

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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 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 \$ 103,010,405

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? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

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.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	31
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	143
6 Total number of volunteers (estimate if necessary)	6	6,600
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	89,940,521	97,771,905
9 Program service revenue (Part VIII, line 2g)	578,240	714,747	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,609,906	2,008,380	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,817	137,879	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	94,198,484	100,632,911	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	81,103,900	84,704,336	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,901,267	8,978,887	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,163,527			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,987,820	4,124,563	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	96,992,987	97,807,786	
19 Revenue less expenses. Subtract line 18 from line 12	-2,794,503	2,825,125	
	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	69,570,189	68,923,271
	21 Total liabilities (Part X, line 26)	17,539,696	16,579,262
22 Net assets or fund balances. Subtract line 21 from line 20	52,030,493	52,344,009	

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
Date: 2021-01-25
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: ERNST & YOUNG US LLP
Preparer's signature: [Signature]
Date: [Date]
Check if self-employed
PTIN: P01508556
Firm's EIN: [EIN]
Firm's address: 101 E WASHINGTON ST STE 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. We ACTIVATE resources, ACTIVATE corporate and nonprofit partners, ACTIVATE change, ACTIVATE hope, and provide real solutions to the immediate and evolving needs of our community.

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 \$ 76,609,759 including grants of \$ 76,609,759) (Revenue \$ 0)
See Additional Data

4b (Code:) (Expenses \$ 8,094,578 including grants of \$ 8,094,578) (Revenue \$ 510,806)
See Additional Data

4c (Code:) (Expenses \$ 5,827,942 including grants of \$ 0) (Revenue \$ 203,941)
See Additional Data

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

4e Total program service expenses ▶ 90,532,279

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: AZ
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
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 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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 2a PROCESSING FEES, 2b LEARN UNITED REVENUE, and 2f All other program service revenue.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8c Net income from fundraising events, 9a-9c Net income from gaming activities, 10a-10c Net income from sales of inventory, 11a MISCELLANEOUS REVENUE, and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	84,704,336	84,704,336		
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, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	397,529	135,006	162,280	100,243
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	6,944,259	3,133,147	1,451,709	2,359,403
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	328,629	145,795	76,927	105,907
9 Other employee benefits	762,885	351,302	160,242	251,341
10 Payroll taxes	545,585	246,370	117,999	181,216
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	28,470	3,374	23,428	1,668
c Accounting	143,415	32,000	111,415	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	50,002	0	50,002	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	262,463	181,750	29,193	51,520
12 Advertising and promotion	328,598	109,078	125,104	94,416
13 Office expenses	447,212	239,156	79,659	128,397
14 Information technology	519,131	308,685	121,805	88,641
15 Royalties	0	0	0	0
16 Occupancy	942,120	430,773	191,930	319,417
17 Travel	37,218	25,107	2,303	9,808
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	40,698	27,976	7,755	4,967
20 Interest	0	0	0	0
21 Payments to affiliates	325,748	110,628	132,977	82,143
22 Depreciation, depletion, and amortization	483,010	220,841	98,424	163,745
23 Insurance	83,858	36,435	21,385	26,038
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	120,804	11,335	7,498	101,971
b Banking, Payroll, Permits	123,074	24,357	80,981	17,736
c Special Events	116,162	27,280	30,707	58,175
d All Other Expenses	72,580	27,548	28,257	16,775
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	97,807,786	90,532,279	3,111,980	4,163,527
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	5,743,393	2	8,465,651
	3 Pledges and grants receivable, net	11,490,140	3	10,917,103
	4 Accounts receivable, net	0	4	0
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	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	545,769	9	580,173
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,176,463		
	b Less: accumulated depreciation	10b 1,826,466	1,550,720	10c 1,349,997
	11 Investments—publicly traded securities	49,124,686	11	46,459,523
	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	1,115,481	15	1,150,824
16 Total assets. Add lines 1 through 15 (must equal line 34)	69,570,189	16	68,923,271	
Liabilities	17 Accounts payable and accrued expenses	9,435,529	17	8,687,729
	18 Grants payable	7,482,085	18	7,243,158
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	622,082	25	648,375
	26 Total liabilities. Add lines 17 through 25	17,539,696	26	16,579,262
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	35,930,536	27	34,919,424
	28 Net assets with donor restrictions	16,099,957	28	17,424,585
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	52,030,493	32	52,344,009	
33 Total liabilities and net assets/fund balances	69,570,189	33	68,923,271	

