

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
VALLEY OF THE SUN UNITED WAY
% TANYA M MUNIZ
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
3200 EAST CAMELBACK ROAD Suite 375
City or town, state or province, country, and ZIP or foreign postal code
PHOENIX, AZ 85018

D Employer identification number
86-0104419
E Telephone number
(602) 631-4800
G Gross receipts \$ 104,640,995

F Name and address of principal officer
CARLA VARGAS JASA
3200 EAST CAMELBACK ROAD STE
PHOENIX, AZ 85018

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

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

J Website: WWW VSUW ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1925

M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY SEE SCHEDULE O FOR FURTHER DETAIL

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year, Net Assets or Fund Balances. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here
Signature of officer
TANYA M MUNIZ CFO
Type or print name and title
Date 2020-03-10

Paid Preparer Use Only
Print/Type preparer's name
Preparer's signature
Date
Check if self-employed
PTIN P01508556
Firm's name ERNST & YOUNG US LLP
Firm's EIN
Firm's address 101 E WASHINGTON ST SUITE 910
Phone no (602) 322-3000
PHOENIX, AZ 85004

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY UNITED, WE FIGHT TO BREAK THE CYCLE OF POVERTY FOR EVERY CHILD, FAMILY, AND INDIVIDUAL IN MARICOPA COUNTY

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$	71,195,219	including grants of \$	71,195,219)	(Revenue \$	0)
	See Additional Data						

4b	(Code)	(Expenses \$	9,908,681	including grants of \$	9,908,681)	(Revenue \$	452,840)
	See Additional Data						

4c	(Code)	(Expenses \$	7,153,321	including grants of \$	0)	(Revenue \$	125,400)
	See Additional Data						

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 88,257,221

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
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)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	241
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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	143		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
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			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: TANYA M MUNIZ 3200 EAST CAMELBACK ROAD STE 375 PHOENIX, AZ 85018 (602) 631-4889

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 803,906			
	b Membership dues	1b			
	c Fundraising events	1c 422,138			
	d Related organizations	1d			
	e Government grants (contributions)	1e 57,537,180			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 31,177,297			
	g Noncash contributions included in lines 1a - 1f \$	5,773,807			
	h Total. Add lines 1a-1f		89,940,521		

Program Service Revenue			Business Code				
	2a PROCESSING FEES		900099	452,840	452,840	0	0
b LEARN UNITED REVENUE		900099	125,400	125,400	0	0	
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			578,240				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,102,864			2,102,864
	4 Income from investment of tax-exempt bond proceeds			0			0
	5 Royalties			0			0
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)	11,770,215	10,263,173			
		d Net gain or (loss)			1,507,042		1,507,042
	8a Gross income from fundraising events (not including \$ 422,138 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses			54,045		
		c Net income or (loss) from fundraising events			179,338		-125,293
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses				0			
c Net income or (loss) from gaming activities				0		0	
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold			0			
	c Net income or (loss) from sales of inventory			0		0	
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS REVENUE	900099	195,110	195,110	0	0		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			195,110				
12 Total revenue. See Instructions			94,198,484	773,350	0	3,484,613	

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	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	81,103,900	81,103,900		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	725,108	246,383	309,805	168,920
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7 Other salaries and wages.	8,213,939	3,721,522	1,944,347	2,548,070
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	317,075	137,257	84,374	95,444
9 Other employee benefits.	991,321	445,226	253,510	292,585
10 Payroll taxes.	653,824	291,243	161,996	200,585
11 Fees for services (non-employees)				
a Management.	0	0	0	0
b Legal.	15,117	1,084	13,836	197
c Accounting.	135,227	30,000	105,227	0
d Lobbying.	0	0	0	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	51,280	0	51,280	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	616,095	456,646	88,400	71,049
12 Advertising and promotion.	441,429	152,122	181,576	107,731
13 Office expenses.	453,030	225,924	96,081	131,025
14 Information technology.	564,965	326,643	149,829	88,493
15 Royalties.	0	0	0	0
16 Occupancy.	941,737	435,888	208,932	296,917
17 Travel.	59,522	38,474	3,189	17,859
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	121,986	80,443	24,360	17,183
20 Interest.	0	0	0	0
21 Payments to affiliates.	353,426	120,165	151,973	81,288
22 Depreciation, depletion, and amortization.	506,826	234,425	112,645	159,756
23 Insurance.	81,367	34,356	23,236	23,775
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Printing and Publications.	171,983	22,835	7,744	141,404
b Banking, Payroll, Permits.	116,811	17,713	87,115	11,983
c Special Events.	216,649	46,166	55,954	114,529
d All Other Expenses.	140,370	88,806	32,043	19,521
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	96,992,987	88,257,221	4,147,452	4,588,314
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	5,996,153	2	5,743,393
	3 Pledges and grants receivable, net	12,470,662	3	11,490,140
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	641,272	9	545,769
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,285,849		
	b Less accumulated depreciation	10b 2,735,129	1,810,224	10c 1,550,720
	11 Investments—publicly traded securities	52,214,927	11	49,124,686
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	1,062,753	15	1,115,481
16 Total assets. Add lines 1 through 15 (must equal line 34)	74,195,991	16	69,570,189	
Liabilities	17 Accounts payable and accrued expenses	12,208,687	17	9,435,529
	18 Grants payable	5,268,928	18	7,482,085
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	612,339	25	622,082
	26 Total liabilities. Add lines 17 through 25	18,089,954	26	17,539,696
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	39,644,742	27	35,930,536
	28 Temporarily restricted net assets	786,770	28	0
	29 Permanently restricted net assets	15,674,525	29	16,099,957
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	56,106,037	33	52,030,493	
34 Total liabilities and net assets/fund balances	74,195,991	34	69,570,189	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	94,198,484
2	Total expenses (must equal Part IX, column (A), line 25)	2	96,992,987
3	Revenue less expenses Subtract line 2 from line 1	3	-2,794,503
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,106,037
5	Net unrealized gains (losses) on investments	5	-1,281,041
6	Donated services and use of facilities	6	
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,030,493

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 86-0104419

Name: VALLEY OF THE SUN UNITED WAY

Form 990 (2018)

Form 990, Part III, Line 4a:

GRANTS, ALLOCATIONS, AND DISTRIBUTIONS TO HEALTH AND HUMAN SERVICE PROGRAMS AND VSUW COMMUNITY OBJECTIVES SEE SCHEDULE O FOR FURTHER
DETAIL

Form 990, Part III, Line 4b:

DESIGNATIONS TO VARIOUS COMMUNITY NON-PROFIT ORGANIZATIONS SEE SCHEDULE O FOR FURTHER DETAIL

Form 990, Part III, Line 4c:

