** PUBLIC DISCLOSURE COPY **

 $_{\text{Form}} 990$

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021							
B Check if applicable: C Name of organization D Employer identification numb							ation number	
					2			
	Addre	UNIVERSITY OF ARIZONA FOUNDATION			0/ /0	F0200		
	Name chang				86-60	50388		
	Initial return Final return	1111 NORTH CHERRY AVENUE	vered to street address)	Room/suite	E Telephone 520-621		1867	
	termir ated Amen	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts		676, 596, 769.	
	return	1000011 112 00721	DAIII DOCZNII AV		H(a) Is this a group return			
	Application pendi	F Name and address of principal officer: JOHN-F	AUL NUCZNIAN		for subor			
_	•		2 (1 1) 10/7()(4)	507	H(b) Are all subor			
	rax-ex Websi		(insert no.) 4947(a)(1)	or 527	H(c) Group ex		st. See instructions	
			ociation Other	I Voor			State of legal domicile: AZ	
	art I	Summary	ociation other	II TEAL	or tollination:	1101	State of legal domicile.	
	1	Briefly describe the organization's mission or most s	ignificant activities. SEE SCI	HEDULE 0				
Activities & Governance		briefly describe the organization's mission of most s	ignineant activities.					
nar	2	Check this box if the organization discont	inued its operations or dispos	sed of more	than 25% of its	net asse	ts	
Ver	3	Number of voting members of the governing body (F					36	
Ğ	4	Number of independent voting members of the gove					35	
88	5	Total number of individuals employed in calendar ye					110	
viţie	6	Total number of volunteers (estimate if necessary) ~					130	
\cti	7 a	Total unrelated business revenue from Part VIII, colu					-1, 223, 694.	
_	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11			. 7b	0.	
					Prior Year	000	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h) $\sim \sim \sim \sim$			100, 548		142, 249, 114.	
	9	Program service revenue (Part VIII, line 2g) \sim \sim \sim			8, 475		12,799,800.	
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, a			50, 441, 1, 715,		98, 832, 493. -1, 202, 082.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			161, 181		252, 679, 325.	
		Total revenue - add lines 8 through 11 (must equal P					96, 383, 074.	
		Grants and similar amounts paid (Part IX, column (A)			82,520	0.	0.	
		Benefits paid to or for members (Part IX, column (A),			9, 841, 454.		9,017,302.	
ses	15	Salaries, other compensation, employee benefits (Pa			0.		0.	
Expenses	100	Professional fundraising fees (Part IX, column (A), lin	/ 1/7	657		0.		
X	17	Total fundraising expenses (Part IX, column (D), line Other expenses (Part IX, column (A), lines 11a-11d, 1			25,067	893.	20, 474, 675.	
		Total expenses. Add lines 13-17 (must equal Part IX,				604.	125, 875, 051.	
	ı	Revenue less expenses. Subtract line 18 from line 12			43, 752,	-	126, 804, 274.	
D S		TO THE TOTAL PROPERTY OF THE PARTY OF THE PA			inning of Curren	Year	End of Year	
Assets or	20	Total assets (Part X, line 16)	~~~~~~~~~~		1, 114, 372,	784.	1, 433, 016, 381.	
t Ass	21	Total liabilities (Part X, line 26)			209, 077,	THE RESERVE OF THE PERSON NAMED IN	254, 925, 224.	
Net	22	Net assets or fund balances. Subtract line 21 from lin	ne. 20		905, 295,	267.	1, 178, 091, 157.	
Pa	rt II	Signature Block						
	45	lties of perjury, I declare that I have examined this return, in				7.7	nowledge and belief, it is	
true.	correc	t, and complete Declaration of preparer (other than officer)	is based on all information of wh	ich preparer l	nas any knowledg	1 4	7077	
		- 800			9~	15-	XOXX	
Sigr	n	Signature of officer	c		Date			
Here J CRAIG BARKER, SVP, FINANCIAL SVCS								
Type or print name and title Print/Type properor's pame Properor's signature Date Check PTIN						PTIN		
Detit		Print/Type preparer's name PATRICK SHIELDS	Preparer's signature		04/17/2022	f	P01508556	
Paid		- EDNOT A VOUND II C LLD	1 startesmin			self-employed	34-6565596	
	arer Only	Firm's name O ERNST & YOUNG U.S. LLP Firm's address O 101 E. WASHINGTON STREET,	STF 910		Firm's E	-1119	0. 0000070	
USE	Only	PHOENIX, AZ 85004	and the		Dhona	0 602-3	322-3000	
V								

-	990 (2020) UNIVERSITY OF ARIZO	NA FOUNDATION	86-605	0388 Page 2
	t III Statement of Program Service Acc			
га	Check if Schedule O contains a response or n			
-		ote to any line in this Part III		
1	Briefly describe the organization's mission: THE UNIVERSITY OF ARIZONA FOUNDATION 13	S COMMITTED TO SUPPORTING AN	D	
	ENHANCING THE VISION, MISSION AND VALUE	S OF THE UNIVERSITY OF ARIZ	ONA	
	THROUGH THE DEVELOPMENT AND MANAGEMENT	OF PRIVATE SUPPORT	0.0.1	
	TINOGOTI THE DEVELOTMENT AND WANTAGEMENT	OF THE SOFT SHEET		
_		are carried during the year which war	ro not listed on the	
2	Did the organization undertake any significant prograprior Form 990 or 990-EZ?	an services during the year which wer	e not listed on the	Yes X No
	If "Yes," describe these new services on Schedule C	l. 18 - L. L In Leavell and ducks on	and a reason and look?	Yes X No
3	Did the organization cease conducting, or make sign	ifficant changes in now it conducts, ar	ly program services? ~~~~~	La res La No
	If "Yes," describe these changes on Schedule O.	Helius and for each of its three largest	nearon condess as measured b	w ovnoncos
4	Describe the organization's program service accomp	dishments for each of its three largest	program services, as measured b	overences and
	Section 501(c)(3) and 501(c)(4) organizations are req	uired to report the amount or grants a	nd allocations to others, the total	expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 99,669,5	85 96	6, 383, 074.) (Revenue \$	12, 799, 800.
4a	(Code:) (Expenses \$ 99,669,5	85. including grants of \$90	(Revenue \$,,
	ENHANCING THE VISION, MISSION AND VALUE	ES OF THE UNIVERSITY OF ARIZ	ONA	
	THROUGH THE DEVELOPMENT AND MANAGEMENT	OF DRIVATE SUPPORT INCORPO	RATED	
	IN 1958, THE UNIVERSITY OF ARIZONA FOUL	UNATION DROWINGS ASSISTANCE	TO	
	THE UNIVERSITY OF ARIZONA IN TWO MAIN A	ADEAS: FUND_DAISING AND ASSE	T	
	MANAGEMENT.	INCAS. TOND NATISTING AND ASSE		
	MANAGEMENT.			
	(Code:) (Expenses \$	to deally a seemte of 6) (Payanua \$	1
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$,
		9		
				70
				-
4c	(Code:) (Expenses \$	Including grants of \$) (Revenue \$)
100	// /		* 7	
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including gran		(Revenue \$	
4e	Total program service expenses	99, 669, 585.		000
				Form 990 (2020)