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	100,632,911
2	Total expenses (must equal Part IX, column (A), line 25)	2	97,807,786
3	Revenue less expenses. Subtract line 2 from line 1	3	2,825,125
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,030,493
5	Net unrealized gains (losses) on investments	5	-2,511,609
6	Donated services and use of facilities	6	0
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,344,009

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 (2019)

Form 990, Part III, Line 4a:

Grants, allocations, and distributions to health and human service programs, VSUW community objectives, and emergency covid-19 relief. 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			
MERL WASCHLER FORMER PRESIDENT AND CEO	50.0 0.0						X	615,867	0	19,979
NANCY DEAN FORMER CHIEF PROGRAM OFFICER	40.0 0.0					X		191,276	0	38,274
CARLA VARGAS JASA PRESIDENT AND CEO	50.0 0.0			X				210,939	0	10,571
TANYA MUNIZ CHIEF FINANCIAL OFFICER	50.0 0.0			X				186,590	0	33,562
TAMERA SKROVAN CHIEF DONOR IMPACT OFFICER	50.0 0.0					X		191,075	0	16,492
KEN BROOKS Former Chief Inform. Officer	40.0 0.0					X		160,303	0	3,736
ERIC CARUTH FORMER VP CORP FDN RELATIONS	40.0 0.0					X		137,402	0	21,060
PENNY ALLEE TAYLOR CHIEF PUBLIC POLICY OFFICER	50.0 0.0					X		130,448	0	22,695
JENNIFER HOLSMAN TETRE 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

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			
BRADLEY SMITH 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
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
DANIEL FROETSCHER DIRECTOR	2.0 0.0	X						0	0	0
DON SMITH JR DIRECTOR	2.0 0.0	X						0	0	0
EDWARD ZUERCHER 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			
EMILY MEAD DIRECTOR	2.0 0.0	X						0	0	0
GONZALO DE LA MELENA DIRECTOR	2.0 0.0	X						0	0	0
HOPE BERMAN LEVIN DIRECTOR	2.0 0.0	X						0	0	0
JEFFREY MESHEY DIRECTOR	2.0 0.0	X						0	0	0
JOHN GIBSON DIRECTOR	2.0 0.0	X						0	0	0
JOHN GRAHAM DIRECTOR	2.0 0.0	X						0	0	0
JOY RICH DIRECTOR	2.0 0.0	X						0	0	0
KATHLEEN QUIRK DIRECTOR	2.0 0.0	X						0	0	0
KENNETH LEVINE DIRECTOR	2.0 0.0	X						0	0	0
LAURA LO BIANCO 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			
MARIA HARPER-MARINICK 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
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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	92,247,301	91,328,933	93,081,891	89,940,521	97,771,905	464,370,551
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	92,247,301	91,328,933	93,081,891	89,940,521	97,771,905	464,370,551
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.						464,370,551

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	92,247,301	91,328,933	93,081,891	89,940,521	97,771,905	464,370,551
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,928,188	1,444,408	1,880,828	2,102,864	1,389,948	8,746,236
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						473,116,787
12	Gross receipts from related activities, etc. (see instructions)					12	2,907,448

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 2019 (line 6, column (f) divided by line 11, column (f))	14	98.151 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	98.100 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

2019
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
--	--

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		9,420
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		93,350
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		14,345
i	Other activities?		No	0
j	Total. Add lines 1c through 1i			117,115
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).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 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 POLICIES IMPACTING: -211 ARIZONA STATEWIDE SYSTEM -CHARITABLE DEDUCTIONS FOR NON-ITEMIZERS -COVID-19 PUBLIC HEALTH EMERGENCY SUPPORT -ARIZONA TOGETHER FUND FOR GRANTS TO ARIZONA NONPROFITS -CRISIS CONTINGENCY AND SAFETY NET FUND -BEHAVIORAL HEALTH FUNDING -FINANCIAL LITERACY AND PERSONAL FINANCE EDUCATION FOR DES CLIENTS -SUICIDE AWARENESS AND PREVENTION INSTRUCTION -CITY OF PHOENIX AFFORDABLE HOUSING PLAN -PHOENIX FOOD PROGRAM 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 \$117,115 WAS DIRECTLY RELATED TO ACTIVITIES THAT ADVANCE THE PUBLIC POLICY ISSUES APPROVED BY THE VSUW BOARD OF DIRECTORS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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	49,267,254	48,643,844	46,729,379	42,750,185	44,936,498
b Contributions	80,708	18,326	176,165	123,574	733,641
c Net investment earnings, gains, and losses	-575,326	2,254,344	3,337,790	5,546,950	-1,383,914
d Grants or scholarships					
e Other expenditures for facilities and programs	2,130,507	1,649,260	1,599,490	1,691,330	1,536,040
f Administrative expenses					
g End of year balance	46,642,129	49,267,254	48,643,844	46,729,379	42,750,185