PROGRAM ACTIVITIES SUPPORTING COMMUNITY INITIATIVES SEE SCHEDULE O FOR FURTHER DETAIL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK SCHIAVONI DIRECTOR/BOARD CHAIR	4 0 0 0	X		X				0	0	0
ROBYN ARNELL BRENDEN DIRECTOR/TREASURER	4 0 0 0	X		X				0	0	0
JENNIFER HOLSMAN TETREAULT DIRECTOR/SECRETARY	4 0 0 0	X		X				0	0	0
AVEIN SAATY-TAFOYA DIRECTOR	2 0 0 0	X						0	0	0
BERNARD NARINE DIRECTOR	2 0 0 0	X						0	0	0
BRADLEY SMITH DIRECTOR	2 0 0 0	X						0	0	0
CHAD GESTSON DIRECTOR	2 0 0 0	X						0	0	0
CHRIS CAMACHO DIRECTOR	2 0 0 0	X						0	0	0
CHRISTINE WILKINSON DIRECTOR	2 0 0 0	X						0	0	0
CHRISTOPHER MCCURDY DIRECTOR	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL FROETSCHER DIRECTOR	2 0 0 0	X						0	0	0
DERRICK HALL DIRECTOR	2 0 0 0	X						0	0	0
DONALD SMITH JR DIRECTOR	2 0 0 0	X						0	0	0
ED ZUERCHER DIRECTOR	2 0 0 0	X						0	0	0
EMILY MEAD DIRECTOR	2 0 0 0	X						0	0	0
HOPE LEVIN DIRECTOR	2 0 0 0	X						0	0	0
JEFFREY MESHEY DIRECTOR	2 0 0 0	X						0	0	0
JOHN BOUMA DIRECTOR	2 0 0 0	X						0	0	0
JOHN GIBSON DIRECTOR	2 0 0 0	X						0	0	0
JOY RICH DIRECTOR	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN QUIRK DIRECTOR	2 0 0 0	X						0	0	0
KENNETH CHERRY DIRECTOR	2 0 0 0	X						0	0	0
KENNETH LEVINE DIRECTOR	2 0 0 0	X						0	0	0
LAURA LOBIANCO DIRECTOR	2 0 0 0	X						0	0	0
MARIA HARPER-MARINICK DIRECTOR	2 0 0 0	X						0	0	0
MARY ALEXANDER DIRECTOR	2 0 0 0	X						0	0	0
MICHAEL BIELECKI DIRECTOR	2 0 0 0	X						0	0	0
MICHAEL TULLY DIRECTOR	2 0 0 0	X						0	0	0
NEIL GIULIANO DIRECTOR	2 0 0 0	X						0	0	0
NINA MULLINS DIRECTOR	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHYLLIS BRUNER DIRECTOR	2 0 0 0	X						0	0	0
RUBEN ALVAREZ DIRECTOR	2 0 0 0	X						0	0	0
STEVE EVANS DIRECTOR	2 0 0 0	X						0	0	0
SUSAN FRANK DIRECTOR	2 0 0 0	X						0	0	0
TODD SANDERS DIRECTOR	2 0 0 0	X						0	0	0
VINCE ROIG DIRECTOR	2 0 0 0	X						0	0	0
CARLA VARGAS JASA PRESIDENT AND CEO (INCOMING)	6 0 0 0			X				0	0	0
MERL WASCHLER PRESIDENT AND CEO (OUTGOING)	6 0 0 0			X				537,122	0	100,917
TANYA MUNIZ CHIEF FINANCIAL OFFICER	6 0 0 0			X				187,987	0	25,854
BRIAN SPICKER OUTGOING CHIEF PROGRAM OFFICER	6 0 0 0					X		200,906	0	16,032

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY DEAN CHIEF PROGRAM OFFICER	60 0 0 0					X		197,288	0	30,721
TAMERA SKROVAN CHIEF DONOR IMPACT OFFICER	60 0 0 0					X		189,060	0	9,435
KEN BROOKS CHIEF INFORMATION OFFICER	60 0 0 0					X		184,195	0	8,156
PENNY ALLEE TAYLOR VP PUBLIC POLICY & ADVOCACY	60 0 0 0					X		130,214	0	21,976

SCHEDULE A
(Form 990 or
990EZ)

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 the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	119,967,817	92,247,301	91,328,933	93,081,891	89,940,521	486,566,463
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	119,967,817	92,247,301	91,328,933	93,081,891	89,940,521	486,566,463
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						486,566,463

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	119,967,817	92,247,301	91,328,933	93,081,891	89,940,521	486,566,463
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,055,499	1,928,188	1,444,408	1,880,828	2,102,864	9,411,787
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						495,978,250

12 Gross receipts from related activities, etc (see instructions) **12** 2,474,572

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.100 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	98.280 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included 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.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 86-0104419

Name: VALLEY OF THE SUN UNITED WAY

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

Facts And Circumstances Test

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

2018

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

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

Name of the organization VALLEY OF THE SUN UNITED WAY	Employer identification number 86-0104419
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	0
d Mailings to members, legislators, or the public?	Yes		4,000
e Publications, or published or broadcast statements?		No	0
f Grants to other organizations for lobbying purposes?		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		89,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		13,000
i Other activities?		No	0
j Total Add lines 1c through 1i			106,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINES 1B AND 1G	VALLEY OF THE SUN UNITED WAY (VSUW) HAD VOLUNTEERS AND STAFF THAT MET WITH LEGISLATORS AND ADVOCATED ON BEHALF OF ISSUES THAT AFFECT THE LIVES IN MARICOPA COUNTY IN THE AREAS THAT DIRECTLY ALIGN WITH THE MISSION OF VSUW SPECIFICALLY FOCUSING ON SB1014 (Chapter 3) ELL, INSTRUCTION, BUDGETING VSUW Worked with a coalition to pass the bill SB1022 (Chapter 40) HOURS, SEVENTH AND EIGHTH GRADES VSUW worked with a coalition to pass the bill SB1256 (Chapter 85) SCHOOL DISTRICTS PROCUREMENT PRACTICES, AUDITORS VSUW led a coalition to pass the bill SB1184 (Chapter 84) SCHOOLS, ECONOMICS, PERSONAL FINANCIAL MANAGEMENT VSUW worked with a coalition to pass the bill SB1346 (Chapter 86) SCHOOLS, MENU OF ASSESSMENTS, AIDS INSTRUCTION VSUW led a coalition to pass the bill HB2176 (Chapter 98) COLLEGE CREDIT BY EXAMINATION, PAYMENTS VSUW worked with a coalition to pass the bill SB1048 (Chapter 115) COMMUNITY COLLEGES, ADMISSIONS CRITERIA VSUW Worked with a coalition to pass the bill SB1073 (Chapter 116) SCHOOL DISTRICT CONSOLIDATIONS, ELECTIONS VSUW led a coalition to pass the bill HB2061 (Chapter 126) FOSTER TUITION WAIVER SCHOLARSHIP, AGE VSUW led a coalition to pass the bill HB2303 (Chapter 128) SCHOOLS, COMPUTER SCIENCE, MATHEMATICS, SCIENCE VSUW worked with a coalition to pass the bill HB2425 (Chapter 164) SCHOOL TAX CREDIT, CONTRIBUTIONS VSUW worked with a coalition to pass the bill HB2083 (Chapter 175) KINDERGARTEN, SURVEY, REPORT VSUW led a coalition to pass the bill HB2119 (Chapter 177) SCHOOL SAFETY, REPORTING VSUW worked with a coalition to pass the bill SB1318 (Chapter 198) SCHOOLS, DYSLEXIA, SCREENING, TRAINING VSUW led a coalition to pass the bill SB1468 (Chapter 199) SCHOOLS, SUICIDE PREVENTION TRAINING VSUW Worked with a coalition to pass the bill SB1026 (Chapter 214) SCHOOL PUPILS, EMERGENCY MEDICATION ADMINISTRATION VSUW worked with a coalition to pass the bill SB1539 (Chapter 262) EXTENDED FOSTER CARE PROGRAM VSUW worked with a coalition to pass the bill HB2747 (Chapter 263) BUDGET, GENERAL APPROPRIATIONS ACT, 2019-20 VSUW Worked with a coalition to pass the bill HB2749 (Chapter 265) BUDGET, BRB, K-12 EDUCATION, 2019-20 VSUW Worked with a coalition to pass the bill HB2750 (Chapter 266) BUDGET, BRB, HIGHER EDUCATION, 2019-20 VSUW Worked with a coalition to pass the bill HB2754 (Chapter 270) BUDGET, BRB, HEALTH, 2019-20 VSUW Worked with a coalition to pass the bill HB2755 (Chapter 271) BUDGET, BRB, HUMAN SERVICES, 2019-20 VSUW led a coalition to pass the bill SB1485 (Chapter 281) STO CREDITS, AGGREGATE CAP VSUW led a coalition to pass the bill HB2358 (Chapter 289) LANDLORD TENANT, PARTIAL PAYMENT, ASSISTANCE VSUW led a coalition to pass the bill HB2757 (Chapter 273) TAX PROVISIONS, OMNIBUS VSUW led a coalition to pass the bill SB1027 (Chapter 297) TAX CREDIT, CHARITABLE ORGANIZATIONS, ELIGIBILITY VSUW led a coalition to pass the bill SB1300 (Chapter 308) LOW-INCOME HOUSING, TAX EXEMPTION VSUW led a coalition to pass the bill SB1456 (Chapter 316) VISION SCREENING, SCHOOLS, APPROPRIATIONS VSUW led a coalition to pass the bill VSUW HAS A POSITION, CHIEF PUBLIC POLICY OFFICER, WHICH FOCUSES ON RESEARCHING AND ADVOCATING LEGISLATIVE ACTIVITIES THAT DIRECTLY ALIGN WITH THE MISSION OF VSUW AN ESTIMATED 80% OF HER TIME, VALUED AT \$106,000 WAS DIRECTLY RELATED TO THE ACTIVITIES DESCRIBED ABOVE