,	Chooking of hogeness		Yes	No
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		165	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
_	If "Yes," complete Schedule A	2	х	-
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			525
	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		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	x	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		, v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	١.,		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		+
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
19	complete Schedule G, Part III	19		х
200	complete Schedule G, Part III	20a	1	х
	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	х	

Pai	t 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			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
	Schedule J	20		
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	04-		х
	Schedule K. If "No," go to line 25a	24a	_	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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		Х
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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	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
		Allessa		4/12
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):	500000		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		х
	"Yes," complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			x
	"Yes," complete Schedule L, Part IV	28c	v	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? f "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		х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
30	If "Yes," complete Schedule R, Part V, line 2	36		х
07	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37		37		х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<u> </u>		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
Da	Note: All Form 990 filers are required to complete Schedule O	30		
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			N-
		2016-00	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable [ID]			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		120	1000
	(gambling) winnings to prize winners?	1c	000	
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Pai	t 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 110			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3550	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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		х
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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		4	
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
а	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	·7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
е				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	•			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	2000	1	х
	sponsoring organization have excess business holdings at any time during the year?	8		^
9	Sponsoring organizations maintaining donor advised funds.	0-		х
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		5 N. S. S.
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
a				
b	areas results, included on the mineral results are seen as a			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from members or shareholders			
b	amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	7.70km		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	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			
0.000	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			AND S
- 0 C-sur		Гани	990	(2020)

Form	990 (2020) UNIVERSITY OF ARIZONA FOUNDATION		86-60503	88	Р	age 6
CONTRACTOR OF THE PARTY OF THE	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					Х
Sec	tion 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	3	6		
	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	3	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	$\overline{}$	env other			
2	officer, director, trustee, or key employee?			2		х
2	Did the organization delegate control over management duties customarily performed by or under the					
3	of officers, directors, trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9					х
4	Did the organization make any significant changes to its governing documents since the prior rolling Did the organization become aware during the year of a significant diversion of the organization's ass			5		х
5				6		х
6	Did the organization have members or stockholders?			-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7a		х
	more members of the governing body?			1a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	OCKNO	iders, or	76		х
	persons other than the governing body?			7b		A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			-	х	
а	The governing body?			8a	_	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a		х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cont	licts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	х	
15	Did the process for determining compensation of the following persons include a review and approva					
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	e dego. ■ Can though described and the control of			
2	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	х	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
IUa	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			14 4 20		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
		Latio	. •	16b	-	
Sac	exempt status with respect to such arrangements? tion C. Disclosure			100		
	List the states with which a copy of this Form 990 is required to be filed ▶CA					
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (Section 501(c)(R)s only)	availa	ble.
18		IU 330	1 (06011011 00 1(0)(JJS OF ITY	avana	Dio
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain	on C	shadula O			
				nd finan	oial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	i ii iiGt C	n interest policy, al	iu iiiiali	Jiai	
	statements available to the public during the tax year.	ما	d vacavda			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	i records -			
	RITA WILLIAMS - 520-621-3027					
	1111 NORTH CHERRY AVENUE, TUCSON, AZ 82721				000	

Pa	rt \	/111	Statement of Revenue					
() -			Check if Schedule O contains a response o	r note to any line			(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
- W 10	1	-	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	'		Membership dues 1b					
ي ق			Fundraising events 1c					
ffs,			Related organizations 1d					
			Government grants (contributions) 1e	1,574,697.				
Sir			All other contributions, gifts, grants, and					
ber Ei			similar amounts not included above 1f 1	.40,674,417.				
Ę t		g	Noncash contributions included in lines 1a-1f	9,891,565.				
Sor		_	Total. Add lines 1a-1f		142,249,114.			
				Business Code				
စ္	2	а	OTHER PROFESSIONAL SVC	541900	11,336,266.	11,336,266.		
Program Service Revenue		b	CONFERENCES & SEMINARS	611710	1,463,534.	1,463,534.		
Se		С				19		
am		d						
og a		е						
<u>r</u>		f	All other program service revenue					
		g	Total. Add lines 2a-2f		12,799,800.			
	3		Investment income (including dividends, interes	st, and				22 247 470
			other similar amounts)		33,347,478.			33,347,478.
	4		Income from investment of tax-exempt bond pro		01 (10			21 612
	5		Royalties		21,612.			21,612.
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	1000		Net rental income or (loss) Gross amount from sales of (i) Securities	COSC 2000 M				
	7	а	400 400 450	(ii) Other				
			assets other than inventory 7a 189, 402, 459.					
d)		D	Less: cost or other basis and sales expenses					
'n			And sales expenses					
Other Revenue			Net gain or (loss)		65,485,015.			65,485,015.
Ϋ́ Ε	۰		Gross income from fundraising events (not					
the care	0	а	including \$ of					
O			contributions reported on line 1c). See					
			' '					
		h	Part IV, line 18 8a 8b					
			Net income or (loss) from fundraising events .	D				
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
				Business Code				
Miscellaneous Revenue	11	а	K-1 PASSTHROUGH	523000	-1,223,694.		-1,223,694.	
ane		b						
Selle		С						
Misc	1	d	All other revenue					
_		е	Total. Add lines 11a-11d		-1,223,694.	40 500 000	4 000 00:	00.054.405
	12	_	Total revenue. See instructions		252,679,325.	12,799,800.	-1,223,694.	98,854,105. Form 990 (2020
		99						FORM 230 (2020)