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 67.000 %
 - b** Permanent endowment ▶ 33.000 %
 - 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 | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings				0
c Leasehold improvements		287,492	148,774	138,718
d Equipment		2,050,633	1,132,044	918,589
e Other		838,338	545,648	292,690
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,349,997

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 648,375

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	90,074,664
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,511,609
b	Donated services and use of facilities	2b	97,942
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-2,413,667
3	Subtract line 2e from line 1	3	92,488,331
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	50,002
b	Other (Describe in Part XIII.)	4b	8,094,578
c	Add lines 4a and 4b	4c	8,144,580
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	100,632,911

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	89,761,148
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	97,942
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	97,942
3	Subtract line 2e from line 1	3	89,663,206
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	50,002
b	Other (Describe in Part XIII.)	4b	8,094,578
c	Add lines 4a and 4b	4c	8,144,580
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	97,807,786

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	

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, 2020 AND 2019.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	\$8,094,578 - 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 4B	\$8,094,578 - 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.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

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 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.

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 1669
3 Enter total number of other organizations listed in the line 1 table 447

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 2020, VSUW DIRECTED THESE FUNDS TO NEARLY 1,500 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 CARE (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.

Additional Data

Software ID:
Software Version:
EIN: 86-0104419
Name: VALLEY OF THE SUN UNITED WAY

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 E UNIVERSITY DR MESA, AZ 85203	86-0377821	501(C)(3)	608,841	127,402	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
ALHAMBRA ELEMENTARY SCHOOL DISTRICT NO 68 4510 N 37TH AVE PHOENIX, AZ 85019	86-6000510	GOVERNMENT	181,176				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
ARIZONA ADVOCATES FOR EX-OFFENDER 2942 N 24TH Ste 201 PHOENIX, AZ 85016	81-3774638	501(C)(3)	31,000				PROGRAM SUPPORT
ARIZONA CENTER FOR AFTERSCHOOL EXCELLENCE 112 N CENTRAL AVE PHOENIX, AZ 85004	86-1009220	501(C)(3)	30,500				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
ARIZONA HOUSING INC 230 S 12TH AVE PHOENIX, AZ 85007	86-0811431	501(C)(3)	256,366				PROGRAM SUPPORT
ARIZONA KIDS THINK TOO 3150 N 24TH ST PHOENIX, AZ 85016	45-5318781	501(C)(3)	105,712	48,325	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

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ARIZONA LEARNING INSTITUTE 3463 E PASADENA AVE PHOENIX, AZ 85018	27-1271506	501(C)(3)	86,200				PROGRAM SUPPORT
ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 85287	86-6051042	GOVERNMENT	21,410				PROGRAM SUPPORT

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ARIZONA YWCA METROPOLITAN PHOENIX 2999 N 44TH ST PHOENIX, AZ 85018	86-0098936	501(C)(3)	27,358				PROGRAM SUPPORT
AROUET FOUNDATION 4636 E UNIVERSITY DR PHOENIX, AZ 85035	45-3456191	501(C)(3)	82,500				PROGRAM SUPPORT

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ASSOCIATION FOR SUPPORTIVE CHILD CARE 3910 S RURAL RD TEMPE, AZ 85282	86-0332919	501(C)(3)	5,280,688				PROGRAM SUPPORT
ASTER AGING INC 45 W UNIVERSITY DR MESA, AZ 85201	94-2596075	501(C)(3)	40,000				PROGRAM SUPPORT

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CHANDLER CHRISTIAN COMMUNITY CENTER INC 230 S 12TH AVE PHOENIX, AZ 85007	86-0428780	501(C)(3)	333,195				PROGRAM SUPPORT
BANNER OLIVE BRANCH SENIOR CENTER 11250 N 107TH AVE SUN CITY, AZ 85351	94-2745413	501(C)(3)	55,416				PROGRAM SUPPORT