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number
86-0104419

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	48,643,844	46,729,379	42,750,185	44,936,498	45,365,202
b Contributions	18,326	176,165	123,574	733,641	1,179,646
c Net investment earnings, gains, and losses	2,254,344	3,337,790	5,546,950	-1,383,914	-94,161
d Grants or scholarships					
e Other expenditures for facilities and programs	1,649,260	1,599,490	1,691,330	1,536,040	1,514,189
f Administrative expenses					
g End of year balance	49,267,254	48,643,844	46,729,379	42,750,185	44,936,498

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 68 000 %
 - b** Permanent endowment ▶ 32 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | No |
| (ii) related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings				
c Leasehold improvements		278,170	122,196	155,974
d Equipment		2,511,992	1,513,728	998,264
e Other		1,495,687	1,099,205	396,482
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,550,720

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

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

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
SEC 457 (B) DEFERRED COMPENSATION	602,814
LONG TERM ALLOCATION PAYABLE	19,268
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 622,082

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	83,128,262
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,281,041
b	Donated services and use of facilities	2b	45,487
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	125,293
e	Add lines 2a through 2d	2e	-1,110,261
3	Subtract line 2e from line 1	3	84,238,523
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	51,280
b	Other (Describe in Part XIII)	4b	9,908,681
c	Add lines 4a and 4b	4c	9,959,961
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	94,198,484

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

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

1	Total expenses and losses per audited financial statements	1	87,203,806
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	45,487
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	125,293
e	Add lines 2a through 2d	2e	170,780
3	Subtract line 2e from line 1	3	87,033,026
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	51,280
b	Other (Describe in Part XIII)	4b	9,908,681
c	Add lines 4a and 4b	4c	9,959,961
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	96,992,987

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 86-0104419

Name: VALLEY OF THE SUN UNITED WAY

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE ENDOWMENT EARNINGS ARE TO BE USED TO SUPPORT VALLEY OF THE SUN UNITED WAY AS OUTLINED IN ITS ENDOWMENT POLICY

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	MANAGEMENT IS OF THE OPINION THAT SUBSTANTIALLY ALL OF THE ORGANIZATION'S ACTIVITIES ARE RELATED TO ITS TAX-EXEMPT PURPOSE, AND NO MATERIAL UNCERTAIN TAX POSITIONS HAVE BEEN IDENTIFIED OR RECORDED IN THE FINANCIAL STATEMENTS AT JUNE 30, 2019 AND 2018

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	\$125,293 - FUNDRAISING EXPENSES THAT ARE INCLUDED AS EXPENSES ON THE FINANCIAL STATEMENTS, BUT ARE RECLASSIFIED AND NETTED WITH FUNDRAISING INCOME ON THE 990

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	\$9,908,681 - DONOR DESIGNATIONS MADE ON BEHALF OF/TO OTHER AGENCIES THAT ARE NOT INCLUDED AS REVENUE ON THE FINANCIAL STATEMENTS BUT ARE RECOGNIZED ON THE 990

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	\$125,293 - FUNDRAISING EXPENSES THAT ARE INCLUDED AS EXPENSES ON THE FINANCIAL STATEMENTS, BUT ARE RECLASSIFIED AND NETTED WITH FUNDRAISING INCOME ON THE 990

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	\$9,908,681 - DONOR DESIGNATIONS MADE ON BEHALF OF/TO OTHER AGENCIES THAT ARE NOT INCLUDED AS REVENUE ON THE FINANCIAL STATEMENTS BUT ARE RECOGNIZED ON THE 990

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number
86-0104419

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		LUNCHEON (event type)	(event type)	0 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	476,183			476,183
	2 Less Contributions	422,138			422,138
	3 Gross income (line 1 minus line 2)	54,045			54,045
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	95,409			95,409
	7 Food and beverages				
	8 Entertainment	38,000			38,000
	9 Other direct expenses	45,929			45,929
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				179,338
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-125,293	

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

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

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

Name ▶
 Address ▶

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

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

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

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1748
3 Enter total number of other organizations listed in the line 1 table 584