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 (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 96,383,074 96,383,074 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 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 Compensation of current officers, directors, 708,747. 1,437,418. 2,146,165. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,736,766. 5,163,074. 2,426,308. Other salaries and wages Pension plan accruals and contributions (include 160,280. 144,517 304,797 section 401(k) and 403(b) employer contributions) 382,239, 526,946. 909,185. Other employee benefits 9 237,212. 256,869. 494,081. 10 Payroll taxes 11 Fees for services (nonemployees): a Management 90,569 90,569, 189,041. 189,041. c Accounting Professional fundraising services. See Part IV, line 17 12,502,547. 12,502,547. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,739,604. 169,889. 417,968. 2,327,461. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 149,066. 339,513 785,533 296,954 13 Office expenses 1,782,000. 43,430. 310,427. 2,135,857. Information technology Royalties 15 16 Occupancy 56,386. 280,412. 224,026. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 687,939. 741. 609,572. 1,298,252. 19 Conferences, conventions, and meetings Interest 20 21 Payments to affiliates 270,887 270,887 Depreciation, depletion, and amortization 22 193,694, 193,694 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 33,672. 189,654. FEES AND CHARGES 223,326. REAL PROP HOLDING COSTS 22,494 83,091. 105,585. C d 39,284. 27,160. 5,067 71,511. e All other expenses 19,737,809. 6,467,657. 99,669,585. 125,875,051. Total functional expenses. Add lines 1 through 24e 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)

Form 990 (2020)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 99,367,333. 100,920,023. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 59,161,309. 49,147,477. Pledges and grants receivable, net 3 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 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4,987,819. 2,233,707. 10c b Less: accumulated depreciation 10b 319,907,188. 403,238,065. Investments - publicly traded securities 11 11 639,362,507. 865,115,773. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets _____ 1,146,082. 2,801,882. Other assets. See Part IV, line 11 15 15 1,433,016,381. 1,114,372,784. 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,579,155. 4,235,379. 17 Accounts payable and accrued expenses 17 18 18 Grants payable _____ 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 0. 1,574,697. Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 203,267,441. 251,346,069. 25 of Schedule D 209,077,517. 254,925,224. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 28,148,776. 18,039,765. 27 27 Net assets without donor restrictions 887,255,502. 1,149,942,381. Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here 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 31 Retained earnings, endowment, accumulated income, or other funds 31 1,178,091,157. 905,295,267. 32 Total net assets or fund balances 1,433,016,381. 1,114,372,784. Total liabilities and net assets/fund balances Form 990 (2020)

Form	990 (2020) UNIVERSITY OF ARIZONA FOUNDATION	86-60503	88	Pag	ge 12
Pa	rt 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		679,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		875,	
3	Revenue less expenses. Subtract line 2 from line 1	3	126,804,27		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		295,	
5	Net unrealized gains (losses) on investments	5	144,	767,	922.
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	1,	,223,	694.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			1012101	
	column (B))	10	1,178,	,091,	157.
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			1614
2a	110101110111011101111111111111111111111		2a	EL CONTROL DE	Х
	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			200	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				18334
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			.,	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				x
	Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(0.05.5)
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

UNIVERSITY OF ARIZONA FOUNDATION

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.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)

Γhe	orgar	iization is not a private found							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	一	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:							
_	\Box	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	d in	
5	ш	n 17 - Albania de Maria de Mar		lege of diliversity owned	or operate	oa by a go	Tomas and acceptance		
		section 170(b)(1)(A)(iv). (C		1.1		O(F)(4)(A)	6.A		
6	닖	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	U(B)(T)(A)	(V).	uhlia daaaribad in	
7	Х	An organization that normal		ntial part of its support fr	om a gove	rnmental	unit or from the general p	ouplic described in	
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city,	, and state of the college	or	
		university:					200		
10	П	An organization that norma	Ilv receives (1) more t	than 33 1/3% of its supp	ort from co	ontribution	s, membership fees, and	gross receipts from	
.0		activities related to its exem	ant functions, subject	t to certain exceptions: a	and (2) no i	more than	33 1/3% of its support fr	om gross investment	
		income and unrelated busin	noce tavable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	fter June 30, 1975.	
				(1633 300tion on tax) inc	iii badiiido	ooo aoqan	ou by the organization	,	
		See section 509(a)(2). (Con	The state of the s		fatu Coo 1	naction 50)O(a)(A)		
11	H	An organization organized a	and operated exclusi	very to test for public sa	marfarm th	es function	on of orto carry out the	nurnoses of one or	
12	Ш	An organization organized a	and operated exclusi	vely for the benefit of, to	periorii u	Te lunction	On a service FOO(s)(0)	Charlette boy in	
		more publicly supported or						Sheck the box in	
	_	lines 12a through 12d that							
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	ipporting	
		organization. You must o							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ring	
		control or management o	of the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manage the supp	oorted	
		organization(s). You mus							
C		Type III functionally inte			in connect	ion with, a	and functionally integrate	d with,	
·	-	its supported organization							
٦		Type III non-functionally	integrated Asunn	orting organization oper	ated in cor	nnection w	vith its supported organiz	zation(s)	
d	-	that is not functionally int							
								1011000	
	_	requirement (see instruct	ions). You must con	npiete Part IV, Sections	A and D,	that it is a	Tuna I Tuna II Tuna III		
е		Check this box if the orga					турет, турет, турет		
		functionally integrated, or							
f		er the number of supported o							
g		vide the following information		d organization(s). (iii) Type of organization	(iv) is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other	
		(i) Name of supported organization	(ii) EIN	(described on lines 1-10	(IV) Is the orga in your governi	2.2	support (see instructions)	support (see instructions)	
		organization		above (see instructions))	Yes	No			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 UNIVERSITY OF ARIZONA FOUNDATION 86-605038