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

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BE A LEADER FOUNDATION 1715 W NORTHERN AVE PHOENIX, AZ 85021	55-0850279	501(C)(3)	101,743				PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF CENTRAL ARIZONA 4745 N 7TH ST PHOENIX, AZ 85014	86-0205254	501(C)(3)	192,662				PROGRAM SUPPORT

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BOYS & GIRLS CLUBS OF THE VALLEY 4309 E BELLEVIEW ST PHOENIX, AZ 85008	86-0550646	501(C)(3)	301,844	1,822	fmv	VARIOUS IN-KIND	PROGRAM SUPPORT
BOYS AND GIRLS CLUBS OF GREATER SCOTTSDALE 10533 E LAKEVIEW DR SCOTTSDALE, AZ 85258	86-0133718	501(C)(3)	85,467				PROGRAM SUPPORT

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

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CARTWRIGHT SCHOOL DISTRICT 5220 W INDIAN SCHOOL RD PHOENIX, AZ 85031	86-6000517	GOVERNMENT	40,000				PROGRAM SUPPORT
CATHOLIC CHARITIES COMMUNITY SERVICE 4747 N 7TH AVE PHOENIX, AZ 85013	86-0223999	501(C)(3)	158,670	149,782	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

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CENTER FOR THE FUTURE OF ARIZONA 541 E VAN BUREN PHOENIX, AZ 85004	82-0538372	501(C)(3)	10,000				PROGRAM SUPPORT
CENTRAL ARIZONA SHELTER SERVICES 230 S 12TH AVE PHOENIX, AZ 85007	86-0500753	501(C)(3)	209,617	57,992	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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 E BUCKEYE RD PHOENIX, AZ 85034	86-0227210	501(C)(3)	104,140	187,902	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
CHILD & FAMILY RESOURCES 700 W CAMPBELL AVE PHOENIX, AZ 85013	86-0251984	501(C)(3)	1,672,776				PROGRAM SUPPORT

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

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CHILD CRISIS ARIZONA PO BOX 4114 MESA, AZ 85211	86-0324144	501(C)(3)	242,412				PROGRAM SUPPORT
CHILDREN'S ACTION ALLIANCE 4001 N 3RD ST PHOENIX, AZ 85012	86-0594785	501(C)(3)	12,024				PROGRAM SUPPORT

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COMMUNITY BRIDGES INC 1811 S ALMA SCHOOL RD MESA, AZ 85210	86-0823871	501(C)(3)	308,769				PROGRAM SUPPORT
COUNTY OF MARICOPA TEMPE SCH DIST 3 3205 S RURAL RD TEMPE, AZ 85282	86-6000480	GOVERNMENT	8,000				PROGRAM SUPPORT

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CRISIS RESPONSE NETWORK 1275 W WASHINGTON ST TEMPE, AZ 85281	26-0446321	501(C)(3)	150,316				PROGRAM SUPPORT
DESERT MISSION INC 9100 N 2ND ST PHOENIX, AZ 85020	86-0096941	501(C)(3)	221,855				PROGRAM SUPPORT

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DYSART COMMUNITY CENTER 14414 N EL MIRAGE RD EL MIRAGE, AZ 85335	86-6031134	501(C)(3)	62,776	36,350	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
EASTER SEALS BLAKE FOUNDATION 401 E JEFFERSON ST PHOENIX, AZ 85004	86-0093224	501(C)(3)	2,130,335				PROGRAM SUPPORT

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

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EMPACT SUICIDE PREVENTION CENTER 1232 E BROADWAY RD TEMPE, AZ 85282	74-2562293	501(C)(3)	25,167				PROGRAM SUPPORT
EXPECT MORE AZ 4747 N 32ND ST PHOENIX, AZ 85018	45-3681012	501(C)(3)	15,013				PROGRAM SUPPORT

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FLORENCE CRITTENTON SERVICES 715 W MARIPOSA ST PHOENIX, AZ 85013	86-0103282	501(C)(3)	47,520	911	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
FOUNDATION FOR BLIND CHILDREN 1235 E HARMONT DR PHOENIX, AZ 85020	86-0129981	501(C)(3)	75,964	3,102	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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FREE ARTS FOR ABUSED CHILDREN OF ARIZONA 352 E CAMELBACK RD PHOENIX, AZ 85012	86-0739613	501(C)(3)	165,218				PROGRAM SUPPORT
FRIENDLY HOUSE INC 802 S FIRST AVE PHOENIX, AZ 85003	86-0120506	501(C)(3)	302,947				PROGRAM SUPPORT