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	VALLEY OF THE SUN UNITED WAY (VSUW) MONITORS THE USE OF GRANTS IN SEVERAL WAYS AGENCIES MUST PROVIDE TO VSUW PROJECTED AND ACTUAL FINANCIAL INFORMATION, CLIENT BENEFICIARY DATA AND SERVICE STATISTICS INCLUDING SPECIFIED PERIODIC OUTCOME MEASUREMENT DATA IN VSUW'S REQUIRED FORMAT FOR ALL VSUW-FUNDED PROGRAMS UPON REQUEST IN SOME SITUATIONS, PROVIDING OUTCOME DATA WILL INCLUDE COOPERATION AND COLLABORATION WITH AN OUTSIDE EVALUATOR APPOINTED BY VSUW ON-GOING FUNDING LEVELS MAY BE IMPACTED BY THE PROGRAM(S) ABILITY TO DEMONSTRATE APPROPRIATE OUTCOME ACHIEVEMENT VSUW ALSO CONDUCTS ON-SITE VISITS FOR BOTH FISCAL AND PROGRAMMATIC MONITORING AND ENSURES ALL AGENCIES RECEIVING FUNDS ARE IN COMPLIANCE WITH THE U S PATRIOT ACT VALLEY OF THE SUN UNITED WAY PROCESSES A VARIETY OF DONOR DESIGNATIONS FUNDS ARE DIRECTED TO THE ORGANIZATIONS AS REQUESTED BY THE DONOR AFTER VERIFYING THEY ARE LEGITIMATE 501(C)(3) ORGANIZATIONS AND THEY COMPLY WITH THE PATRIOT ACT IN FISCAL YEAR 2019, VSUW DIRECTED THESE FUNDS TO NEARLY 2,000 AGENCIES VALLEY OF THE SUN UNITED WAY DOES NOT HAVE DISCRETION TO AWARD THESE DESIGNATIONS, BUT MUST FOLLOW THE REQUEST OF THE DONOR IF THE DESIGNEE DOES NOT QUALIFY UNDER THE 501(C)(3) OR PATRIOT ACT REQUIREMENTS THE DONOR IS CONTACTED TO REDIRECT THE DONATION
SCHEDULE I, PART II	FIRST THINGS FIRST - QUALITY FIRST SCHOLARSHIPS TO ELIGIBLE PROVIDERS MANY WORKING, LOW-INCOME FAMILIES STRUGGLE TO PAY FOR QUALITY CHILD CARE SOME MUST CHOOSE BETWEEN A JOB OR LEAVING THEIR CHILDREN IN CARE THAT IS NOT THEIR FIRST CHOICE EARLY CARE AND EDUCATION PROVIDERS ENROLLED IN QUALITY FIRST MAY BE ELIGIBLE TO OFFER QUALITY FIRST SCHOLARSHIPS, WHICH HELP LOW-INCOME FAMILIES WITH CHILDREN BIRTH TO AGE 5 AFFORD QUALITY CHILD CARE QUALITY FIRST SCHOLARSHIPS HELP EARLY CARE AND EDUCATION PROVIDERS FILL PAID SLOTS IN THEIR PROGRAM AND REIMBURSE THEM FOR SOME OF THE EXPENSES OF PROVIDING QUALITY (HIGHER WAGES FOR MORE EXPERIENCED AND EDUCATED PROFESSIONALS, LOW STAFF-TO-CHILD RATIOS AND SMALL GROUP SIZES, ETC) THE NUMBER OF SCHOLARSHIPS ASSIGNED TO EACH SITE AND THE REIMBURSEMENT RATE ARE BASED ON THE SIZE OF THE PROGRAM AND ITS QUALITY FIRST STAR RATING PROGRAMS WITH STAR RATINGS IN THE QUALITY LEVELS RECEIVE MORE SCHOLARSHIPS AND HIGHER REIMBURSEMENTS FOR EACH SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Association for Supportive Child Care 3910 S RURAL RD STE E Tempe, AZ 85282	86-0332919	501(C)3	5,130,069				Programs dedicated to enhancing the quality of child care in Arizona, primarily the Quality First program. Quality First is Arizona's statewide quality improvement and rating system for providers of center- or home-based early care and education. Quality First is an opportunity for centers and homes to improve the quality of care provided to children with the support of financial incentives, coaching, child care health consultation, and scholarships to program personnel.
Southwest Human Development 2850 North 24th Street Phoenix, AZ 85008	86-0407179	501(C)3	5,027,071				Programs that support Arizona's children, primarily the Quality First program. Quality First is Arizona's statewide quality improvement and rating system for providers of center- or home-based early care and education. Quality First is an opportunity for centers and homes to improve the quality of care provided to children with the support of financial incentives, coaching, child care health consultation, and scholarships to program personnel.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A New Leaf 868 East University Drive Mesa, AZ 85203	86-0377821	501(C)3	1,067,070	368	fmv	VARIOUS IN-KIND	PREHAB of Arizona, Inc dba A New Leaf is a behavioral health agency dedicated to providing a continuum of services to the community in order to help individuals lead healthy and productive lives. Funded programs support School Readiness for Children in Center Based Care, Permanent Supportive Housing, Shelter services, and Emergency Food systems.
Central Arizona Shelter Services 230 South 12th Avenue Phoenix, AZ 85007	86-0500753	501(C)3	743,075				Provide shelter and support services to reduce the length of stay, increase positive exit outcomes, and reduce return to homelessness.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys and Girls Clubs of Metro Phoenix 4309 E Belleview St Bldg 14 Phoenix, AZ 85008	58-0566123	501(C)3	533,918				Provide after-school and summer programs in some of the Valley's most deserving neighborhoods Programs focus on four key areas Academic Success, Healthy Choices, Be Great-Do Good and Fun with a Purpose, providing youth with the tools they need to enjoy childhood and become successful adults
UMOM New Day Centers 3320 E VAN BUREN ST Phoenix, AZ 85008	86-0521062	501(C)3	481,479				Provide shelter services for homeless families in Arizona that include food, shelter and wraparound services such as case management, counseling, child care, employment services, life skills and Parents Anonymous groups

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHANDLER CHRISTIAN COMMUNITY CENTER 230 South 12th Avenue Phoenix, AZ 85007	86-0428780	501(C)3	384,699				PROGRAM SUPPORT
Community Bridges Inc 1811 S ALMA SCHOOL RD Mesa, AZ 85210	86-0823871	501(C)3	349,637				Provide emergency food for people in crisis and improving food security for the working poor in Chandler and neighboring communities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salvation Army 2707 E VAN BUREN ST Phoenix, AZ 85008	94-1156347	501(C)3	371,449				Substance use crisis care, medical detoxification, and outpatient programs are provided for homeless and working poor adults with pregnant women served at the Center for Hope Prevention activities are provided to youth and adults
Arizona Housing Inc 230 South 12th Avenue Phoenix, AZ 85007	86-0811431	501(C)3	299,042				Provide services and programs that assist members of the community with needs such as food, rent, and utilities and also provide programs that develop youth of today to be tomorrow's leaders

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Friendly House Inc 802 South First Avenue Phoenix, AZ 85003	86-0120506	501(C)3	224,637				Assist formerly homeless individuals to attain self-sufficiency through the provision of dignified housing and supportive services
Tempe Community Action Agency 2150 East Orange Street Tempe, AZ 85281	86-0254820	501(C)3	263,130				Assist those seeking to enter the mainstream of American life by providing education, integration, and support services while encouraging the maintenance of cultural values and traditions Funded programs support School Readiness for Children in Center Based Care, Quality After-school Programs, and Diversion-At Risk of Homelessness

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Native American Connections 4520 N Ctrl Ave Ste 600 Phoenix, AZ 85012	86-0293585	501(C)3	282,073	618	fmv	VARIOUS IN-KIND	Provide assistance to low-income residents such as emergency rent and utility payments, food boxes, KidsCare outreach, homeless services and prenatal education Senior Services are provided through congregate and home-delivered meals for the cities of Tempe
Valley Of The Sun YMCA 350 North 1st Avenue Phoenix, AZ 85003	86-0096799	501(C)3	242,807				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters of Ctr Arizona 4745 N 7th St Ste 210 Phoenix, AZ 85014	86-0205254	501(C)3	221,377				Improve the lives of individuals and families through Native American culturally appropriate behavioral health, affordable housing, and community development services
Boys and Girls Clubs of the East Valley 2602 W Baseline Rd Ste 25 Mesa, AZ 85202	86-0550646	501(C)3	215,370	368	FMV	VARIOUS IN-KIND	Provide youth with the rationale, tools, skills, guidance, and encouragement needed to earn high school diploma or GED and enroll in post-secondary education/job training program Provide competitive/recreational sports, aquatics, camps, and youth diversion

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Information and Referral 2200 N CTAL AVE STE 601 Phoenix, AZ 85004	86-0374813	501(C)3	204,179				Provide children facing adversity with strong and enduring, professionally supported one-to-one relationships that change their lives for the better
Homeward Bound 2302 West Colter Street Phoenix, AZ 85015	86-0660875	501(C)3	211,839				Provide behavior guidance and promote the health, social, education, vocational and character development of boys and girls