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	80,968,962.	169,484,025.	155,704,497.	100,548,000.	142,249,114.	648,954,598.
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					V.	
3	furnished by a governmental unit to						
	the organization without charge						
	AND AN AN AN ANALYSIS CONTRACTOR OF THE SAME OF THE SA	80,968,962,	169 484 025.	155 704 497.	100,548,000.	142,249,114.	648,954,598.
	Total. Add lines 1 through 3 The portion of total contributions			Day Residence of	No of the latest and the		
5	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,						87,181,210.
	column (f)						561,773,388.
	Public support. Subtract line 5 from line 4.						302,110,000.
	ction B. Total Support		(1) 0047	() 0040	(4) 0010	(a) 0000	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019 100,548,000.	(e) 2020 142,249,114.	648,954,598.
	Amounts from line 4	80,968,962.	169,484,025.	155,704,497.	100,340,000.	142,245,114.	040,554,550.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			24 604 800	20 026 405	22 260 000	146 046 602
	and income from similar sources	20,544,730.	30,271,659.	31,624,728.	30,236,485.	33,369,090.	146,046,692.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						795,001,290.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	46,720,098.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	here					
_	ction C. Computation of Publi						
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	70.66 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	70.75 %
16a	33 1/3% support test - 2020. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te						
h	10% -facts-and-circumstances test	- 2019. If the ora	anization did not o	heck a box on line	e 13, 16a, 16b, or		
~	more, and if the organization meets the						
	organization meets the facts-and-circ						▶□
18	Private foundation. If the organization						s
10	Thrate loundation if the organization	ala riot dilocit a		,,		dula A /Form 990	

Schedule A (Form 990 or 990-EZ) 2020 UNIVERSITY OF ARIZONA FOUNDATION 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and	_					1.
200	3 received from disqualified persons	G 73					-
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses	1					
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
							>
Se	ction C. Computation of Publ						
15	Public support percentage for 2020 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
18						18	%
	33 1/3% support tests - 2020. If the	organization did r	not check the box			3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						▶□
ŀ	33 1/3% support tests - 2019. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						▶□
	23 01-25-21						0 or 990-EZ) 2020

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? // "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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - 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.)

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Check here if the organization satisfied the Integral Part Tost as a qualifying frust 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. All other Types III non-functionally integrated supporting organizations must complete Sections A through E. All other Types III non-functionally integrated supporting organizations must complete Sections A through S. All other Types III non-functionally integrated supporting organizations must complete Sections A through S. All other Types III non-functionally integrated supporting organizations must complete Sections A through S. All other Types III non-functionally integrated Sections A through S. Add lines I through S. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). Agd lines I through S. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). Agd lines I through S. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). Aggregate fair market value of all non-exemptuse assets (see Instructions for short tax year or assets held for part of year): A verage monthly value of securities 1a	-	dule A (Form 990 or 990-EZ) 2020 UNIVERSITY OF ARTZONA FOUNDATION To V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	80-0030300 Page 6
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4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 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) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	2		2		
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see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	4				
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6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	5		5		
7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	6		6		
8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7		7		
Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	-		8		
2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	Sect				Current Year
2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	2		2		
5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see			4		
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	5		5		
emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see			6		
	7		ally integrate	d Type III supporting orga	anization (see
Instructions).	•	instructions).		ent 101 E) 15.	*

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

LUA	/ (Occ separate metraetione), men				
•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Van	ne of organization			Emp	loyer identification number
	UNIVERSITY		86-6050388		
Pa	art I-A Complete if the org	anization is exempt unde	r section 501(c) o	r is a section 527 or	ganization.
1 2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ation's direct and indirect political	l campaign activities in	Part IV.	
D	art I-B Complete if the org	anization is exempt unde	r section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	▶\$	\$
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955		S
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
	Was a correction made?				N
ŀ	o If "Yes " describe in Part IV.				
Pa	art I-C Complete if the org	janization is exempt unde	r section 501(c), e	except section 501(c	:)(3).
	Enter the amount directly expended				
2	Enter the amount of the filing organ	ization's funds contributed to other	er organizations for sec	ction 527	
	exempt function activities			▶ \$	B
3	Total exempt function expenditures	Add lines 1 and 2 Enter here an	d on Form 1120-POL.		
U	line 17b			▶ \$	5
4	Did the filing organization file Form	1120-POI for this year?			Yes No
	Enter the names, addresses and en	aployer identification number (FIN)	of all section 527 poli	tical organizations to which	h the filing organization
5	made payments. For each organiza	tion listed enter the amount naid	from the filing organiza	ation's funds. Also enter th	e amount of political
	contributions received that were pro-	omptly and directly delivered to a	separate political organ	nization, such as a separat	te segregated fund or a
	political action committee (PAC). If	additional space is needed, provide	de information in Part I	v	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
_					