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FRIENDS OF THE AVONDALE LIBRARIES 11465 W CIVIC CENTER DR AVONDALE, AZ 85323	90-0490683	501(C)(3)	7,500				PROGRAM SUPPORT
FUTURE FOR KIDS 1425 W SOUTHERN AVE TEMPE, AZ 85284	86-1011434	501(C)(3)	67,366	34,615	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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GIRL SCOUTS - AZ CACTUS-PINE 119 E CORONADO RD PHOENIX, AZ 85004	86-0133397	501(C)(3)	123,341	1,729	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
HOMELESS YOUTH CONNECTION 9950 W VAN BUREN ST AVONDALE, AZ 85323	27-3182999	501(C)(3)	65,930				PROGRAM SUPPORT

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HOMEWARD BOUND 2302 W COLTER ST PHOENIX, AZ 85015	86-0660875	501(C)(3)	152,093	1,729	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
HUMAN SERVICES CAMPUS LLC 204 S 12TH AVE PHOENIX, AZ 85007	46-3333160	501(C)(3)	653,760				PROGRAM SUPPORT

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ICAN - POSITIVE PROGRAMS FOR YOUTH 650 E MORELOS ST CHANDLER, AZ 85225	86-0761030	501(C)(3)	79,547				PROGRAM SUPPORT
INTERNATIONAL RESCUE COMMITTEE 4425 W OLIVE AVE GLENDALE, AZ 85302	13-5660870	501(C)(3)	16,420				PROGRAM SUPPORT

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ISAAC ELEMENTARY SCHOOL DISTRICT #5 4135 W THOMAS RD PHOENIX, AZ 85019	86-6000483	GOVERNMENT	194,152				PROGRAM SUPPORT
JOBS FOR ARIZONA GRADUATES PO BOX 10937 SCOTTSDALE, AZ 85051	86-0669709	501(C)(3)	120,536				PROGRAM SUPPORT

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JUMPSTART FOR YOUNG CHILDREN INC 308 CONGRESS ST BOSTON, MA 02210	04-3262046	501(C)(3)	55,000				PROGRAM SUPPORT
LAVEEN ELEMENTARY SCHOOL DISTRICT 5001 W DOBBINS RD LAVEEN, AZ 85339	86-6000584	GOVERNMENT	40,000				PROGRAM SUPPORT

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LOCAL FIRST ARIZONA FOUNDATION 407 E ROOSEVELT ST PHOENIX, AZ 85004	26-1657951	501(C)(3)	40,069				PROGRAM SUPPORT
MARICOPA COUNTY OSBORN SCHOOL DISTRICT #8 1226 W OSBORN RD PHOENIX, AZ 85013	86-6000486	GOVERNMENT	13,216				PROGRAM SUPPORT

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MURPHY SCHOOL DISTRICT 2615 W BUCKEYE RD PHOENIX, AZ 85009	86-6000491	GOVERNMENT	69,326	66,396	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
NATIVE AMERICAN CONNECTIONS 4520 N CENTRAL AVE PHOENIX, AZ 85012	86-0293585	501(C)(3)	306,180	51,964	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

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NEIGHBORHOOD MINISTRIES 1918 W VAN BUREN ST PHOENIX, AZ 85009	86-0809052	501(C)(3)	38,366				PROGRAM SUPPORT
NEW PATHWAYS FOR YOUTH INC 1001 E PIERCE ST PHOENIX, AZ 85006	86-0615007	501(C)(3)	127,887				PROGRAM SUPPORT

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ORCHARD COMMUNITY LEARNING CENTER 911 W BASELINE RD PHOENIX, AZ 85041	27-5107074	501(C)(3)	14,406				PROGRAM SUPPORT
PENDERGAST ELEMENTARY COMMUNITY FOUNDATION 9515 W CAMELBACK RD PHOENIX, AZ 85037	26-3207544	501(C)(3)	61,552				PROGRAM SUPPORT

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PHOENIX COMMUNITY TOOLBANK 3801 E ILINI ST PHOENIX, AZ 85040	46-2561905	501(C)(3)	10,000				PROGRAM SUPPORT
PHOENIX INDIAN CENTER INC 4520 N CENTRAL AVE PHOENIX, AZ 85012	86-6006566	501(C)(3)	50,947				PROGRAM SUPPORT

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PHOENIX PUBLIC LIBRARY FOUNDATION PO BOX 3735 PHOENIX, AZ 85030	86-0835463	501(C)(3)	11,255				PROGRAM SUPPORT
PHOENIX SHANTI GROUP 2345 W GLENDALE AVE PHOENIX, AZ 85021	86-0592079	501(C)(3)	11,442				PROGRAM SUPPORT

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READ BETTER BE BETTER 1517 E PALM LANE PHOENIX, AZ 85006	47-4003520	501(C)(3)	165,300				PROGRAM SUPPORT
SALVATION ARMY 2707 E VAN BUREN AVE PHOENIX, AZ 85008	94-1156347	501(C)(3)	314,457	69,854	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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SAVE THE FAMILY FOUNDATION OF ARIZONA 125 E UNIVERSITY DR MESA, AZ 85201	86-0665712	501(C)(3)	201,010	1,748	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
SCHOOL RISE PO BOX 802508 CHICAGO, IL 60680	20-4434655		19,400				PROGRAM SUPPORT

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SOCIETY OF ST VINCENT DE PAUL 420 W WATKINS RD PHOENIX, AZ 85003	86-0096789	501(C)(3)	136,902				PROGRAM SUPPORT
SOUNDS ACADEMY 1202 N 3RD ST 304 PHOENIX, AZ 85004	46-3932746	501(C)(3)	17,320				PROGRAM SUPPORT

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SOUTHWEST AUTISM RESEARCH & RESOURCE CENTER 300 N 18TH ST PHOENIX, AZ 85006	31-1496646	501(C)(3)	91,184				PROGRAM SUPPORT
SOUTHWEST HUMAN DEVELOPMENT 2850 N 24TH ST PHOENIX, AZ 85008	86-0407179	501(C)(3)	4,628,002				PROGRAM SUPPORT

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ST JOSEPH THE WORKER 1125 W JACKSON ST PHOENIX, AZ 85007	86-0600437	501(C)(3)	72,284	17,446	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
ST VINCENT DE PAUL SOCIETY 420 W WATKINS ST PHOENIX, AZ 85007	86-0096789	501(C)(3)	115,402	2,593	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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STAND FOR CHILDREN ARIZONA 645 N 4TH AVE PHOENIX, AZ 85003	52-1957214	501(C)(3)	31,632	2,610	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
STARDUST BUILDING SUPPLIES INC 1720 W BROADWAY RD MESA, AZ 85202	86-0868376	501(C)(3)	112,500	12,344,908	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

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TEMPE COMMUNITY ACTION AGENCY 2150 E ORANGE ST TEMPE, AZ 85281	86-0254820	501(C)(3)	248,645	682	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
THE UNIVERSITY OF ARIZONA 1303 E UNIVERSITY TUCSON, AZ 85719	74-2652689	GOVERNMENT	35,570				PROGRAM SUPPORT

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UMOM NEW DAY CENTERS 3320 E VAN BUREN ST PHOENIX, AZ 85008	86-0521062	501(C)(3)	415,148	12,415	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
UNITE FOR LITERACY 123 N COLLEGE AVE FORT COLLINS, CO 80524	46-1225221		7,000				PROGRAM SUPPORT