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Labors Community Service Agency 5818 N 7TH ST STE 100 Phoenix, AZ 85014	86-0300832	501(C)3	87,721				Community Information & Referral is a vital link between people who need help and the organizations which provide that help domestic violence and assist them in achieving self-sufficiency
Arizona Learning Institute 3463 E Pasadena Ave Phoenix, AZ 85018	27-1271506	501(C)3	139,880				Provide transitional housing and a 12-24 month comprehensive social services to families who are homeless, working poor and/or have experienced domestic violence and assist them in achieving self-sufficiency

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Save The Family Foundation of Arizona 450 West 4th Place Mesa, AZ 85201	86-0665712	501(C)3	145,119				Provide services for people in need, including affordable and transitional housing, case management, housing rehabilitation, foreclosure intervention, a transportation program for homeless families and emergency financial assistance
Foundation For Blind Children 1235 East Harmont Drive Phoenix, AZ 85020	86-0129981	501(C)3	149,456				Administer a program to train parents on brain development, importance of play, discipline techniques, and school readiness to prepare children for kindergarten

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jobs for Arizona Graduates PO Box 10937 Scottsdale, AZ 85051	86-0669709	501(C)3	140,440				Provide a variety of programs designed to empower families to conquer homelessness and achieve life-long independence
Boys and Girls Clubs of Scottsdale 10533 E LAKEVIEW DR Scottsdale, AZ 85258	86-0133718	501(C)3	134,820				Provide a comprehensive program of education, counseling, media, and technology services to blind, visually impaired/multi-handicapped children, adults and their families

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Food Bank 358 East Javelina Avenue Mesa, AZ 85210	86-0505273	501(C)3	123,584				Partner with school districts, the business community & the public sector to support turning at-risk high school students into graduates and productive members of society
Girl Scouts - AZ Cactus-Pine 119 E Coronado Rd Phoenix, AZ 85004	86-0133397	501(C)3	118,149				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Read Better Be Better 1517 E Palm Lane Phoenix, AZ 85006	47-4003520	501(C)3	124,135				Youth development professionals and mentors provide guidance, support and encouragement in a safe environment to create an optimal Club experience
Stardust Building Supplies Inc 1720 W BROADWAT RD STE 101 Mesa, AZ 85202	86-0868376	501(C)3	110,000	5,718,410	FMV	VARIOUS IN-KIND	Provide hunger relief/food assistance by collecting, sorting and distributing food through a network of partner social service agencies

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arizona YWCA Metropolitan Phoenix 2999 N 44th St Ste 250 Phoenix, AZ 85018	86-0098936	501(C)3	86,024				Provide quality after-school programs through troop, group, and individual experiences Girls gain important skills in four areas that form the foundation of the Girl Scout Leadership Experience STEM, Outdoors, Life Skills, and Entrepreneurship
New Pathways for Youth Inc 2833 North 3rd Street Phoenix, AZ 85004	86-0615007	501(C)3	126,345				Program using trained 8th graders to work individually with younger students modeling active engagement with a variety of texts and constructive play

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boy Scouts of America Grand Canyon Council 2969 N Greenfield Road Phoenix, AZ 85016	86-0101295	501(C)3	124,075				A community source of in-kind, donated and Good360 Program products distributed to nonprofits and their clients to benefit the community
Arizona Kids Think Too 3150 N 24th St Phoenix, AZ 85016	45-5318781	501(C)3	92,232				Dedicated to eliminating discrimination, empowering women and promoting peace, justice, freedom and dignity for all Programs include fiscal management education and emergency food support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Joseph The Worker 1125 West Jackson Street Phoenix, AZ 85007	86-0600437	501(C)3	116,110				Developmental and pre-literacy screenings, teacher training, and referrals to intervention services to ensure children are ready to learn for kindergarten Training on parenting, brain development, discipline techniques, and school readiness to prepare children to enter kindergarten
Banner Olive Branch Senior Center 11250 North 107th Avenue Sun City, AZ 85351	94-2745413	501(C)3	76,461				Traditional Scouting provides quality after-school programs for youth based on character development, citizenship training, and personal fitness by instilling values and ideals to prepare them to make lifelong ethical choices

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Dysart Community Center 14414 N EL MIRAGE RD El Mirage, AZ 85335	86-6031134	501(C)3	75,147				Tutoring and enrichment activities that develop leadership, academic skills, and improve social behaviors
EMPACTSuicide Prevention Center 1232 E BROADWAY RD STE 120 Tempe, AZ 85282	74-2562293	501(C)3	92,224				Job development and retention program that provides support services to overcome barriers of employment through education and resources

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Child Crisis Arizona PO Box 4114 Mesa, AZ 85211	86-0324144	501(C)3	228,183				Provide programs and services to assist older residents(60+)in the Northwest Valley enrich their lives physically and emotionally while maintaining independence and self sufficiency
Upward for Children and Families 6306 North 7th Street Phoenix, AZ 85014	86-0221195	501(C)3	119,087				Provide quality after-school programs of both recreational and educational activities to low income and in some cases, at-risk youth for both after-school and summer programs

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Free Arts for Abused Children of Arizona 352 E CAMELBACK RD 101 Phoenix, AZ 85012	86-0739613	501(C)3	136,635				Partnership program to support chronically homeless individuals to remain safely and permanently housed
East Valley Adult Resources 45 W University Mesa, AZ 85201	94-2596075	501(C)3	40,840				Provide Arizona's children a safe environment, free from abuse and neglect, by creating strong and successful families

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Desert Mission Inc 9100 N 2ND ST STE 301 Phoenix, AZ 85020	86-0096941	501(C)3	53,284				Provide services which improve the quality of life for children with mild to extreme developmental disabilities through special education, nursing, therapies and child care
Wesley Community Center 1300 South 10th Street Phoenix, AZ 85034	86-0133770	501(C)3	62,845				Deliver quality after-school programs through creative arts programs, at no charge, to abused and homeless children in out-of-home care

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Tempe Community Council 34 EAST 7TH ST BLDG A Tempe, AZ 85281	51-0189790	501(C)3	38,087				Provide food and nutrition services, outreach services, in-home support services and affordable housing to enhance dignity and promote independence for adults
ICAN - Positive Programs for Youth 650 E Morelos St Chandler, AZ 85225	86-0761030	501(C)3	68,506				Help vulnerable families in north Phoenix meet their basic health needs. Services include food security, medical, dental & behavioral health for the uninsured, case management for families in crisis, and child care/early education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Phoenix Indian Center Inc 4520 N CTAL AVE STE 250 Phoenix, AZ 85012	86-6006566	501(C)3	59,989				Provide programs and services addressing the many needs and requests of the primarily Hispanic, low-income population youth services, primary care health clinics, community services, adult education, and volunteer opportunities
Arizona Center for Afterschool Excellence 112 N CTAL AVE STE 700 Phoenix, AZ 85004	86-1009220	501(C)3	50,000				Collaborate with public and private entities and mobilize resources to solve specific human service problems affecting Tempe, the Town of Guadalupe and Tempe school district area (Tempe, parts of Phoenix, Chandler)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Chicanos Por La Causa - Phoenix 1112 East Buckeye Road Phoenix, AZ 85034	86-0227210	501(C)3	59,291				PROGRAM SUPPORT
WORLD HUNGER ECUMENICAL ARIZONA TASK FORCE 4000 North 7th Street Phoenix, AZ 85014	74-2386488	501(C)3	40,052				Provide free, comprehensive programs that empower youth to be productive, self-confident, and responsible members of the community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Jumpstart for Young Children Inc 308 Congress Street Boston, MA 02210	04-3262046	501(C)3	50,000				Provide services targeting the Urban Native American population Provide workforce development services, general mental health counseling, adult and school-based education including after-school programming for Native Americans residing in Maricopa County
Aid To Adoption Of Special Kids 2320 North 20th Street Phoenix, AZ 85006	86-0611935	501(C)3	117,918				Professional development opportunities for out-of-school staff to engage in the purpose of increasing the quality of their youth programs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Southwest Autism Research & Resource Ctr 300 North 18th Street Phoenix, AZ 85006	31-1496646	501(C)3	75,399				Programs to increase social competence and school readiness for children ages birth to 3 and provide wrap-around services to support the health and wellness of children and families Promote positive youth development in the areas of academic achievement, health and wellness, and leadership development
Stand for Children Leadership Center 645 N 4th Avenue Phoenix, AZ 85003	52-1957214	501(C)3	30,615				Educate, advocate, motivate and empower individuals to action in the fight against hunger