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 UI	NIVERSITY OF ARI	ZONA FOUNDATION			050388 Page 2		
Part II-A Complete if the orga section 501(h)).	nization is exem	pt under section 5	01(c)(3) and filed	Form 5768 (ele	ction under		
A Check ▶ ☐ if the filing organization	on belongs to an affilia	ated group (and list in Pa	art IV each affiliated gr	oup member's name	e, address, EIN,		
	of excess lobbying ex						
B Check ▶ ☐ if the filing organization	on checked box A and	l "limited control" provis	ions apply.				
	on Lobbying Expend tures" means amoun			(a) Filing organization's totals	(b) Affiliated group totals		
d - T - L L - L - L - L - L - L - L - L -	naa nublia aninian (ar	raggraats labbying)		0.			
1a Total lobbying expenditures to influeb Total lobbying expenditures to influe				0.			
				0.			
	c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures						
 d Other exempt purpose expenditures e Total exempt purpose expenditures 				125,875,051.			
f Lobbying nontaxable amount. Enter	the emount from the	following table in both c		1,000,000.			
	and the state of t	ying nontaxable amou					
If the amount on line 1e, column (a) or		ne amount on line 1e.	III is.				
Not over \$500,000		plus 15% of the excess	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
Over \$500,000 but not over \$1,000,0							
Over \$1,000,000 but not over \$1,500		plus 10% of the excess					
Over \$1,500,000 but not over \$17,00	William to the second state of the second stat	plus 5% of the excess	over \$1,500,000.				
Over \$17,000,000	\$1,000,0	00.					
	050/ (!! 40			250,000.			
g Grassroots nontaxable amount (ente			***************************************	0.			
h Subtract line 1g from line 1a. If zero				0.			
i Subtract line 1f from line 1c. If zero		d: 11:14b					
j If there is an amount other than zero				Г	Yes No		
reporting section 4911 tax for this ye				Ь	Ies INO		
(Some organizations that	at made a section 50	aging Period Under Se 1(h) election do not ha te instructions for lines	ve to complete all of	the five columns be	elow.		
	Lobbying Expend	ditures During 4-Year	Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.		
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.		
c Total lobbying expenditures	12,000.	9,000.	0.	0.	21,000.		
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.		

Schedule C (Form 990 or 990-EZ) 2020

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

	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a))	(b)
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
	Volunteers?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504/-)/5	·		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).			V	Na
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year?	3	tion	
1 41	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR (b) Part II	I-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b			0-1		
С	Total		0-		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess	100		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	o list); Part II-∕	A, lines 1 ar	nd 2 (See	

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 Open to Public Inspection

Name of the organization

UNIVERSITY OF ARIZONA FOUNDATION

Employer identification number 86-6050388

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
	-	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	1					
2	Aggregate value of contributions to (during year)	0.					
3	Aggregate value of grants from (during year)	1,670,153.					
4	Aggregate value at end of year	45,575,127.					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed 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 a	dvisors in writing that grant funds can be	used only				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring				
	impermissible private benefit?		X Yes No				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recreated		of a historically important land area				
	Protection of natural habitat	Preservation of	of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements						
b							
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c .				
d	Number of conservation easements included in (c) acquired a		The Carlot				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, relative	eased, extinguished, or terminated by th	e organization during the tax				
	year						
4	Number of states where property subject to conservation eas		-				
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it	holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	iservation easements during the year				
	<u> </u>	III f . i - l - ti - u d ou foreign compone	ation assements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year				
0.00	\$	ti-fit the manufactor of coation 170	0/b)/4//B)/i)				
8	Does each conservation easement reported on line 2(d) abov		I N				
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	on accoments in its revenue and evners					
9	balance sheet, and include, if applicable, the text of the footr	onto to the organization's financial states	pents that describes the				
	organization's accounting for conservation easements.	lote to the organization s infarious states.	TOTAL GOSTINGS IN				
Pai	† III Organizations Maintaining Collections of	Art, Historical Treasures, or C	ther Similar Assets.				
1 41	Complete if the organization answered "Yes" on Form						
-10	If the organization elected, as permitted under FASB ASC 95		and balance sheet works				
Ia	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in	furtherance of public				
b	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						
D	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance 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 tre	asures, or other similar assets for financi	al gain, provide				
_	the following amounts required to be reported under FASB A						
а	D						
	Assets included in Form 990, Part X						
The last section of the	For Panerwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020				

032051 12-01-20

1,105,898. 1a Land _____

3,422,661. 2,235,667. 5,658,328. **b** Buildings c Leasehold improvements 459,260. 717,804. 258,544 d Equipment 4,987,819. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Schedule D (Form 990) 2020

1,105,898.

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		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) PRIVATE CAPITAL LIMITED PARTNERSHIPS	219,376,196.	END-OF-YEAR MARKET VALUE	
(B) US FIXED INCOME FUNDS	142,400,898.	END-OF-YEAR MARKET VALUE	
(C) MULTI-STRATEGY HEDGE FUNDS	108,450,143.	END-OF-YEAR MARKET VALUE	
(D) EQUITY LONG-ONLY FUNDS	90,139,962.	END-OF-YEAR MARKET VALUE	
(E) EQUITY LONG-ONLY HEDGE FUNDS	79,666,746.	END-OF-YEAR MARKET VALUE	
(F) NATURAL RESOURCES LP	76,066,390.	END-OF-YEAR MARKET VALUE	
(G) EQUITY LONG/SHORT HEDGE FUNDS	58,130,138.	END-OF-YEAR MARKET VALUE	
(H) PRIVATE CREDIT LIMITED PARTNERSHIPS	44,056,685.	END-OF-YEAR MARKET VALUE	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	865,115,773.		
Part VIII Investments - Program Related.	2012		
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-	of year market value
(a) Description of investment	(b) Book value	(c) Netriod of Valuation. Cost of end-	Di-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		y	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tru. coo renir coo, r are x, interre	(b) Book value
11			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	9 15.)	>	
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) TRUST LIABILITIES			23,111,827.
(3) FMV OF ENDOWMENT MANAGED FOR UNIV			228,234,242.
(0)			
(4)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9.25.)	•	251,346,069.
2. Liability for uncertain tax positions. In Part XIII, provide			
	the text of the footnote to	the organization's financial statements the	at reports the

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 UNIVERSITY OF ARIZONA FOUNDATION	La Mith	Davanua nar Da	00-00	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts with	nevenue per ne	turri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	386,260,573.
1	Total foreitae, game, and annotae per per per per per per per per per pe			NO.	300,200,373,
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	144,767,923.		
	Net unrealized gains (losses) on investments	2b			
	Donated services and use of facilities	2c			
0.00	Recoveries of prior year grants	2d			
d	Other (Describe in Part XIII.)	Co. Charles and Co.		2e	144,767,923.
2	Add lines 2a through 2d Subtract line 2e from line 1			3	241,492,650.
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,410,369.		
a b	Other (Describe in Part XIII.)	4b	-1,223,694.		
	Add lines 4a and 4b			4c	11,186,675.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	252,679,325.
Pai	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Return.	
2011300	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	113,464,683.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d		60	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	113,464,683.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,410,368.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	12,410,368.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	125,875,051.
	t XIII Supplemental Information.			5	" 0 D 1 VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part X,	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inforr	nation.		
-					
חסגם	III, LINE 4:				
PARI	III, DINE 4:				
THE	CENTER FOR CREATIVE PHOTOGRAPHY IS AN ARCHIVE AND RESEARCH CENT	ER			
LOCA	TED ON THE UNIVERSITY OF ARIZONA CAMPUS. THE CENTER PROMOTES R	ESEARCH			
-					
INTO	AND APPRECTAION OF THE PHOTOGRAPHIC MEDIUM WHILE SAFEGUARDING				
•					
ORIG	INAL OBJECTS FOR POSTERITY.				
PART	V, LINE 4:				
THE	PAYOUT FROM THE FOUNDATION ENDOWMENT PROVIDES SCHOLARSHIP, RESE	SARCH,			
	THE CHAPT CHAPTER TO THE WATERDATTY OF APTIONS				
PROG	RAM AND OTHER SUPPORT TO THE UNIVERSITY OF ARIZONA.				
PART	X, LINE 2:				
ACCC	UNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, AL	DRESSES			

Schedule D (Form 990) 2020 UNIVERSITY OF ARIZONA FOUNDATION	86-6050388	Page 5
Part XIII Supplemental Information (continued)		
HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED, AND		
DISCLOSED IN THE FINANCIAL STATEMENTS. THE GUIDANCE REQUIRES THE		
ACCOUNTING AND DISCLOSURE OF TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN,		
IN THE COURSE OF PREPARING THE FOUNDATION'S TAX RETURNS TO DETERMINE	5	
WHETHER THE TAX POSITIONS ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED BY		
THE APPLICABLE TAX AUTHORITY, MANAGEMENT OF THE FOUNDATION IS REQUIRED TO		
ANALYZE ALL OPEN TAX YEARS, AS DEFINED BY THE STATUTE OF LIMITATIONS, FOR		
ALL MAJOR JURISDICTIONS, WHICH INCLUDE THE FEDERAL AND CERTAIN STATES. THE		
FOUNDATION HAS HAD NO EXAMINATIONS IN PROGRESS AND NON ARE EXPECTED AT		
THIS TIME. AS OF JUNE 30, 2021, MANAGEMENT OF THE FOUNDATION HAS REVIEWED		
ALL OPEN TAX YEARS AND MAJOR JURISDICTIONS AND CONCLUDED THERE IS NO TAX		
LIABILITY RESULTING FROM UNRECOGNIZED TAX BENEFITS RELATING TO UNCERTAIN		
INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, IN FUTURE TAX		
RETURNS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
K-1 FLOW THROUGH OF UNRELATED BUSINESS INCOME/LOSS -1,223,694.		

Schedule D (Form 990) UNIVERSITY OF ARIZO

Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. 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
PRIVATE REAL ESTATE LIMITED PARTNERSHIPS	35,552,842.	FMV
FIXED INCOME HEDGE FUNDS	11,275,773.	FMV

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization 86-6050388 UNIVERSITY OF ARIZONA FOUNDATION Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region (b) Number of employees, agents, and independent contractors in the region expenditures (by type) (such as, fundraising, prois a program service, offices for and gram services, investments, grants to describe specific type in the region investments recipients located in the region) of service(s) in the region in the region 21,416,430. 0 INVESTMENTS EUROPE 0 CENTRAL 296,215,339. INVESTMENTS 0 AMERICA/CARIBBEAN 317,631,769. 0 3 a Subtotal b Total from continuation 0. sheets to Part I 0 c Totals (add lines 3a 17,631,769.

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

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 UNIVERSITY OF ARIZONA FOUNDATION

Schedule F (Form 990) 2020

UNIVERSITY OF ARIZONA FOUNDATION

Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)							
(h) Description of noncash assistance							-
(g) Amount of noncash assistance						▲ xa	
(f) Manner of cash disbursement		4				#	
(e) Amount of cash grant				1		foreign country, tion 501(c)(3) equ	
(d) Purpose of grant						Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region						ns listed above that are ruor for for which the grantee o	or entities
(b) IRS code section and EIN (if applicable)						recipient organization inization by the IRS, o	other organizations c
1 (a) Name of organization						2 Enter total number of recipient organizations listed above the exempt 501(c)(3) organization by the IRS, or for which the g	3 Enter total number of other organizations or entities

86-6050388

UNIVERSITY OF ARIZONA FOUNDATION

Schedule F (Form 990) 2020

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of cash grant cash grant (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2020

Schedu	ule F (Form 990) 2020 UNIVERSITY OF ARIZONA FOUNDATION	86-6050388	Page 4
Part			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		_
2	Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may	Yes	No
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		X No
		Schedule F (For	m 990) 2020

032074 12-03-20

SCHEDULE (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

10. 1545-0047	020	pen to Public
OMB	2	Oper

Employer identification number

86-6050388

Inspection

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

2 [(h) Purpose of grant or assistance X Yes GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT UNIV. SUPPORT 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 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 250,000. 105,069. (d) Amount of cash grant 250,000, 95,571,196 (c) IRC section (if applicable) 86-0931108 GOVERNMENT 74-2652689 GOVERNMENT 83-1914667 501(C)3 83-4589238 501(C)3 UNIVERSITY OF ARIZONA FOUNDATION General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? SOUTHERN ARIZONA LEGAL INITIATIVE 1 (a) Name and address of organization TOHONO O'ODHAM COMMUNITY COLLEGE SERVICE LAW - 6700 N ORACLE RD ARIZONA INITIATIVE FOR PUBLIC SULTE 100 - TUCSON, AZ 85704 6700 N ORACLE RD, SUITE 100 or government UNIVERSITY OF ARIZONA 1111 N CHERRY AVE AZ 85704 TUCSON, AZ 85721 SELLS, AZ 85634 PO BOX 3129 TUCSON, Part Part II

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

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

Schedule I (Form 990) 2020

12.