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UNITED FOOD BANK 358 E JAVELINA AVE MESA, AZ 85210	86-0505273	501(C)(3)	123,187				PROGRAM SUPPORT
UNLIMITED POTENTIAL 3146 E WIER AVE PHOENIX, AZ 85040	74-2383678	501(C)(3)	51,065				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
UPWARD FOR CHILDREN AND FAMILIES 6306 N 7TH ST PHOENIX, AZ 85014	86-0221195	501(C)(3)	129,394				PROGRAM SUPPORT
VALLEY OF THE SUN YMCA 350 N 1ST AVE PHOENIX, AZ 85003	86-0096799	501(C)(3)	195,771	101,639	FMV	VARIOUS IN-KIND	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
WASTE NOT INC 1700 N GRANITE REEF RD SCOTTSDALE, AZ 85257	86-0650514	501(C)(3)	44,267				PROGRAM SUPPORT
WESLEY COMMUNITY CENTER 1300 S 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)	104,791	25,050	FMV	VARIOUS IN-KIND	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
WILSON ELEMENTARY SCHOOL DISTRICT #7 3025 E FILLMORE ST PHOENIX, AZ 85008	86-6000485	GOVERNMENT	40,000				PROGRAM SUPPORT
WORLD HUNGER ECUMENICAL ARIZONA TASK FORCE DBA WHE 4000 N 7TH ST PHOENIX, AZ 85014	74-2386488	501(C)(3)	41,390				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
FTF QUALITY FIRST SCHOLARSHIPS TO PROVIDERS 1515 E OSBORN RD PHOENIX, AZ 85014			40,463,417				PROGRAM SUPPORT
DIRECT DESIGNATIONS TO VARIOUS AGENCIES 1515 E OSBORN RD PHOENIX, AZ 85014		501(C)(3)	6,877,272				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
SCHOOL READINESS KITS - VARIOUS PARTNERS 1515 E OSBORN RD PHOENIX, AZ 85014			195,769				PROGRAM SUPPORT
WEEKEND HUNGER BACKPACKS - VARIOUS PARTNERS 1515 E OSBORN RD PHOENIX, AZ 85014			92,571				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
PROJECT CONNECT PROGRAM - VARIOUS PARTNERS 1515 E OSBORN RD PHOENIX, AZ 85014			14,358				PROGRAM SUPPORT
THRIVING TOGETHER PROGRAM - VARIOUS PARTNERS 1515 E OSBORN RD PHOENIX, AZ 85014			21,661				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
CMTY INITIATIVE FUNDING - VARIOUS PARTNERS 1515 E OSBORN RD PHOENIX, AZ 85014		501(C)(3)	76,618	156,195	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2019

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 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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</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 on 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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<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 Yes	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 CARLA VARGAS JASA PRESIDENT AND CEO	(i)	135,521	75,178	240	6,413	4,158	221,510	0
	(ii)	0	0	0	0	0	0	0
2 MERL WASCHLER FORMER PRESIDENT AND CEO	(i)	237,216	350,000	28,651	8,132	11,847	635,846	350,000
	(ii)	0	0	0	0	0	0	0
3 NANCY DEAN FORMER CHIEF PROGRAM OFFICER	(i)	189,136	355	1,785	17,214	21,060	229,550	0
	(ii)	0	0	0	0	0	0	0
4 TAMERA SKROVAN CHIEF DONOR IMPACT OFFICER	(i)	189,151	355	1,569	16,492	0	207,567	0
	(ii)	0	0	0	0	0	0	0
5 TANYA MUNIZ CHIEF FINANCIAL OFFICER	(i)	185,870	355	365	16,834	16,728	220,152	0
	(ii)	0	0	0	0	0	0	0
6 KEN BROOKS Former Chief Inform. Officer	(i)	112,615	1,548	46,140	3,736	0	164,039	0
	(ii)	0	0	0	0	0	0	0
7 ERIC CARUTH FORMER VP CORP FDN RELATIONS	(i)	136,177	629	596	0	21,060	158,462	0
	(ii)	0	0	0	0	0	0	0
8 PENNY ALLEE TAYLOR CHIEF PUBLIC POLICY OFFICER	(i)	128,954	379	1,115	5,967	16,728	153,143	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. SCHEDULE J, PART I, LINE 4A Ken Brooks received a severance payment of \$41,507 as part of an organizational Reduction in Force in May 2019 that was put into effect as an overall effort to align expenses with revenue.
SCHEDULE J, PART I, LINE 7	THE FORMER CEO WAS ELIGIBLE TO RECEIVE AN ANNUAL BONUS AS DETERMINED BY A REVIEW OF PERFORMANCE AGAINST ESTABLISHED GOALS BY THE BOARD CHAIR AND COMPENSATION COMMITTEE. THE BONUS WAS DETERMINED ANNUALLY WITH AN AMOUNT RANGING FROM 0% - 30%. A "REBUTTABLE PRESUMPTION CHECKLIST" WAS 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. THE INCOMING CEO WAS NOT ELIGIBLE FOR THIS BONUS IN 2019.
SCHEDULE J, PART II	In 2019 Carla Vargas Jasa received a \$75,000 one-time signing bonus for becoming VSUW's new CEO. This amount is included in bonus compensation for Ms. Vargas Jasa. FORMER CEO MERL WASCHLER WAS A PARTICIPANT IN A DEFERRED COMPENSATION AGREEMENT. A TOTAL OF \$350,000 WAS DEFERRED OVER THREE YEARS AND THE LUMP SUM WAS PAID OUT IN 2019. THIS AMOUNT IS INCLUDED IN COMPENSATION REPORTED IN PRIOR YEARS FOR MR. WASCHLER. TANYA MUNIZ, TAMERA SKROVAN, AND NANCY DEAN ARE PARTICIPANTS IN A RETENTION AGREEMENT. IN 2019, \$8,308, RESPECTIVELY, WAS DEFERRED UNDER THIS AGREEMENT. THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION FOR MS. MUNIZ, MS. SKROVAN, AND MS. DEAN.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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		13,454,112	FMV
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	X	9,000	51,049	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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)