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Florence Crittenton Services 715 West Mariposa Street Phoenix, AZ 85013	86-0103282	501(C)3	40,814				Training in early childhood education theory and best practices in preschools with limited resources
Waste Not Inc 1700 North Granite Reef Road Scottsdale, AZ 85257	86-0650514	501(C)3	48,069				Provides specialized foster care and adoption services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Children's Action Alliance 4001 N 3rd Street Ste 160 Phoenix, AZ 85012	86-0594785	501(C)3	28,528				Model and promote best practices that enhance the quality of life for children and adults with ASDs, empower children, families and professionals with information and training, and advance discoveries that will ultimately lead to a cure
Phoenix Shanti Group 2345 West Glendale Avenue Phoenix, AZ 85021	86-0592079	501(C)3	22,877				Educate and empower parents, teachers, and community members to demand effective teachers and excellent schools

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Homeless ID Project 1125 W Jackson Street Phoenix, AZ 85007	86-0664652	501(C)3	9,892				Offer unique programs that provide a continuum of care for at-risk girls ages 12-21 in Residential Group Homes, Transitional Living Programs, WINGS mentor program, Community Based Services, Girls Ranch and Crittenton Academy
Center for the Future of Arizona 541 E Van Buren Phoenix, AZ 85004	82-0538372	501(C)3	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Arizona Children Association 2833 North Third Street Phoenix, AZ 85004	86-0096772	501(C)3	26,040				Work with donor partners to distribute food to food banks, homeless shelters, low-income housing, and developmental and senior care centers
Society of St Vincent de Paul 420 West Watkins Road Phoenix, AZ 85003	86-0096789	501(C)3	163,681				PROGRAM SUPPORT

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Local First Arizona Foundation 407 E Roosevelt Street Phoenix, AZ 85004	26-1657951	501(C)3	20,000				PROGRAM SUPPORT
National Summer Learning Association Inc 575 S CHARLES ST 310 Baltimore, MD 21201	26-3356271	501(C)3	15,000				Education and advocacy dedicated to promoting the well-being of Arizona's children and families

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Arizona State University PO Box 876011 Tempe, AZ 85287	86-6051042	GOVERNMENT	35,000				PROGRAM SUPPORT
Intuitive Directions LLC 7751 N Dreamy Draw Drive Phoenix, AZ 85020	26-4354103		61,217				Provide housing, education & direct client services to individuals, families & loved ones infected with/affected by HIV/AIDS

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School Rise PO Box 802508 Chicago, IL 60680	20-4434655		95,100				PROGRAM SUPPORT
The University of Arizona 1303 E University Tucson, AZ 85719	74-2652689	GOVERNMENT	59,655				PROGRAM SUPPORT

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Pascua Yaqui Tribe 7474 S Camino de Oeste Tucson, AZ 85757	86-0203228		5,673				PROGRAM SUPPORT
Isaac Elementary School District #5 4135 W THOMAS RD BUSINESS Phoenix, AZ 85019	86-6000483	GOVERNMENT	183,256				Help homeless people obtain the identification and documents they need to work, rent, and get assistance

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Liberty Elementary School District #25 19871 W Fremont Road Buckeye, AZ 85326	86-6000493	GOVERNMENT	12,000				Combine research with collaborative partnerships and initiatives that drive Arizona's economic prosperity, quality of life and civic health, and creates a better future for all Arizonans
Human Services Campus LLC 204 S 12th Avenue Phoenix, AZ 85007	46-3333160	501(C)3	401,122				Provide a broad array of child welfare and behavioral health services within its mission of 'Protecting Children/Preserving Families'

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Phoenix Community Toolbank 3801 E Ilini ST PHOENIX, AZ 85040	46-2561905	501(C)3	6,083				Offer a wide array of programs including a job readiness program, medical and dental clinic, transitional housing program, five dining rooms, a food reclamation center, services to the homeless, thrift stores, and a scholarship program
Unlimited Potential 3146 E Wier Avenue PHOENIX, AZ 85040	74-2383678	501(C)3	26,400				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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City of Avondale 11350 W CIVIC CTR DR Avondale, AZ 85323	90-0490683	501(c)3	6,000				PROGRAM SUPPORT
Expext More Arizona PO Box 16088 Phoenix, AZ 85011	45-3681012	501(c)3	30,260				PROGRAM SUPPORT

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Arizona Center for Youth Resources 649 N 6th Ave Phoenix, AZ 85003	95-3239788	501(c)3	6,000				PROGRAM SUPPORT
Unite for Literacy 123 N College Ave Fort Collins, CO 80524	46-1225221		5,250				Teach underserved micro-entrepreneurs important basics for financial literacy and business development Variety of weekly classes covering topics of marketing, business planning, cash flow management, etc Participants gain financial literacy through participation in a lending circle and received a matched savings by a scholarship Each graduate is offered the opportunity to access credit at fair market value through several partnering financial institutions

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Cartwright School District 5220 W Indian School Road Phoenix, AZ 85031	86-6000517	GOVERNMENT	12,000				Expansion of capacity to coordinate key systems and leverage existing infrastructures to increase quality summer programming
Sun City Home Owners Association 10401 W Coggins Dr Sun City, AZ 85351	86-0214373		5,933				Identify, support, and develop community promotores to address food insecurity issues and social determinants of health in the Central City, Guadalupe, and Maryvale Communities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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County of Maricopa Buckeye Elementary School 25555 W Durango Street Buckeye, AZ 85326	86-6000496	GOVERNMENT	28,000				PROGRAM SUPPORT
CMTY INITIATIVE FUNDING TO VARIOUS AGENCIES 1515 E OSBORN Phoenix, AZ 85014		501(C)3	222,601	53,675	fmv	VARIOUS IN-KIND	Serve as Co-Lead Coaching expert in financial coaching sessions

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FTF QUALITY FIRST SCHOLARSHIPS TO PROVIDERS 1515 E OSBORN PHOENIX, AZ 85014			41,330,977				Empower students, educators, and communities to make long-term, sustainable, and positive change
DIRECT DESIGNATIONS TO VARIOUS AGENCIES 1515 E OSBORN PHOENIX, AZ 85014		501(C)3	8,639,429				PROGRAM SUPPORT