GENERAL SUPPORT

0

50,000

45-3681012 501(C)3

4747 N 32ND STREET, SUITE 160

PHOENIX, AZ 85018

EXPECT MORE ARIZONA

GENERAL SUPPORT

0

500.

60,

501(C)3

46-0686920

THE DIGDEEP RIGHT TO WATER PROJECT

LOS ANGELES, CA 90026

PO BOX 26779

LHA

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UNIT	1
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PT7	1
OF A	•
V Au	,
LT S	;
TVE	1
E	5

86–6050388 Page 1	od of (g) Description of tion non-cash assistance or assistance or assistance or	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT		
nments (Schedule I (Form	(f) Method of non-cash (book, FMV, appraisal, other)	·	ó	.0	.0	.0	.0		
and Domestic Gover	(d) Amount of cash grant	28,600.	24,788.	18,000.	8,000.	10,770.	6,151.		
ATION Pestic Organizations	(c) IRC section if applicable	501(c)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3		
ARIZONA FOUNDA	(a)	85-0275408	86-0111675	23-7159949	86-6051042	86-0193726	81-0301477		
Schedule (Form 990) UNIVERSITY OF ARIZONA FOUNDATION Dart Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule (Form 990), Part)	(a) Name and address of organization or government	UNIVERSITY OF NEW MEXICO FOUNDATION - 700 LOMAS BLVD NE, TWO WOODWARD CTR, STE 108 - ALBUQUERQUE, NM 87102	ARIZONA SONORA DESERT MUSEUM 2021 N KINNEY RD TUCSON, AZ 85743	SOUTHWEST RESEARCH AND INFORMATION CENTER - PO BOX 4524 - ALBUQUERQUE, NM 87196	ARIZONA STATE UNIVERSITY POUNDATION - 501 EAST TYLER MALL - TEMPE, AZ 85281	NORTHERN ARIZONA UNIVERSITY FOUNDATION - PO BOX 4094 - FLAGSTAFF, AZ 86011	MONTANA STATE UNIVERSITY BILLINGS FOUNDATION - 2615 VIRGINIA LANE - BILLINGS, MT 59102		

Schedule I (Form 990)

Schedule I (Form 990) 2020 (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant ATTAINMENT/COMPLETION OF THE GOALS AND OBJECTIVES AND THE PROPER USE OF REQUIRE PERIODIC REPORTING BACK TO THE FOUNDATION AS TO THE SUCCESSFUL FINANCIAL SERVICES OFFICE TO ENSURE CORRECT APPLICATION OF FUNDS ONCE OTHER GRANTS; FUNDS ARE AWARDED SUBJECT TO GRANT AGREEMENTS WHICH FUNDS ARE DEPOSTIED IN PURPOSE SPECIFIC ACCOUNTS, WE RELY ON THE (b) Number of recipients EXTENSIVE INTERNAL CONTROL SYSTEM OF THE UNIVERSITY OF ARIZONA (a) Type of grant or assistance TRANSFERRED TO THE UNIVERSITY. PART I, LINE 2 032102 11-02-20

Schedule I (Form 990) UNIVERSITY OF ARIZONA FOUNDATION	86-6050388	Page 2
Schedule I (Form 990) UNIVERSITY OF ARIZONA FOUNDATION Part IV Supplemental Information		
GRANTS FUNDED.		
		14.
		-
		-
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

UNIVERSITY OF ARIZONA FOUNDATION

Employer identification number 86-6050388

Par	t 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 deterr noncash contribution		ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
	25 27 28 29 28 29 28 29 28 29 28 29 28 29 28 29 28 29 28 29 28 29 28 29 28 29 28 29 28 29 28 29 28 29 28 29 28 28 28 28 28 28 28 28 28 28 28 28 28						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property	x	133	6,591,565.	PMV		
9	Securities - Publicly traded	X	133	6,391,363.	FIIV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous			1			
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential	х	3	3,300,000.	FMV		
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 ()						
	Other ()						
<u>28</u> 29	Number of Forms 8283 received by the organiz	ration during	the tay year for o	ontributions			
29	for which the organization completed Form 828						
	for which the organization completed Form 626	oo, ran v, L	Jonee Acknowledg	ement [23]		Yes	No
00	B. C. B.			arted in Dort L lines 1 through	sh 28 that it	100	110
30a	During the year, did the organization receive by	Contributio	n any property rep	untich ich't required to be u	and for		
	must hold for at least three years from the date)0	х
	exempt purposes for the entire holding period?					Ja	E3888
	If "Yes," describe the arrangement in Part II.	00 14 00000 1 1000 4			Nama O	1 X	
31	Does the organization have a gift acceptance p				tions?3	1 ^	-
32a	Does the organization hire or use third parties of				32	2a	x
	contributions?						NEWS P
	If "Yes," describe in Part II.	aliumana (-). (-)	v a tuma of	for which column (a) is she	oked		
33	If the organization didn't report an amount in co	olumn (c) 10	a type of property	To which column (a) is the	onou,		
	describe in Part II.	the Instance	tions for Form 000	<u> </u>	Schedule M (F	orm gon	1 2020
	FOR PARACHUARY MADILICATION WAT MOTICA CAA	me mstriic	nous for Form 990	J.	OUTCURE IVI IF	J. 111 JUU	,