Department of the Treasury

Internal Revenue Service
Name of the organization
VALLEY OF THE SUN UNITED WAY

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

2019

**Open to Public
Inspection**

Employer identification number

86-0104419

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	<p>VALLEY OF THE SUN UNITED WAY (VSUW) HAS OVER 6,500 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 AND SUPPORT ACTIVITIES, ENDOWMENT, AND PUBLIC POLICY. FORM 990, PART I, LINE 1 AND PART III, LINES 4A-4C Valley of the Sun United Way is an Arizona nonprofit organization whose mission is to improve lives by mobilizing the caring power of its community. Valley of the Sun United Way has addressed Maricopa County's most important health and human care needs for more than 90 years. Since 1925, Valley of the Sun United Way has unified diverse partners, donors, businesses, nonprofits, government, and faith-based communities to build a stronger Valley for us all. United Way belongs to our community, so we seek community input on the most pressing issues. Then, we bring people, organizations and companies together to proactively solve them. Many people seek trustworthy insights and information and they want to help, but they don't know how. United Way makes it simple for people and organizations to be part of the solution; to come together to take ACTION. United Way belongs to our community and our number one focus is to nimbly and effectively respond to, and develop solutions for, our Valley's most pressing needs. We ACTIVATE resources, ACTIVATE corporate and nonprofit partners, ACTIVATE change, ACTIVATE hope, and provide real solutions to the immediate and evolving needs of our community. We address the immediate needs of families and individuals, focusing on hunger, housing and homelessness, financial stability, education and out of school time, and the ongoing/emerging needs of our neighbors. To do this, we collaborate with and support our current nonprofit and school partners. We help keep vital nonprofits and schools whole, so they can continue providing uninterrupted services to meet the growing demands for: . Emergency meals . Food delivery for seniors . Filling meal gaps for students . Emergency shelters . Support services for individuals living in permanent supportive housing . Access to affordable quality childcare and early education . Quality afterschool and out-of-school time programs so parents can work . At-home learning materials, programs and tutoring to help kids read at grade level . Initiatives to guide high school students to graduation, college and career . Vital essentials such as face masks, sanitizers, diapers . Emergency rent, utilities and other financial assistance that maintains family stability . Support of 2-1-1 to ensure people are connected to the services they need Valley of the Sun United Way partnered with local foundations, businesses and others to create the 'United for the Valley COVID-19 Fund', which our local health an</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	d human services and education nonprofits, and school partners, utilized to address Maricopa County's most pressing needs as a result of COVID-19. By working with our partner organizations that know and serve those most impacted by COVID-19, VSUW quickly allocated funds to address the county's most pressing needs in real time and will continue to work with partners to meet long-term needs.

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 VSUW 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: MARY J. ALEXANDER Michael Bielecki MARK A. SCHIAVONI FORM 990, PART VII, SECTION B VSUW contracted with the University of Florida Lastinger Center (Board of Trustees) for consultation on the FTF Quality First program; specifically focusing on early learning coaching competencies development, resource alignment and implementation, and coaching professional development facilitation.

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 TAX 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 \$56,465,933 IN FY20 AND ARE REPORTED ON LINE E - GOVERNMENT GRANTS.</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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 EAST CAMELBACK ROAD STE 375 PHOENIX, AZ 85018 81-4030025	VIRTUAL TUTOR	DE	-25,969	-416,190	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