. ORACLE RD. STE. 178 PMB 202 TUCSON AZ 85704	31-1660702	501C3	52,000		FMV		GENERAL SUPPORT
(8) THERAPEUTIC RIDING OF TUCSON, INC. 8920 E WOODLAND RD TUCSON AZ 85749	86-0329294	501C3	12,768		FMV		GENERAL SUPPORT
(9) TOHONO CHUL PARK, INC. 7366 N PASEO DEL NORTE TUCSON AZ 85704-4415	86-0438592	501C3	6,001		FMV		GENERAL SUPPORT

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SCHEDULE I (Form 990)

Department of the Treasury
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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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(1) TOOTH BUDDS INC PO BOX 937 PIMA AZ 85543	81-4460839	501C3	15,000		FMV		GENERAL SUPPORT
(2) TREASURES 4 EDUCATORS, INC. 6800 N. CAMINO MARTIN #124 TUCSON AZ 85741	47-1640930	501C3	12,000		FMV		GENERAL SUPPORT
(3) TRUE CONCORD VOICES & ORCHESTRA PO BOX 64912 TUCSON AZ 85728-4912	56-2488631	501C3	23,500		FMV		GENERAL SUPPORT
(4) TU NIDITO CHILDREN AND FAMILY 3922 N MOUNTAIN AVE TUCSON AZ 85719	86-0769031	501C3	25,000		FMV		GENERAL SUPPORT
(5) TUCSON AUDUBON SOCIETY PO BOX 91770 TUCSON AZ 85752	86-6053779	501C3	66,956		FMV		GENERAL SUPPORT
(6) TUCSON BOTANICAL GARDENS 2150 N ALVERNON WAY TUCSON AZ 85712	23-7037310	501C3	55,750		FMV		GENERAL SUPPORT
(7) TUCSON CHILDREN'S MUSEUM, INC. 200 S SIXTH AVE. TUCSON AZ 85701	86-0676237	501C3	12,000		FMV		GENERAL SUPPORT
(8) TUCSON DESERT ART MUSEUM 7000 E TANQUE VERDE STE 16 TUCSON AZ 85715	46-5102259	501C3	7,338		FMV		GENERAL SUPPORT
(9) TUCSON DESERT SONG FESTIVAL PO BOX 65866 TUCSON AZ 85728	27-3777745	501C3	10,000		FMV		GENERAL SUPPORT

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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 the latest information.

OMB No. 1545-0047

2023

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) TUCSON GIRLS CHORUS ASSOCIATION INC 4020 E RIVER RD TUCSON AZ 85718	86-0505318	501C3	75,000		FMV		GENERAL SUPPORT
(2) TUCSON INTERFAITH HIV/AIDS NETWORK, 2660 N 1ST AVE. TUCSON AZ 85719	86-0819574	501C3	33,999		FMV		GENERAL SUPPORT
(3) TUCSON INVESTIGATIVE REPORTING 1960 N PAINTED HILLS TUCSON AZ 85745	47-1106725	501C3	65,000		FMV		GENERAL SUPPORT
(4) TUCSON JEWISH COMMUNITY CENTER, INC 3800 E RIVER RD TUCSON AZ 85718	86-0183578	501C3	25,500		FMV		GENERAL SUPPORT
(5) TUCSON LGBT CHAMBER OF COMMERCE PO BOX 14312 TUCSON AZ 85732-4312	84-1737498	501C3	15,000		FMV		GENERAL SUPPORT
(6) TUCSON MEDICAL CENTER FOUNDATION 5301 E GRANT RD TUCSON AZ 85712	86-0504015	501C3	56,500		FMV		GENERAL SUPPORT
(7) TUCSON METROPOLITAN COMMUNITY PO BOX 270 TUCSON AZ 85702-0270	86-0617536	501C3	20,000		FMV		GENERAL SUPPORT
(8) TUCSON MUSEUM OF ART 140 N MAIN AVE TUCSON AZ 85701-8290	86-6006371	501C3	317,768		FMV		GENERAL SUPPORT
(9) TUCSON PIMA COLLABARATION TO END 310 N COMMERCE PARK LOOP TUCSON AZ 85745	86-6000266	501C3	10,000		FMV		GENERAL SUPPORT

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

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

SCHEDULE I (Form 990)

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 the latest information.