032142 11-23-20

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-Ez.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 86-6050388 UNIVERSITY OF ARIZONA FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE UNIVERSITY OF ARIZONA FOUNDATION IS COMMITTED TO SUPPORTING AND ENHANCING THE VISION, MISSION AND VALUES OF THE UNIVERSITY OF ARIZONA THROUGH THE DEVELOPMENT AND MANAGEMENT OF PRIVATE SUPPORT. FORM 990, PART VI, SECTION A, LINE 1: THE BOARD OF TRUSTEES HAS APPOINTED AN EXECUTIVE COMMITTEE WHICH IS COMPRISED OF THE CHAIR OF THE BOARD, THE VICE CHAIR, THE PRESIDENT OF THE CORPORATION AND THE UNIVERSITY OF ARIZONA, THE SENIOR VICE PRESIDENT OF FINANCE OF THE CORPORATION AND UNIVERSITY OF ARIZONA, THE SECRETARY AND THE TREASURER. IN ADDITION, THE BOARD OF TRUSTEES MAY DESIGNATE ONE OR MORE AT-LARGE EXECUTIVE COMMITTEE MEMBERS. TO THE EXTENT PROVIDED IN THE EXECUTIVE COMMITTEE CHARTER. THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE REPORTS TO THE BOARD OF TRUSTEES AT EACH OF ITS MEETINGS ON THE ACTIONS TAKEN SINCE THE LAST MEETING OF THE BOARD OF TRUSTEES AND PROVIDES THE BOARD OF TRUSTEES WITH ALL INFORMATION NECESSARY FOR THE BOARD OF TRUSTEES TO CARRY OUT ITS GENERAL DUTY OF OVERSIGHT, FORM 990, PART VI, SECTION B, LINE 11B: MANAGEMENT PREPARED THE FORM 990. WE ENGAGED AN INTERNATIONAL PUBLIC ACCOUNTING FIRM TO REVIEW OUR INTERNALLY-PREPARED FORM 990. AFTER THE INTERNATIONAL PUBLIC ACCOUNTING FIRM COMPLETED THEIR REVIEW, MANAGEMENT

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

COMMITTEE BEFORE THE FORM WAS FILED WITH THE IRS.

REVIEWED THE FINAL DRAFT, WHICH WAS THEN SUBMITTED FOR REVIEW BY OUR AUDIT

Schedule O (Form 990 or 990-EZ) 2020

SCHEDULE R (Form 990)

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

► Attach to Form 990.

2020

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number

86-6050388

UNIVERSITY OF ARIZONA FOUNDATION Name of the organization

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

Part

UNIVERSITY OF ARIZONA UNIVERSITY OF ARIZONA Direct controlling 0. FOUNDATION 0. FOUNDATION End-of-year assets **e** 0 0 Total income ਉ Legal domicile (state or foreign country) ARIZONA ARIZONA Primary activity **(Q**) REAL ESTATE RAISE FUNDS LLC - 86-6050388 Name, address, and EIN (if applicable) of disregarded entity UAF REALTY, LLC - 86-6050388 UAF ELLER DEVELOPMENT, 1111 N CHERRY AVENUE 1111 N CHERRY AVENUE TUCSON, AZ 85721 TUCSON, AZ 85721

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. Part II

g)	controlled controlled	§						
	cont	Yes						
(f)	Direct controlling	í.						
(e)	Public charity	501(c)(3))						
(p)	Exempt Code							
(0)	Legal domicile (state or	loreign country)					•	
(q)	Primary activity							
(a)	Name, address, and EIN	or related organization						

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

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Schedule R (Form 990) 2020

UNIVERSITY OF ARIZONA FOUNDATION

Page 2

86-6050388

Schedule R (Form 990) 2020

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. Part III

General or Percentage managing ownership partner? 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. 图 Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv Disproportionate allocations? Yes No Ξ Share of end-of-year assets (g) Share of total income Œ Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) (d)
Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity **(**q) Name, address, and EIN of related organization <u>(a)</u> Part IV

(a)	(q)	(0)	(p)	(e)	£	(B)	(F)	(E)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Legal domicile Direct controlling Type of entity (C corp, S corp, foreign or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?
		country)		600				Yes No
			UNIVERSITY OF					
CHARITABLE REMAINDER TRUSTS (52)	TRUST	AZ 2	ARIZONA					×
			*8					
	a a							

032162 10-28-20

Schedule R (Form 990) 2020

Page 3

Schedule R (Form 990) 2020 UNIVERSITY OF ARIZONA FOUNDATION

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No	اه
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rela	the following transactions with one or more related organizations listed in Parts II-IV?	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_			1a	×	
b Gift, grant, or capital contribution to related organization(s)				1b	×	
c Gift, grant, or capital contribution from related organization(s)				10	×	
				19	×	
				1e	×	
						艱
f Dividends from related organization(s)				#	×	
				19	×	
Purchase of assets from related organization(s)				1h	×	
Exchange of assets with related organization(s)				Ţ	×	
related organization(s)				1,	×	
:						
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	ınization(s)			=	M	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			T.	M	
o Sharing of paid employees with related organization(s)				10	M	
p Reimbursement paid to related organization(s) for expenses				10	×	
Reimbursement paid by related organization(s) for expenses				19	×	
						33
r Other transfer of cash or property to related organization(s)				1	×	l
Other transfer of cash or property from related organization(s)				1s	×	
	who must complete thi	s line, including covered re	lationships and transaction thresholds.			
	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
į						
(2)						
(3)						- 1
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(9)			- Pro- 190	7	1000	13
032163 10-28-20	L		ocuedu	Schedule K (Form 990) 202	1 99U) zu,	Ň

86-6050388

032164 10-28-20

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.

	(k) rcentage wnership	9		,		90) 2020
-	5 % o				<i>r</i>	rm 6
1	(J) General or managing partner? Yes No					R (Fc
	Disproper Code V-UBI Ceneral or Percentage Lindale Code V-UBI Ceneral or Percentage Lindale Code V-UBI Ceneral or Percentage Code V-UBI Ceneral or Percentage Code V-UBI Ceneral or Cen			,		Schedule R (Form 990) 2020
:	Disproportionate dallocations?					
	(g) Share of end-of-year assets					
	(t) Share of total income					
-	Are all partners sec. 501(c)(3) orgs.?					
stiller it partifiers inps.	Predominant income (related, unrelated, excluded from tax under sections 512-514)					ø
	(c) Legal domicile (state or foreign (country)					
delions regarding excits	(b) Primary activity					
that was not a related organization; see ilistructions regarding exclusion for certain il westine in parties in par	(a) Name, address, and EIN of entity					

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Schedule R (Form 990) 2020 UNIVERSITY OF ARIZONA FOUNDATION Part VII Supplemental Information		
Dury ide additional information for recognized to guestions on Cabadula D. Coa instruction	iona	
Provide additional information for responses to questions on Schedule R. See instructi	ons.	
		v