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School Readiness Kits - Various Schools 1515 E OSBORN PHOENIX, AZ 85014			226,941				The horticulture/agroecology programs provide trainings to community gardeners and beginning farmers to increase their success growing in challenging desert climate
WeekEnd Hunger Backpacks - Various Schools 1515 E OSBORN PHOENIX, AZ 85014			111,045				PROGRAM SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number
86-0104419

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MERL WASCHLER PRESIDENT AND CEO (OUTGOING)	(i)	327,005	181,173	28,944	84,875	16,042	638,039	72,500
	(ii)	0	0	0	0	0	0	0
2 TANYA MUNIZ CHIEF FINANCIAL OFFICER	(i)	181,667	1,474	4,846	9,751	16,103	213,841	0
	(ii)	0	0	0	0	0	0	0
3 BRIAN SPICKER OUTGOING CHIEF PROGRAM OFFICER	(i)	173,194	457	27,255	8,947	7,085	216,938	0
	(ii)	0	0	0	0	0	0	0
4 NANCY DEAN CHIEF PROGRAM OFFICER	(i)	190,055	5,448	1,785	10,291	20,430	228,009	0
	(ii)	0	0	0	0	0	0	0
5 TAMERA SKROVAN CHIEF DONOR IMPACT OFFICER	(i)	186,711	1,474	875	9,435	0	198,495	0
	(ii)	0	0	0	0	0	0	0
6 KEN BROOKS CHIEF INFORMATION OFFICER	(i)	177,569	1,548	5,078	8,156	0	192,351	0
	(ii)	0	0	0	0	0	0	0
7 PENNY ALLEE TAYLOR VP PUBLIC POLICY & ADVOCACY	(i)	127,602	1,524	1,088	5,873	16,103	152,190	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	A NOMINAL HOLIDAY BONUS PLUS A GROSS UP FOR TAXES IS PAID TO EMPLOYEES. THE AMOUNTS ARE TAXABLE IN THE CURRENT YEAR AND, AS SUCH, ARE INCLUDED IN REPORTABLE COMPENSATION IN PART VII AND SCHEDULE J, PART II.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	THE CEO IS ELIGIBLE TO RECEIVE AN ANNUAL BONUS AS DETERMINED BY A REVIEW OF HIS PERFORMANCE AGAINST ESTABLISHED GOALS BY THE BOARD CHAIR AND COMPENSATION COMMITTEE THE BONUS IS DETERMINED ANNUALLY WITH AN AMOUNT RANGING FROM 0% - 30% A "REBUTTABLE PRESUMPTION CHECKLIST" IS COMPLETED BY THE COMPENSATION COMMITTEE WITH REGARD TO THE CEO COMPENSATION PACKAGE THE CHECKLIST DETERMINES THE AMOUNT BASED ON THE PERFORMANCE AND THE PAYMENT RANGE, ALONG WITH A COMPENSATION STUDY THE COMPENSATION STUDY INCLUDES COMPENSATION DATA FROM EXTERNAL SALARY CONSULTANTS THAT COMPARE OTHER SIMILAR ORGANIZATIONS AND UNITED WAYS IN SIMILAR COMMUNITIES

Return Reference	Explanation
SCHEDULE J, PART II	MERL WASCHLER IS A PARTICIPANT IN A RETENTION AGREEMENT IN 2018, \$72,500 WAS DEFERRED UNDER THIS AGREEMENT THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION FOR MR WASCHLER TANYA MUNIZ, TAMERA SKROVAN, AND NANCY DEAN ARE PARTICIPANTS IN A RETENTION AGREEMENT IN 2018, \$1,385, RESPECTIVELY, WAS DEFERRED UNDER THIS AGREEMENT THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION FOR MS MUNIZ, MS SKROVAN, AND MS DEAN



Schedule J (Form 990) 2018

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number
86-0104419

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		5,760,077	COST/SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TICKETS)	X	561	13,604	COST/SELLING PRICE
26 Other ▶ (CLASSROOM EQUIPMENT)	X	3	126	COST/SELLING PRICE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a	Yes	
33		

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II Supplemental Information.

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE ORGANIZATION REPORTS, IN SCHEDULE M, PART I, COLUMN (B), THE NUMBER OF ITEMS RECEIVED, NOT THE NUMBER OF CONTRIBUTIONS
SCHEDULE M, PART I, LINE 32B	VSUW CONTRACTS WITH A THIRD PARTY TO SOLICIT, PROCESS AND DISTRIBUTE NONCASH CONTRIBUTIONS THE CONTRACTED ORGANIZATION ACCEPTS IN-KIND, DONATED PRODUCTS AND DISTRIBUTES ITEMS TO NONPROFITS AND THEIR CLIENTS TO BENEFIT THE COMMUNITY, PER CONTRACTUAL REQUIREMENTS