OMB No. 1545-0047

2023

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) TUCSON POPS ORCHESTRA PO BOX 43114 TUCSON AZ 85733	94-2783658	501C3	7,338		FMV		GENERAL SUPPORT
(2) TUCSON SYMPHONY SOCIETY 2175 N 6TH AVE TUCSON AZ 85705-5606	86-0107538	501C3	24,483		FMV		GENERAL SUPPORT
(3) TUCSON UNIFIED SCHOOL DISTRICT - 2025 E. WINSETT TUCSON AZ 85719	OM 86-6000551	GOV	40,000		FMV		GENERAL SUPPORT
(4) TUCSON VALUES TEACHERS 1760 E RIVER RD STE 280 TUCSON AZ 85718	26-4637708	501C3	10,000		FMV		GENERAL SUPPORT
(5) TUCSON WALDORF EDUCATION 3605 E RIVER RD. TUCSON AZ 85718-6638	86-0729122	501C3	16,900		FMV		GENERAL SUPPORT
(6) TUCSON WILDLIFE CENTER, INC. PO BOX 18320 TUCSON AZ 85731	86-1001344	501C3	11,857		FMV		GENERAL SUPPORT
(7) TUCSON-PIMA LIBRARY FOUNDATION PO BOX 13245 TUCSON AZ 85732-3245	86-1034492	501C3	15,500		FMV		GENERAL SUPPORT
(8) TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD STATEN ISLAND NY 10306	02-0554654	501C3	7,338		FMV		GENERAL SUPPORT
(9) UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK NY 10038	13-1760110	501C3	50,000		FMV		GENERAL SUPPORT

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

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

SCHEDULE I (Form 990)

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 the latest information.

OMB No. 1545-0047

2023

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) UNIVERSITY OF ARIZONA FOUNDATION P.O. BOX 210109 TUCSON AZ 85721-0109	86-6050388	501C3	872,006		FMV		GENERAL SUPPORT
(2) UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK ST SE STE 500 MINNEAPOLIS MN 55455-2010	41-6042488	501C3	10,000		FMV		GENERAL SUPPORT
(3) USA FOR UNFPA, INC. 605 3RD AVE, FLOOR 4 NEW YORK NY 10158	13-3996346	501C3	15,000		FMV		GENERAL SUPPORT
(4) VIETNAM VETERANS OF AMERICA, INC. P.O. BOX 40903 TUCSON AZ 85717-0903	52-1389485	501C3	14,675		FMV		GENERAL SUPPORT
(5) VOTER CHOICE ARIZONA PO BOX 5931 PEORIA AZ 85385	85-1460608	501C3	50,000		FMV		GENERAL SUPPORT
(6) WE CARE TUCSON PO BOX 42761 TUCSON AZ 85733	86-0830973	501C3	6,174		FMV		GENERAL SUPPORT
(7) WESTERN ENVIRONMENTAL LAW CENTER 120 SHELTON MCMURPHEY BLVD STE 340 EUGENE OR 97401	93-1010269	501C3	6,000		FMV		GENERAL SUPPORT
(8) WESTERN GOVERNORS UNIVERSITY P.O. BOX 30015 SALT LAKE CITY UT 84130	47-4365018	SCHOOL	13,000		FMV		GENERAL SUPPORT
(9) WESTERN USA LIEUTENANCY OF THE 555 W TEMPLE ST LOS ANGELES CA 90012	61-1442249	501C3	6,000		FMV		GENERAL SUPPORT

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

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

SCHEDULE I (Form 990)

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 the latest information.

OMB No. 1545-0047

2023

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) WILLCOX THEATER AND ARTS, INC. PO BOX 217 WILLCOX AZ 85644	45-5329399	501C3	30,000		FMV		GENERAL SUPPORT
(2) WOMAN'S MISSIONARY UNION FOUNDATION 100 MISSIONARY RIDGE BIRMINGHAM AL 35242	63-1138772	501C3	16,397		FMV		GENERAL SUPPORT
(3) WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON DC 20001	27-3521132	501C3	8,500		FMV		GENERAL SUPPORT
(4) YOUTH EASTSIDE SERVICES 999 164TH AVENUE NE BELLEVUE WA 98008	91-0849093	501C3	35,000		FMV		GENERAL SUPPORT
(5) YOUTH ON THEIR OWN 2525 N COUNTRY CLUB RD TUCSON AZ 85716-2505	86-0644388	501C3	126,029		FMV		GENERAL SUPPORT
(6) YOUTH OUTDOOR EXPERIENCE 738 N 5TH AVE, #101 TUCSON AZ 85705	46-4125968	501C3	70,000		FMV		GENERAL SUPPORT
(7) YUMA LIBRARY FOUNDATION PO BOX 4505 YUMA AZ 85366-4505	86-0899337	GOV	86,922		FMV		GENERAL SUPPORT
(8) YWCA OF SOUTHERN ARIZONA 525 N BONITA AVE TUCSON AZ 85745	86-0098937	501C3	24,868		FMV		GENERAL SUPPORT
(9) ZEN DESERT SANGHA INC PO BOX 44122 TUCSON AZ 85733	86-0895692	501C3	19,340		FMV		GENERAL SUPPORT

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

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

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

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

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

PART IV - ADDITIONAL INFORMATION

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

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
2023
Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☐ Compensation committee		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☐ Written employment contract		
	☒ Compensation survey or study		
	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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	(i)	277,108	0	0	22,169	11,408	310,685	0
	CEO	(ii)	0	0	0	0	0	0	0
2	EMILY WALSH	(i)	144,836	0	0	9,230	733	154,799	0
	COO	(ii)	0	0	0	0	0	0	0
3	KATHERINE WAIT	(i)	140,152	0	0	11,531	8,606	160,289	0
	CFO	(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)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

Open To Public Inspection

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	18	1,451,574	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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M - SUPPLEMENTAL INFORMATION

ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

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.

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

CHANGE IN BENEFICIAL INTEREST	$ -48,521
NOTE RECEIVABLE ADJUSTMENT	$ -141,316
TOTAL	$ -189,837

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization: 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	542,684	5,704,029	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	(g) 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)	THE THOMAS R. BROWN FAMILY FDN P.O. BOX 31930 86-0933380 TUCSON AZ 85751	CHARITABLE	AZ	501C3	12A	N/A	X	
(5)	DAVID S. & NORMA R. LEWIS FDN 5049 E. BROADWAY BLVD., SUITE 201 81-3487852 TUCSON AZ 85711	CHARITABLE	AZ	501C3	12A	N/A	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

Employer identification number: 94-2681765

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) SOCIAL VENTURE PARTNERS 5049 E. BROADWAY BLVD., SUITE 201 82-2964855 TUCSON AZ 85711	CHARITABLE	AZ	501C3	12A	N/A	X	
(2) THE HOWARD V. MOORE FOUNDATION 5049 E. BROADWAY BLVD. SUITE 201 20-3983894 TUCSON AZ 85711					N/A		X
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc.? Yes	(h) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(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	(i) Section 512(b)(13) controlled entity? 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.

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

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THOMAS R. BROWN FOUNDATION	C	140,000	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? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII **Supplemental Information.**
Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R - ADDITIONAL INFORMATION

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

DURING THE YEAR ENDED JUNE 30, 2024, THE DAVID S. AND NORMA R. LEWIS FOUNDATION DISCONTINUED OPERATIONS AS A SUPPORTING ORGANIZATION OF COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA AND DEPOSITED THE REMAINING ASSETS INTO A FUND AT COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA.

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2023 or other tax year beginning 07/01/23, and ending 06/30/24

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

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

OMB No. 1545-0047

2023

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

A ☐ Check box if address changed.

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA

D Employer identification number
94-2681765

Number, street, and room or suite no. If a P.O. box, see instructions.
5049 E. BROADWAY BLVD, SUITE 201

E Group exemption number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
TUCSON AZ 85711

F ☐ Check box if an amended return.

C Book value of all assets at end of year 199,978,132

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university
☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

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

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-108,232
2	Reserved	2	
3	Add lines 1 and 2	3	-108,232
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-108,232
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-108,232
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

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

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	
3a	Amount due from Form 4255	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	
4	**Total tax.** Add lines 2 and 3f (see instructions) ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	

Part III Tax and Payments *(continued)*

6a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	**Total payments.** Add lines 6a through 6j		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11	Enter the amount of line 10 you want: **Credited to 2024 estimated tax** **Refunded**		11	

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

		Yes	No
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
531120	$ 122,267
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Signature of officer	Date	Title
		CFO

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JULIE S. KLEWER, CPA	Signed by: Julie Klewer 431C860EF9BF4CF...	5/20/2025		P00343046

Firm's name	Firm's EIN
LUDWIG KLEWER & RUDNER PLLC	36-4538293
Firm's address	**Phone no.**
4783 E CAMP LOWELL DR TUCSON, AZ 85712	520-545-0500

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

2023

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

A Name of the organization
COMMUNITY FOUNDATION FOR

B Employer identification number
94-2681765

C Unrelated business activity code (see instructions) 531120

D Sequence: 1 of 1

E Describe the unrelated trade or business UNRELATED BUSINESS ACTIVITY

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____				
b Less returns and allowances _____ **c** Balance	**1c**			
2 Cost of goods sold (Part III, line 8)	**2**			
3 Gross profit. Subtract line 2 from line 1c	**3**			
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	**4a**			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	**4b**			
c Capital loss deduction for trusts	**4c**			
5 Income (loss) from a partnership or an S corporation (attach statement)	**5**			
6 Rent income (Part IV)	**6**			
7 Unrelated debt-financed income (Part V)	**7**	140,782	249,014	-108,232
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	**8**			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	**9**			
10 Exploited exempt activity income (Part VIII)	**10**			
11 Advertising income (Part IX)	**11**			
12 Other income (see instructions; attach statement)	**12**			
13 **Total.** Combine lines 3 through 12	**13**	140,782	249,014	-108,232

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				**1**	
2 Salaries and wages				**2**	
3 Repairs and maintenance				**3**	
4 Bad debts				**4**	
5 Interest (attach statement). See instructions				**5**	
6 Taxes and licenses				**6**	
7 Depreciation (attach Form 4562). See instructions	**7**	187,774			
8 Less depreciation claimed in Part III and elsewhere on return	**8a**	187,774		**8b**	0
9 Depletion				**9**	
10 Contributions to deferred compensation plans				**10**	
11 Employee benefit programs				**11**	
12 Excess exempt expenses (Part VIII)				**12**	
13 Excess readership costs (Part IX)				**13**	
14 Other deductions (attach statement)				**14**	
15 **Total deductions.** Add lines 1 through 14				**15**	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				**16**	-108,232
17 Deduction for net operating loss. See instructions				**17**	
18 **Unrelated business taxable income.** Subtract line 17 from line 16				**18**	-108,232

Part III Cost of Goods Sold

Enter method of inventory valuation

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

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

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

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)

4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

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

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

STMT 1	A	B	C	D
2 Gross income from or allocable to debt-financed property	292,990			
3 Deductions directly connected with or allocable to debt-financed property	SEE STATEMENT 2			
a Straight line depreciation (attach statement)	187,774			
b Other deductions (attach statement)	330,465			
c Total deductions (add lines 3a and 3b, columns A through D)	518,239			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	SEE STATEMENT 3 1,121,321			
5 Average adjusted basis of or allocable to debt-financed property (attach statement)	SEE STATEMENT 4 2,333,678			
6 Divide line 4 by line 5	48.05%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	140,782			

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 140,782

9 Allocable deductions. Multiply line 3c by line 6	249,014			

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 249,014

11 **Total dividends — received deductions** included in line 10

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

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

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals				

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals				

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

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

Part IX Advertising Income

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

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

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

	A	B	C	D
2 Gross advertising income				
3 Direct advertising costs by periodical				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add columns A through D. Enter here and on Part I, line 11, column (A) _____

a Add columns A through D. Enter here and on Part I, line 11, column (B) _____

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13 _____

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

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

Part XI Supplemental Information (see instructions)

Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

Activity Description	UBIT Num	Available Carryover
UNRELATED BUSINESS ACTIVITY	531120	$ 122,267
TOTAL		$ 122,267

Unrelated Business Activity

Statement 1 - Schedule A (990T), Part V, Line 3b - Other Debt Finance Expense Information

Description	Deduction
RENTAL	$
LEGAL FEES	1,537
COMMISSIONS	152,491
INTEREST	39,867
INSURANCE	9,314
ADVERTISING	70
CLEANING & MAINTENANCE	65,215
SUPPLIES	5,482
UTILITIES	11,774
INFORMATION TECHNOLOGY	20,131
MISCELLANEOUS	3,733
INVESTMENT FEES	8,499
OUTSIDE SERVICES	2,396
MEETINGS	1,627
DUES AND SUBSCRIPTIONS	590
TELEPHONE AND INTERNET	7,739
TOTAL	$ 330,465

Unrelated Business Activity

Statement 2 - Schedule A (Form 990-T), Page 2, Part V, Line 3a - Straightline Depreciation Detail

Column	DescProp	Cost Basis	Date Acquired	Useful Life	Years Remaining	Current Year Depreciation	Allowable Depreciation
A		$		0	0	$ 187,774	$ 187,774
	TOTAL	$ 0				$ 187,774	$ 187,774

Unrelated Business Activity

Statement 3 - Schedule A (990T), Part V, Line 4 - Amount of Average Acquisition debt on or Allocable to Debt Financed Property

Description	Deduction
RENTAL	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	28,033,020
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	2,336,085
UNRELATED ACTIVITY PERCENTAGE	48
ALLOCATED ACQUISITION DEBT	1,121,321

Unrelated Business Activity

Statement 4 - Schedule A (990T), Part V, Line 5 - Average Adjusted Basis of or Allocable to Debt Financed Property

Description	Deduction
RENTAL	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	4,919,824
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	4,803,836
TOTAL	9,723,660
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	4,861,830
UNRELATED ACTIVITY PERCENTAGE	48
ALLOCATED ADJUSTED BASIS	2,333,678