SCHEDULE O
(Form 990 or 990-EZ)**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.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	VALLEY OF THE SUN UNITED WAY (VSUW) HAS NEARLY 5,500 VOLUNTEERS WHO ASSIST THE ORGANIZATION IN A VARIETY OF CAPACITIES VSUW'S VOLUNTEERS ARE A KEY COMPONENT TO THE SUCCESS OF THE ORGANIZATION VSUW RELIES HEAVILY ON THE GUIDANCE OF KEY VOLUNTEERS TO APPROVE BUDGETS AND DISTRIBUTIONS TO THE COMMUNITY VSUW HAS VOLUNTEERS IN SEVERAL POSITIONS TO INCLUDE BOARD /POLICY MAKING, CAMPAIGN, COMMUNITY IMPACT, ENDOWMENT, PUBLIC POLICY, AND A VARIETY OF DIRECT SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINES 4A-4C	VALLEY OF THE SUN UNITED WAY IS AN ARIZONA NON-PROFIT ORGANIZATION WHOSE MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF ITS COMMUNITY. THE ORGANIZATION WAS FORMED IN 1925 AND HAS ADDRESSED MARICOPA COUNTY'S MOST IMPORTANT HEALTH AND HUMAN CARE NEEDS FOR MORE THAN 90 YEARS. VALLEY OF THE SUN UNITED WAY DEVELOPS AND SUPPORTS PROGRAMS AND INITIATIVES TO BREAK THE CYCLE OF POVERTY IN MARICOPA COUNTY. BREAKING THE CYCLE OF POVERTY IS NOT EASY, AND NO SINGLE ORGANIZATION CAN DO IT ALONE. THAT'S WHY UNITED WAY WORKS WITH SCHOOLS, NON-PROFITS, BUSINESSES, GOVERNMENT AND FAITH-BASED ORGANIZATIONS TO END THE CYCLE OF HOMELESSNESS AND HUNGER, ENSURE KIDS SUCCEED IN SCHOOL AND BEYOND, AND INCREASE FINANCIAL STABILITY. UNITED WAY IS BUILDING A STRONGER COMMUNITY FOR ALL TO LIVE, WORK AND RAISE OUR FAMILIES. VISION: BUILD A CARING COMMUNITY WHERE ALL KIDS SUCCEED, FAMILIES ARE SELF-SUFFICIENT AND ALL PEOPLE ENJOY MAXIMUM HEALTH AND INDEPENDENCE. UNITED WAY HELPS FAMILIES THRIVE TOGETHER WITH COMMUNITY PARTNERS. VSUW DEVELOPS AND SUPPORTS INITIATIVES AND PROGRAMS TO ENSURE EVERY PERSON HAS THE OPPORTUNITY TO ACHIEVE THE ASPIRATIONS SHARED BY ALL: A GOOD EDUCATION FOR OUR CHILDREN, FOOD ON THE TABLE, A PERMANENT PLACE TO CALL HOME, AND FINANCIAL STABILITY. ENSURE KIDS SUCCEED VSUW FIGHTS FOR KIDS TO SUCCEED IN SCHOOL BY ASSISTING WITH KINDERGARTEN READINESS, 4TH GRADE READING PROFICIENCY, AND INCREASED ACCESS TO QUALITY AFTER-SCHOOL AND SUMMER PROGRAMS. INCREASE FINANCIAL STABILITY VSUW INCREASES FINANCIAL STABILITY BY EDUCATING INDIVIDUALS ABOUT MANAGING THEIR PERSONAL FINANCES AND PROVIDING WORKFORCE PREPARATION SERVICES TO YOUTH AND ADULTS THAT LIVE IN POVERTY. END HUNGER AND HOMELESSNESS VSUW WORKS TO END CHRONIC HUNGER AND HOMELESSNESS FOR INDIVIDUALS AND FAMILIES. BY PROVIDING PERMANENT HOUSING FOR PEOPLE THAT SUFFERED HOMELESSNESS FOR YEARS, VSUW GIVES THEM A HAND UP TO END THEIR HOMELESSNESS. IN HUNGER, VSUW WORKS WITH LOW-INCOME SCHOOLS TO PROVIDE THE BREAKFAST IN THE CLASSROOM PROGRAM FOR ELEMENTARY-AGE KIDS AND PROVIDE WEEKEND MEALS FOR STUDENTS AT PARTNER SCHOOLS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	PURSUANT TO THE BYLAWS, VALLEY OF THE SUN UNITED WAY'S EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE CORPORATION, THE CHAIRPERSONS OF THE STANDING COMMITTEES AND SUCH ADDITIONAL PERSONS, WHO ARE THEN SERVING ON THE BOARD, AS MAY BE APPOINTED BY THE CHAIRPERSON IN AN EMERGENCY, THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE ALL THE POWERS OF THE BOARD , EXCEPT AS LIMITED BY LAW OR BOARD RESOLUTION ANY EMERGENCY ACTION TAKEN SHALL BE SUBMITTED TO THE BOARD FOR RATIFICATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	THE FORM IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE CONTROLLER AFTER REVIEW BY THE CHIEF FINANCIAL OFFICER, THE DRAFT 990 IS PRESENTED TO THE V SUW FINANCE COMMITTEE TO REVIEW AND APPROVE THE 990 IS POSTED AS AN AGENDA ITEM TO DISCUSS AND REVIEW A FINAL DRAFT 990 IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO THE FINAL SUBMISSION OF THE FORM 990 THE BOARD RECEIVES COPIES OF THE 990 AFTER THE FINANCE COMMITTEE HAS REVIEWED AND APPROVED IT UPON REVIEW, THE 990 IS SIGNED AND SUBMITTED TO THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	VSUW SENDS THE CONFLICT OF INTEREST POLICY STATEMENT AND SURVEY TO THE BOARD OF DIRECTORS ON A REGULAR BASIS A WEB-BASED SURVEY AND THE POLICY ARE SENT TO THE INTERESTED PARTIES VIA EMAIL THE EXECUTIVE OFFICE MONITORS AND MAKES THE EFFORT TO ENSURE ALL INTERESTED PARTIES COMPLETE THE SURVEY AND ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY VSUW STAFF IS ALSO TRAINED AND EDUCATED ANNUALLY ON THE CONFLICT OF INTEREST POLICY, AND ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM DURING THE ONBOARDING PROCESS AND AT LEAST ONE TIME PER YEAR AFTER THAT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A	OFFICER COMPENSATION CEO AND CFO THE COMPENSATION COMMITTEE, A SUBCOMMITTEE OF THE VSUW BOARD OF DIRECTORS, REVIEWS AND DETERMINES THE COMPENSATION OF THE PRESIDENT/CEO ON AN ANNUAL BASIS AND REVIEWS AND DETERMINES THE COMPENSATION OF THE CFO EVERY THREE YEARS THE COMPENSATION REVIEW CONSIDERS COMPENSATION DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT AND RELEVANT COMPENSATION SURVEYS OR STUDIES, INCLUDING COMPARISON OF IRS FORM 990 COMPENSATION INFORMATION FROM SIMILAR AREA ORGANIZATIONS THE COMPENSATION COMMITTEE COMPLETES A REBUTTABLE PRESUMPTION CHECKLIST WITH REGARD TO DETERMINING CEO AND CFO COMPENSATION THE COMPENSATION COMMITTEE CONSISTS OF THE VSUW BOARD CHAIR, THE VSUW FINANCE & AUDIT COMMITTEE CHAIR, AND TWO OTHER MEMBERS APPOINTED BY THE VSUW BOARD CHAIR IF A MEMBER OF THE COMPENSATION COMMITTEE RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM VSUW FOR SERVICES, THEN THAT MEMBER IS PRECLUDED FROM PARTICIPATING IN DISCUSSIONS OR VOTES PERTAINING TO THAT MEMBER'S COMPENSATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE READILY AVAILABLE ON THE VSUW WEBSITE AT WWW VSUW ORG OTHER DOCUMENTS SUCH AS IRS DETERMINATION LETTER, CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS, AND OTHER POLICIES ARE POSTED ON THE VSUW INTRANET AND ARE SUPPLIED TO EXTERNAL PARTIES UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	IN ADDITION TO VOTING DIRECTORS, HONORARY MEMBERS ARE INCLUDED ON THE VALLEY OF THE SUN UNITED WAY BOARD OF DIRECTORS TO HELP GUIDE THE BOARD DECISIONS AND PROVIDE VALUABLE ADVICE AND OPINIONS IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, THEY ARE NOT LISTED ON THE PART VII OF THE 990 BECAUSE THEY ARE NONVOTING, HOWEVER, THEY ARE RECOGNIZED AS VALLEY OF THE SUN UNITED WAY BOARD MEMBERS THE INDIVIDUALS INCLUDED ARE JOHN GRAHAM EILEEN KLEIN GONZALO DE LA MELENA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII LINE 1E	<p>The First Things First (FTF) cost-reimbursement contracts stem from a 2006 voter-backed initiative in which Arizona voters imposed an 80-cent per pack increase on tobacco products, which resulted in Arizona legislation that created programs to promote a family-centered, comprehensive, collaborative, and high-quality early childhood system that supports the development, health and early education of all Arizona's children birth through age 5. Revenues from FTF are statutorily designated dollars earmarked to benefit Arizona children. Using this revenue, FTF has contracted with VSUW for over 10 years to leverage VSUW's technology and resources to administer certain statewide programs on which agencies and community stakeholders in all Arizona regions rely. Management of this revenue is a unique and important opportunity for VSUW to collaborate with state government, which then benefits other nonprofits, childcare providers, families, and children located throughout the state of Arizona. This collaboration enables FTF to fulfill its vision that all Arizona's children are ready to succeed in school and in life. Cost reimbursement contracts with FTF totaled \$57,537,180 in FY19 and are reported on line e - Government grants.</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LEARN UNITED LLC 3200 E CAMELBACK ROAD STE 375 PHOENIX, AZ 85018 81-4030025	VIRTUAL TUTOR	DE	-97,000	-390,000	VSUW

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VALLEY OF THE SUN UNITED WAY FOUNDATION	C		BOOK VALUE

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation