For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Treasury

## **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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

**2020** 

DLN: 93493087010602 OMB No. 1545-0047

Open to Public Inspection

Δ Fc	r the	2020 c	alendar vear, or tax vear begins	ning 07-01-2020 , and ending 06-3	30-2021				
		oplicable:	C Name of organization	mig 07 01 2020 , and chang 00 1	30 202.		over ider	ntificati	on number
		change	VALLEY OF THE SUN UNITED WAY			•	104419		
□ Nar	ne cha	ange	% Tanya Muniz				104419		
☐ Init			Doing business as						
		n/terminated I return		il is not delivered to street address) Room/s	uite	E Teleph	E Telephone number		
		n pending	2200 EAST CAMELBACK DOAD Suite 1			(602)	631-48	00	
			City or town, state or province, count	ry, and ZIP or foreign postal code		(112)			
			PHOENIX, AZ 85018			<b>G</b> Gross	receipts :	\$ 121,04	45,678
			<b>F</b> Name and address of principal	officer:	H(a)	Is this a group	•		
			Carla Vargas Jasa		''(-',	subordinates?	r c c a i i i i		□Yes <b>☑</b> No
			3200 EAST CAMELBACK ROAD ST PHOENIX, AZ 85018	E	Н(ь)	Are all subordin	nates		Yes No
[ Tax	-exem	npt status:	✓ 501(c)(3)	nsert no.) 4947(a)(1) or 527		included? If "No," attach	alist (s	ee inst	
1 \A/.	heit	01 h 14/14/	w.vsuw.org	113er( 110.)	⊢ H(c)	Group exempti	•		ructions)
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SDSIL	C. P ****	w.vsuw.org		` `	отобр одошра			
K Form	n of or	ganization:	: 🗹 Corporation 🗌 Trust 🔲 Assoc	iation Other >	<b>L</b> Year	of formation: 1925	M Sta	ate of le	gal domicile: AZ
		9411124110111							
Pa	rt I		mary						
			scribe the organization's mission or	most significant activities: G POWER Of OUR COMMUNITY. SEE SC	HEDIIIE	O FOR FURTHER	DETAIL		
ပ္	-	MINOVE	LIVES BY MOBILIZING THE CARING	TOWER OF OOK COMMONITY: SEE SE	TILDOLL	O TOR TORTHER	DETAIL	•	
를	_								
lei	_								
<u> </u>		Check thi		з	39				
<u>.</u> بخ			of voting members of the governing	the governing body (Part VI, line 1b)		• •	_	4	39
se			-	endar year 2020 (Part V, line 2a)				5	118
Activities & Governance			, ,	_	6				
<u> </u>			•	essary)			_	-	1,560
`				VIII, column (C), line 12			<u> </u>	7a 7b	0
	ь	Net unrei	lated business taxable income from	Form 990-1, line 39	<del></del>	Deize Vane			<u>_</u>
		C <b>t</b> :   t	tions and musta (Dark)(III line 41)			Prior Year	1 005	Cui	rrent Year
3			tions and grants (Part VIII, line 1h)		-	97,77			106,382,144
Ravenue		_	service revenue (Part VIII, line 2g)		<u> </u>		4,747		641,379
å			ent income (Part VIII, column (A), lin	•	<u> </u>	•	8,380		2,757,734
			venue (Part VIII, column (A), lines 5		<u> </u>		7,879		103,288
				t equal Part VIII, column (A), line 12)		100,63			109,884,545
			nd similar amounts paid (Part IX, co	, ,,	-	84,70			77,935,564
			paid to or for members (Part IX, col	0					
Expenses			, , ,	nefits (Part IX, column (A), lines 5–10)	<u> </u>	8,97	8,887		8,525,556
ξ			onal fundraising fees (Part IX, colum	, ,,			0		0
ੜੀ			raising expenses (Part IX, column (D), li		_		1.500		
-			penses (Part IX, column (A), lines 1	·	<u> </u>	*	4,563		4,052,367
		•	penses. Add lines 13–17 (must equa	• • • •	<u> </u>	97,80			90,513,487
<i>(</i> 0	19	Revenue	less expenses. Subtract line 18 fro	m line 12			5,125		19,371,058
Net Assets or Fund Balances					Be	ginning of Curren	Year	Eı	nd of Year
agail a	20	Total ass	ets (Part X, line 16)			68,92	3.271		109,732,254
8 B			oilities (Part X, line 26)			16,57			25,479,400
\$ E			ts or fund balances. Subtract line 2			52,34			84,252,854
Pa	t II		ature Block			•			• •
Jnder	pena	alties of p	erjury, I declare that I have exami	ned this return, including accompanying					
knowl any kr			ef, it is true, correct, and complete.	Declaration of preparer (other than off	icer) is t	pased on all infor	mation o	of whic	h preparer has
,		1.							
		Ciamat.				2022-03-25			
Sign		Signati	ure of officer			Date			
Here			M MUNIZ CFO						
		17	or print name and title	T	_				
		P	Print/Type preparer's name	Preparer's signature	Date	Check 🔲 if	PTIN P01508	556	
Paid		-	irm's name. • EDNET 9 VOUNCHELLS			self-employed	1		
Prep		FI	Firm's name FRNST & YOUNG US LLF			Firm's EIN ►			
Use	On	ly ြ	Firm's address ▶ 101 E WASHINGTON ST	STE 910		Phone no. (60	2) 322-30	00	
			PHOENIX, AZ 85004						
May th	a IP	S discuss	this return with the preparer show	n above? (see instructions)		-		/ v.s	□ No

Cat. No. 11282Y

Form **990** (2020)

Improves and Home	Check if Sched effly describe the or s lives by mobilizing elessness, Education d the organization use prior Form 990 or "Yes," describe thes	ganization's mission: g community, corporate on and Workforce Devel undertake any significa 990-EZ?	e and nonprofit elopment.	partners to reach bold	goals for Maricopa County in the a	reas of Health, Housing									
Improves and Home	efly describe the or s lives by mobilizing elessness, Educatio d the organization u e prior Form 990 or 'Yes," describe thes	ganization's mission: g community, corporate on and Workforce Devel undertake any significa 990-EZ?	e and nonprofit elopment.	partners to reach bold	goals for Maricopa County in the a	reas of Health, Housing									
Improves and Home	s lives by mobilizing elessness, Education of the organization of the prior Form 990 or "Yes," describe these	groommunity, corporated and Workforce Development of the corporation and Workforce Development of the corporation and workforce Development of the corporation and workforce on Science of Corporation and Cor	ant program ser	vices during the year w											
2 Did	d the organization use prior Form 990 or 'Yes," describe thes	undertake any significa 990-EZ? se new services on Sci	ant program ser	vices during the year w											
the	e prior Form 990 or "Yes," describe thes	990-EZ? se new services on Sci		- ·	hich were not listed on	□Yes ☑No									
	"Yes," describe thes	se new services on Scl				∐ Yes 🗹 No									
TC 10	•		hedule O.	the prior Form 990 or 990-EZ?											
TL	d the organization o	cease conducting, or n	If "Yes," describe these new services on Schedule O.												
<b>3</b> Did	Did the organization cease conducting, or make significant changes in how it conducts, any program														
ser	rvices?					🗌 Yes 🗹 No									
If "	"Yes," describe thes	se changes on Schedu	le O.												
Sec	ction 501(c)(3) and		ons are required	to report the amount of	largest program services, as meas of grants and allocations to others,										
<b>4a</b> (Co	ode:	) (Expenses \$	70,246,969	including grants of \$	70,246,969 ) (Revenue \$	0)									
	e Additional Data	, (	,,-		, -, , (										
<b>4b</b> (Co	ode:	) (Expenses \$	7,688,595	including grants of \$	7,688,595 ) (Revenue \$	479,879 )									
See	e Additional Data					· ·									
<b>4c</b> (Co	ode:	) (Expenses \$	5,553,818	including grants of \$	0 ) (Revenue \$	161,500 )									
See	See Additional Data														
4d Oth	her program servic	es (Describe in Sched	ule O.)												
(Ex	(Expenses \$ including grants of \$ ) (Revenue \$														
4e Tot	tal program serv	ice expenses ▶	83,489,3	82											

17

18

19

990 (2020)			Page <b>3</b>
tiV Checklist of Required Schedules			
		Yes	No
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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	5		No
Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part   <b>3</b>	6		No
Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2	8		No
Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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	10	Yes	
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.			
Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
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 2	11c		No
Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and $IV$	16		No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A"  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Is 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"  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"  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 II I	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedule C Part I Schedu	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 5.  Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 5.  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3.  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3.  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 III 9.  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 III 9.  Section 501(c)(3) organizations. Did the organization have received the section of the complete Schedule C, Part III 9.  Is the organization maintain and denor 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investments in such funds or accounts for which donors have the right to provide advice on the distribution or investments in such funds or accounts for which donors have the right to provide can be organization receive or hold a conservation easement, including asserts in 1"Yes," complete Schedule D, Part III 9.  In the organization maintain collections of works of art, historical treasures, or other similar assests II 1"Yes," complete Schedule D, Part III 9.  In the organization deport an amount for part in part X, line 12 for similar provides schedule D, Part V 9.  In the organization in part X in a large treasure in part X, line 13 that is 5% or more o

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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 . . . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Nο

Nο

No

Nο

17

18

19

20a

Form	990 (2020)			Page <b>4</b>
Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

**1**a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

244

0

1c

Yes

Pai	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	118		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			No
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE	BAR).		
5a	• Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiz solicit any contributions that were not tax deductible as charitable contributions?	ation <b>6a</b>		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift not tax deductible?	s were 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and provided to the payor?	services <b>7a</b>	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	Form <b>7h</b>		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? <b>12a</b>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	· · 13a		
	which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or parachute payment(s) during the year?			No
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		No

orm	990 (2020)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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		nse to i	ines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 39			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 39			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	ction 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. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  Tanya Muniz 3200 EAST CAMELBACK ROAD STE 375 PHOENIX, AZ 85018 (602) 631-4889			

(A)

Name and title

(F)

Estimated

amount of other

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

(B)

Average

hours per

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than o	one bo	ox, u an of	t che unle: fficer	neck mo ess pers er and a tee)	son	Repo compo froi organ	( <b>D)</b> ortable ensation m the nization	(E) Reportable compensatior from related organizations	amount of other compensation from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099- ISC)	(W-2/1099- MISC)		organizati relate organiza	ed
See Additional Data Table													
				$\vdash$	$\vdash$	+	+				$\top$		
				$\vdash$	$\vdash$	+	+						
			$\vdash$	$\vdash$	$\vdash$	+							
			$\vdash$	$\vdash$	$\vdash$	+-	+				+		
			<del>                                     </del>		$\vdash$	+	+				+		
			-	$\vdash$	$\vdash$	+-	+				+		
1b Sub-Total			<u>.                                    </u>	<u></u>	<u>.</u>	<u> </u>		<u> </u>			十		
c Total from continuation sheets to Pa	•					•			222.007		0		122 471
d Total (add lines 1b and 1c)		to thos				re) who	o rec		223,087 re than \$1		<u> </u>		123,471
					—							Yes	No
3 Did the organization list any former of			.ee, k	ey e	:mpl	oyee,	or hi	ghest cor	mpensated	employee on		+	
line 1a? If "Yes," complete Schedule J			•	•	•		•				3		No
For any individual listed on line 1a, is organization and related organizations										n the			
individual			•	•	•	•					4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization									tion or indi	vidual for		$\top$	<del>_</del>
Section B. Independent Contract		ere ocu			<i>n</i> 3u	Ten per	13011		<u> </u>	• • •	5		No
Complete this table for your five higher from the organization. Report comper	est compensate										npens	 sation	
Name a	(A) and business addre	255							Desc	(B) ription of services		(C) Compen	
Lounge Software Inc, 1 Lincoln Plaza Suite 20M		<u> </u>							Software de	•		-	157,033
New York, NY 10023 Ernst Young,									AUDIT AND	TAY			123,502
3712 Solutions Center Chicago, IL 606773007									AODII AND	IAA			123,302
The Lavidge Company, 2777 E Camelback Rd Suite 300									ADVERTISIN	IG AND P.R.			133,156
Phoenix, AZ 85016													

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3

		(2020)	- f F							Page <b>9</b>
Part	VIII				respo	nse or note to any	line in this Part VIII			🗆
		Check if Sched	auie	O CONTAINS a	respo	rise of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	<b>1</b> a	Federated campaig	gns	1	а	602,573	I	revenue		312 314
s, Grants Amounts	b	Membership dues		. 1	b					
S. Cr	С	Fundraising events		. 1	с					
		Related organization			d					
Contributions, Gift and Other Similar		Government grants (		· <u>L</u>	e	58,201,048				
lion sr S	Т	All other contributions and similar amounts above	not ir	ncluded	.f	47,578,523				
ibu	g	Noncash contribution: lines 1a - 1f:\$	s incl							
onto nd (	h	Total. Add lines 1a	_1f		g	210,377				
<u>ပ                                    </u>		Totali Add IIIIes Te				Business Code	106,382,144			T
	2a	Processing Fees				900099	479,879	479,879	-	0 0
E e						900099	161,500	161,500		0 0
even	b	Learn United Revnue				900099	101,500	101,300	· ·	
Program Service Revenue	c									
ervic	ľ									
Š.	d									
ogra	e									
Ě	_ ا	All 11								
		All other program  Total. Add lines 2				641,379				
		Investment income					1	_		
	5	similar amounts) .				,	1,630,13	3		1,630,133
	l	Income from invest Royalties		it or tax-exen	ipt bc	ond proceeds		0		
		•		(i) Real		(ii) Personal				
	6a	ı Gross rents	6a							
		Less: rental								
		expenses Rental income	6b							
		or (loss)	6c		0		0			
	۲	Net rental income	or (			(;;) ()	(	0		
	72	Gross amount		(i) Securit	ies	(ii) Other				
	"	from sales of assets other 12,288,734								
		than inventory  Less: cost or					_			
	D	other basis and sales expenses	7b	11,10	51,133					
		·	70	4 4	7.601					
	l	Gain or (loss)  Net gain or (loss)	7c		7,601		1,127,60:	1		1,127,601
41		Gross income from fu	ındra	ising events						
an Cr		contributions reporte	d on							
eve		See Part IV, line 18	٠		8a	(				
er F	ı	Less: direct expen : Net income or (los			8b	ente .				
Other Revenue	`	. Net income or (los	) II	om ranaraisii	lg eve	ents b				
	9a	Gross income from See Part IV, line 19	gami •	ing activities.	9a	(				
	l E	Less: direct expen			9a 9b	(	_			
	ı	: Net income or (los			ctiviti	es <b>&gt;</b>		o l		
	10	Cross sales of inve		n, loca						
	10.	aGross sales of inve returns and allowa	inces	y, less	10a	C				
	Ŀ	Less: cost of good	s sol	ld	10b	(	)			
	_	Net income or (los Miscellaneo			nvent		-	0		
	11	Miscellaneous Rev				Business Code 90009	9 103,288	 8		0 0
		Jenericous inc	. 211 <b>u</b>	-						
	Ŀ	·			<del></del>					
	(									
		All other revenue								
		Total. Add lines 1				•	103,288	3		1
	12	<b>Total revenue.</b> S	ee ir	structions .	•	· · · •	109,884,54	744,667		0 2,757,734 Form <b>990</b> (2020)

Part IX	Statement of Functional Expenses				Page 10
Part I	Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organization	ns must complete colu	ımn (A).
	Check if Schedule O contains a response or note to an		=		
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ants and other assistance to domestic organizations and mestic governments. See Part IV, line 21	77,935,564	77,935,564		
	ants and other assistance to domestic individuals. See	0	0		
gov	ents and other assistance to foreign organizations, foreign rernments, and foreign individuals. See Part IV, lines 15	0	0		
<b>4</b> Ber	nefits paid to or for members	0	0		
	mpensation of current officers, directors, trustees, and remployees	500,685	170,233	200,274	130,178
def	mpensation not included above, to disqualified persons (as ined under section 4958(f)(1)) and persons described in tion 4958(c)(3)(B)	0	0	0	0
	ner salaries and wages	6,255,738	2,821,997	1,271,471	2,162,270
8 Per	nsion plan accruals and contributions (include section 401 and 403(b) employer contributions)	416,584	161,447	114,198	140,939
<b>9</b> Oth	ner employee benefits	853,837	385,390	176,922	291,525
<b>10</b> Pay	roll taxes	498,712	219,371	107,687	171,654
<b>11</b> Fee	es for services (non-employees):				
<b>a</b> Mar	nagement	0	0	0	0
<b>b</b> Leg	gal	28,465	19,407	8,963	95
-	counting	123,502	0	107,502	16,000
<b>d</b> Lob	byling	0	0	0	0
<b>e</b> Pro	fessional fundraising services. See Part IV, line 17	0			0
	estment management fees	57,227	0	57,227	0
<b>g</b> Oth	ner (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule 0)	441,000	354,636	32,675	53,689
<b>12</b> Adv	vertising and promotion	408,926	131,281	151,507	126,138
<b>13</b> Offi	ice expenses	238,584	117,137	46,367	75,080
	ormation technology	583,960	321,638	148,744	113,578
<b>15</b> Roy	valties	0	0	0	0
<b>16</b> Occ	cupancy	931,401	425,637	184,090	321,674
<b>17</b> Tra	· · ·	164	55	50	59
<b>18</b> Pay	ments of travel or entertainment expenses for any eral, state, or local public officials	0	0	0	0
<b>19</b> Cor	nferences, conventions, and meetings	4,076	1,056	1,082	1,938
<b>20</b> Inte	erest	0	0	0	0
<b>21</b> Pay	ments to affiliates	321,370	109,266	128,548	83,556
<b>22</b> Dep	preciation, depletion, and amortization	437,840	200,071	86,654	151,115
<b>23</b> Ins	urance	89,424	37,535	23,296	28,593
mis exc	ner expenses. Itemize expenses not covered above (List scellaneous expenses in line 24e. If line 24e amount seeds 10% of line 25, column (A) amount, list line 24e senses on Schedule O.)				
	rinting and Publications	135,492	10,792	8,015	116,685
<b>b</b> Ba	anking, Payroll, Permits	99,764	18,188	68,194	13,382
c S	pecial Events	97,862	27,681	31,943	38,238
<b>d</b> Al	II Other Expenses	53,310	21,000	24,622	7,688
e Al	II other expenses				
25 <u>Tot</u>	tal functional expenses. Add lines 1 through 24e	90,513,487	83,489,382	2,980,031	4,044,074
rep edu	nt costs. Complete this line only if the organization orted in column (B) joint costs from a combined ucational campaign and fundraising solicitation.	0			
Che	eck here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

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18 19

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23

24

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26

27

28

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32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Page 11

2,471,868 0.155,892 0

1,042,687

84,351,377

1,174,413

109,732,254

11,309,778

13.496.415

0

0

0

0

0

0

0

0

673,207

25.479.400

67.891.831

16,361,023

84,252,854

109,732,254

Form 990 (2020)

Check if Schedule O	contains a	response	or note	to any	line in	this Part I	х <u>.</u>

basis. Complete Part VI of Schedule D

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—other securities. See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 33)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

b Less: accumulated depreciation

Intangible assets .

Grants payable .

		Beginning of year		End of year
	Cash-non-interest-bearing	0	1	
2	Savings and temporary cash investments	8,465,651	2	12,
;	Pledges and grants receivable, net	10,917,103	З	10,

3	Pledges and grants receivable, net	10,917,103	3	1
4	Accounts receivable, net	0	4	
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	
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	
 7	Notes and loans receivable, net	0	7	

10a

10b

		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
S	7	Notes and loans receivable, net	0	7	0
sets		Inventories for sale or use	0	8	0
Se	9	Prepaid expenses and deferred charges	580,173	9	536,017
•	10a	Land, buildings, and equipment: cost or other			

3.299,829

2,257,142

1,349,997

46,459,523

1,150,824

68,923,271

8,687,729

7.243.158

10c

11

12 0 13

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0 22

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0 24

648,375

16.579.262

34,919,424

17,424,585

52,344,009

68,923,271

☐ Both consolidated and separate basis

Yes

Yes

Yes (2020)

2c

3a

3b

Consolidated 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

☐ Separate basis

Audit Act and OMB Circular A-133?

#### **Additional Data**

Software Version:

**EIN:** 86-0104419

Name: VALLEY OF THE SUN UNITED WAY

Form 990 (2020)

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.

Software ID:

#### 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.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

	any nours	and	a dir	ecto	or/tr	ustee)	,	organization	organizations	rrom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
CARLA VARGAS JASA PRESIDENT AND CEO	50.0			х				292,945	0	17,063	
TANYA MUNIZ CHIEF FIN. & ADMIN OFFICER	50.0			х				207,739	0	25,378	
TAMERA SKROVAN CHIEF CORP BRAND & DEV OFFICER	50.0					х		216,413	0	8,512	
PENNY ALLEE TAYLOR CHIEF PUBLIC POLICY OFFICER	50.0					Х		134,679	0	22,721	

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114,392

120,059

0

0

0

0

0

0

10,099

26,125

13,573

0

TAMERA SKROVAN	50.0			.,	246.440	
CHIEF CORP BRAND & DEV OFFICER	0.0			Х	216,413	
PENNY ALLEE TAYLOR	50.0			V	124 670	
CHIEF PUBLIC POLICY OFFICER	0.0			^	134,679	
NANCY DEAN	40.0			V	126 960	
FORMER CHIEF PROGRAM OFFICER	0.0			^	216,413 134,679 136,860	
COLLEEN GALITAM	50.0					

0.0 50.0

> 0.0 4.0

> 0.0 4.0

> 0.0 4.0

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Χ

and Independent Contractors

COLLEEN GAUTAM

LAURA KAISER

GENERAL COUNSEL & VP, ADMIN.

......

VP, CORPORATE RELATIONS

JENNY HOLSMAN TETREAULT

DIRECTOR/BOARD CHAIR

ROBYN ARNELL BRENDEN

DIRECTOR/TREASURER

DIRECTOR/SECRETARY

**BRADLEY SMITH** 

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation from the

	any hours	6						organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
TRACY BAME	2.0									
DIRECTOR		X						0	0	0
DIRECTOR	0.0									
LAURA LO BIANCO	2.0									
DIRECTOR	0.0	Х						0	0	0
LEE ANN BOHN	2.0									
		Х						0	0	0
DIRECTOR	0.0									
GEOFFREY BURBRIDGE	2.0									
DIRECTOR		X						0	0	0
DIRECTOR	0.0									
LISA CAGNOLATTI	2.0		1			l				I

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......

LISA CAGNOLATTI ......

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

STEVE EVANS

MATTHEW FEENEY

CHRIS CAMACHO

LATASHA CAUSEY

KEVIN COOPER

......

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

i e e e e e e e e e e e e e e e e e e e	formulated	anu	and a director/trustee					(M. 2/1000	(M/ 2/1000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SUSAN FRANK DIRECTOR	2.0	Х						0	0	0	
DANIEL FROETSCHER DIRECTOR	2.0	Х						0	0	0	
CHAD GESTSON EDD DIRECTOR	2.0	Х						0	0	0	
NEIL GIULIANO DIRECTOR	2.0	Х						0	0	0	
JOHN GRAHAM	4.0	V		,,							

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DIRECTOR
NEIL GIULIANO
DIRECTOR
JOHN GRAHAM
DIRECTOR/VICE CHAIR

MARIA HARPER MARINICK PHD

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

HOPE LEVIN

DIRECTOR

**ELISSA KELLY** 

DRENA KUSARI

WARING LESTER

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

and Independent Contractors

DIRECTOR

DIRECTOR

LISA RILEY

DIRECTOR

......

VINCE ROIG

DIRECTOR

DIRECTOR

DIRECTOR

DON SMITH JR

AVEIN SAATY-TAFOYA

ROBIN REED

	any hours and a director/trustee)							organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
KENNETH LEVINE	2.0	X						0	0	0	
DIRECTOR	0.0	^							9		
DAVID LONG	2.0	X						0	0	0	
DIRECTOR	0.0	^							0		
CHRISTOPHER MCCURDY	2.0	~						0	0	0	
DIRECTOR	0.0	^							0		
JEFFREY MESHEY	2.0										

	0.0							
CHRISTOPHER MCCURDY	2.0							
		Х				0	0	
DIRECTOR	0.0							
JEFFREY MESHEY	2.0							
		X				0	a	
DIRECTOR	0.0	, ,				·	,	
NINA MULLINS	2.0							
		X	1			n	n	

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0.0 2.0

0.0 2.0

0.0 2.0

(A) (C) (D) (E) (F) (B) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

**EDWARD ZUERCHER** 

DANIEL WANI

CHRISTINE WILKINSON PHD

	week (list any hours	any hours and a director/trustee)						from the organization	from related organizations	compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
PATRICK STRIECK	2.0										
DIRECTOR	0.0	X						0	0	0	
MICHAEL TULLY DIRECTOR	2.0										
	0.0	Х						0	0	0	
MONICA VILLALOBOS	2.0										
		X	l	l	1	I	1	l 0	0	l 0	

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SCI	HED	ULE A	- Dublic (	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047				
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2020				
		the Treasury	► Go to <u>www.irs</u>	<u>a.gov/Form990</u> for in	nstructions and	l the latest info	ormation.	Open to Public Inspection				
Nam	e of th	<del>nie Service</del> <b>he organiza</b> HE SUN UNITEI					Employer identific	ation number				
VALLE	1 01 11	IL SON ONTTE	J WAI				86-0104419					
	rt I		for Public Charity State a private foundation because				See instructions.					
1 1	rganiz		onvention of churches, or as	•	•		(A)(i)					
2		•	escribed in section 170(b)(									
3					,							
4		·	or a cooperative hospital serv	-			-	ntor the beenitel's				
7	Ш	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . 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, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).					
7	✓		ation that normally receives ' <b>0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	init or from the genera	al public described in				
8		A communi	ty trust described in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)						
9			ural research organization de rant college of agriculture. S					ege or university or a				
10		from activit investment	ation that normally receives: ties related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	nctions—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross				
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).					
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See <b>section 509(</b> a					
а		organizatio	supporting organization oper n(s) the power to regularly a <b>Part IV, Sections A and B.</b>	appoint or elect a majo								
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ation vested in the sar			• • • • • • • • • • • • • • • • • • • •	_				
c			unctionally integrated. A sorganization(s) (see instruction					ted with, its				
d		Type III n	on-functionally integrate integrated. The organization integrated. You must complete Pai	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar					
e		Check this	box if the organization received Type III non-functionally	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally				
f	Enter			· · · · · · · · · ·	-		<u> </u>					
g	Provi	de the follow	ing information about the su	pported organization(	s).							
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
			<u> </u>									
Tota		l. P. '	tion Act Notice, see the I		Cat. No. 11285		 Schedule A (Form 9					

(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.)

	If the organization failed	d to qualify unde	r the tests listed	l below, please o	complete Part III	I.)	
93	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	91,328,933	93,081,891	89,940,521	97,771,905	106,382,144	478,505,394
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	<b>Total.</b> Add lines 1 through 3	91,328,933	93,081,891	89,940,521	97,771,905	106,382,144	478,505,394
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	<b>Public support.</b> Subtract line 5 from line 4.						478,505,394
9	Section B. Total Support	-	•	•	•	'	
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
7	Amounts from line 4	91,328,933	93,081,891	89,940,521	97,771,905	106,382,144	478,505,394
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,444,408	1,880,828	2,102,864	1,389,948	1,630,133	8,448,181
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	<b>Total support.</b> Add lines 7 through 10						486,953,575
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	2,859,724
13	First 5 years. If the Form 990 is for	the organization's f	irst, second, third	, fourth, or fifth ta	x year as a section	501(c)(3) organiz	ation, check
	this box and <b>stop here</b>					▶□	
-	Section C. Computation of Publi						
14	Public support percentage for 2020 (li	ine 6, column (f) di	vided by line 11, o	column (f))		14	98.265 %
15	Public support percentage for 2019 So	chedule A, Part II, I	ine 14			15	98.151 %
16	33 1/3% support test—2020. If the	e organization did r	not check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox
	and <b>stop here.</b> The organization qua 33 1/3% support test—2019. If the	lifies as a publicly s ne organization did	supported organiza not check a box o	ition n line 13 or 16a, a			. ▶ ☑ this
17	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization in Part VI how the organization meets	t— <b>2020.</b> If the orgon meets the "facts	ganization did not -and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b, box and <b>stop he</b> i	and line 14 r <b>e.</b> Explain	. ▶□

b 10%-facts-and-circumstances test—2019. 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

Р	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	quality under	the tests listed	pelow, please co	omplete Part II.	)	
Se	ection A. Public Support						1
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ► 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						
5	to or expended on its behalf The value of services or facilities						
3	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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support		1	1	Γ	Π	1
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on	I					
	securities loans, rents, royalties and	I					
	income from similar sources.						
b	Unrelated business taxable income	I					
	(less section 511 taxes) from businesses acquired after June 30,	I					
	1975.	I					
C	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,	I					
	whether or not the business is	I					
12	regularly carried on.		-				1
12	Other income. Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI.)	1					
13							
	11, and 12.).		<u> </u>	1.6 11 6601 1		F04( )(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —
	check this box and <b>stop here</b>					<u></u>	<u> ▶ ⊔                               </u>
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2020 (lin					15	
16	Public support percentage from 2019 S					16	
	ection D. Computation of Investi				.,		
17	Investment income percentage for 202	•	.,		• •	17	
18	Investment income percentage from 2	<b>019</b> Schedule A,	Part III, line 17 .			18	
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□
	33 1/3% support tests—2019. If the						
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	anization	. ▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶ 🗆

Page 4

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination.	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

	III Section 303(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination.	3b	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	

	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.			
	If tes, explain in <b>Part v1</b> what controls the organization put in place to ensure such use.	3с		
4a	· · · · · · · · · · · · · · · · · · ·			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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			

C	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all suppo			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the			
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		

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 5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		e organization accepted a gift or contribution from any of the following persons?			
а		on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization?	11a		
b	A fami	ily member of a person described in 11a above?	11b		
		o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c		
_	VI.	B. Type I Supporting Organizations			
	ection	b. Type I Supporting Organizations		Yes	No
1	appoir descrit activit remov	e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly at or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		_		
			2		
_					
5	ection	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		163	110
-	each d	of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection	D. All Type III Supporting Organizations			
				Yes	No
1	tax ye Form 9	e organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ar, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?		1		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).					
_			2		
3	voice i	ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection	E. Type III Functionally-Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):		
	a 🗌	The organization satisfied the Activities Test. Complete line 2 below.			
	b 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🗌	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activit	ies Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
	suppor o <b>rgan</b> respor	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported lizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted	2-		
		entially all of its activities.  e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the	2a		
	organi <i>organi</i>	zation's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the zation's position that its supported organization(s) would have engaged in these activities but for the organization's ement.	2b		
3		of Supported Organizations. Answer lines 3a and 3b below.	20		
	a Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.</i>	3b		
			30		

Schedule A (Form 990 or 990-EZ) 2020 Page 6 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. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors

(explain in detail in Part VI): 2

Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

Enter greater of line 2 or line 3 4

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1 2 3

3

4

5

6

7

8

4

5

6

Schedule A (Form 990 or 990-F7) 2020

Current Year

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions			8	
9 Distributable amount for 2020 from Section C, line 6		9		
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions if any for years prior to 2020				

8 Distributions to attentive suppor details in <b>Part VI</b> ). See instruct		the organization is respons	sive ( <i>provide</i>	8	
9 Distributable amount for 2020 fr	rom Section C, line 6			9	
10 Line 8 amount divided by Line 9	amount			10	
Section E - Distribution (see instruction		(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from	om Section C, line 6				
2 Underdistributions, if any, for yea (reasonable cause required <i>exp</i> See instructions.					
3 Excess distributions carryover, if	any, to 2020:				
a From 2015			·		
<b>b</b> From 2016					

(see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
a From 2015			
<b>b</b> From 2016			
c From 2017			
<b>d</b> From 2018			
e From 2019			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see			

See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
<b>b</b> From 2016		
c From 2017		
<b>d</b> From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2020 distributable amount		

f Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
<b>\$</b>		
<ul> <li>a Applied to underdistributions of prior years</li> </ul>		
<b>b</b> Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to		

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. 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 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. . . . . **b** Excess from 2017. . . . . c Excess from 2018. . . . .

e Excess from 2020. . . . .

3j and 4c. 8 Breakdown of line 7:

Schedule A (	Form 990 or 990-EZ) 2020 Page <b>8</b>
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

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# Political Campaign and Lobbying Activities

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

2020

OMB No. 1545-0047

DLN: 93493087010602

Open to Public Inspection

EZ)

5

SCHEDULE C (Form 990 or 990-

Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

• 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 **Employer identification number** VALLEY OF THE SUN UNITED WAY 86-0104419 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) ...... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... 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....... Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2020

ress,	EIN,	

Page 2

١	Check ▶ ☐ if the filing organization belongs expenses, and share of excess lob			in Part IV each a	ffiliated group	member's nam	e, ado	iress, EIN,
3	Check ▶ ☐ if the filing organization checked	box A and "lir	mited control" p	rovisions apply.				
	Limits on Lobb (The term "expenditures" n	ying Expe	nditures			(a) Filing organization's totals	(b)	Affiliated group totals
.a	Total lobbying expenditures to influence public	opinion (grass	roots lobbying	)			1	
	Total lobbying expenditures to influence a legis						1	
c	Total lobbying expenditures (add lines 1a and 1	1b)						
d	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines :	1c and 1d)						
	Lobbying nontaxable amount. Enter the amoun columns.							
	If the amount on line 1e, column (a) or (b	) is: The lob	bying nontax	able amount is:				
	Not over \$500,000	20% of t	he amount on line	1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000	plus 15% of the	excess over \$500,00	0.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000	plus 10% of the	excess over \$1,000,0	000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000	) plus 5% of the ex	cess over \$1,500,00	00.			
Over \$17,000,000 but not over \$17,000,000 \$1,000			'	. , ,				
j	(Some organizations that mad	ar Averagin de a sectior	g Period Und	ler Section 50	1(h) ave to comp	elete all of th		Yes 🗌 No ———
	columns below. S	See the sep	arate instru	tions for lines	2a throug	1 2f.)		
	Lobbying	Expenditur	es During 4-	Year Averagir	ng Period			
	Calendar year (or fiscal year beginning in)		(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	,	(e) Total
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	: Total lobbying expenditures						$\perp$	
d	Grassroots nontaxable amount						$\perp$	
e	Grassroots ceiling amount							

	Form 5768 (election	on under section 501(h)).					
For e	ach "Yes" response on lines 1a thro	ough 1i below, provide in Part IV a detailed description of the lobbying	F	a)	+-	(b)	
activ	ity.		Yes	No	4	Amour	nt
1		anization attempt to influence foreign, national, state or local legislation,			$\top$		
	including any attempt to influence	e public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		Yes				
b		e compensation in expenses reported on lines 1c through 1i)?	Yes		-		
c		c compensation in expenses reported on lines 10 through 1/y		No	-		0
d		or the public?	Yes	""	+		10,125
e		dcast statements?	H	No	+		0
f		lobbying purposes?		No	+		
g	_	eir staffs, government officials, or a legislative body?	Yes			1/	00,370
h		conventions, speeches, lectures, or any similar means?	Yes		1		15,425
i	·	· · · · · · · · · · · · · · · · · · ·		No	1		
j	Total. Add lines 1c through 1i				1	1:	25,920
2a	Did the activities in line 1 cause the	he organization to be not described in section 501(c)(3)?		No			
b		tax incurred under section 4912			1		
С	-	tax incurred by organization managers under section 4912					
d	The state of the s	a section 4912 tax, did it file Form 4720 for this year?					
Par		ganization is exempt under section $501(c)(4)$ , section $501(c)$	)(5), 0	r seci	tion		
	501(c)(6).	gaa	/(-// -				
						Yes	No
1	Were substantially all (90% or mo	ore) 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 carr	y over lobbying and political expenditures from the prior year?			3		
Pai		ganization is exempt under section 501(c)(4), section 501(c				501(c	:)(6)
	and if either (a) Be answered "Yes."	OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	: III-A,	, line	3, IS		
1		nounts from members	1				
2	•	pying and political expenditures (do not include amounts of political	F-				
_	expenses for which the section						
а			2a				
b	Carryover from last year		2b				
С			2c				
3		ction $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
4		unt on line 2c exceeds the amount on line 3, what portion of the excess does					
		er to the reasonable estimate of nondeductible lobbying and political	4				
5		political expenditures (see instructions)	5	-			
	art IV Supplemental Info	·					
	• • • • • • • • • • • • • • • • • • • •			A 1:	_		
		art l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); , complete this part for any additional information.	. Part II-	·A, line	s ı an	a 2 (se	зе ——
	Return Reference	Explanation					
	DULE C, PART II-B, LINES 1B	VALLEY OF THE SUN UNITED WAY (VSUW) HAD VOLUNTEERS AND STAFF TH					
AND	1G	AND ADVOCATED ON BEHALF OF ISSUES THAT AFFECT THE LIVES IN MARION THAT DIRECTLY ALIGN WITH THE MISSION OF VSUW. SPECIFICALLY FOCUS					
		-211 ARIZONA STATEWIDE SYSTEM -CHARITABLE DEDUCTIONS FOR NON-I					
		HEALTH EMERGENCY SUPPORT -ARIZONA TOGETHER FUND FOR GRANTS TO	) ARIZOI	NA NOI	NPROF	ITS	
		-CRISIS CONTINGENCY AND SAFETY NET FUND -BEHAVORIAL HEALTH FUNI					
		PERSONAL FINANCE EDUCATION FOR DES CLIENTS -SUICIDE AWARENESS. -CITY OF PHOENIX AFFORDABLE HOUSING PLAN -PHOENIX FOOD PROGRAM					
		PUBLIC POLICY OFFICER, WHICH FOCUSES ON RESEARCHING AND ADVOCA					
		THAT DIRECTLY ALIGN WITH THE MISSION OF VSUW. AN ESTIMATED 80%	OF HER	TIME,	<b>VALUE</b>	D AT	
		\$125,920 WAS DIRECTLY RELATED TO ACTIVITIES THAT ADVANCE THE PUB BY THE VSUW BOARD OF DIRECTORS.	LIC POL	TCA IS:	SUES	APPRO	VED
		p. The 10011 bottle of billeroits.					

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493087010602

Schedule D (Form 990) 2020

Cat. No. 52283D

OMB No. 1545-0047

**2020** 

### **Supplemental Financial Statements**

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

(Form 990)

▶ 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.

Open to Public

Department of the Treasury

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

Na	me of the organization		Employer identification number
VAL	LEY OF THE SUN UNITED WAY		86-0104419
Pa	ort I Organizations Maintaining Donor Advi		r Accounts.
	Complete if the organization answered "Ye	(a) Donor advised funds	(b) Funds and other accounts
_	Total number at end of year	(a) Bollot advised fallas	(b) runus una cuner accounts
2	Aggregate value of contributions to (during year)		
1	Aggregate value of grants from (during year)		
Ļ	Aggregate value at end of year		
;	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose o	be used only for
Pa	rt II Conservation Easements.		Tes No
	Complete if the organization answered "Ye	·	
	Purpose(s) of conservation easements held by the orga	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	n or education) $\square$ Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for	m of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histori	ic structure included in (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or terminated by	the organization during the
Ļ	Number of states where property subject to conservation	on easement is located <b>&gt;</b>	<u></u>
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of violations,
	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	
•	<u> </u>		,
,	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conserv	vation easements during the year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		70(h)(4)(B)(i)
)	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the	footnote to the organization's financial state	nse statement, and
ar	the organization's accounting for conservation easement IIII Organizations Maintaining Collections	of Art, Historical Treasures, or Oth	er Similar Assets.
.a	Complete if the organization answered "Ye If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub	SC 958, not to report in its revenue statemen	
b	Part XIII, the text of the footnote to its financial statem If the organization elected, as permitted under FASB AS	ents that describes these items.	
	historical treasures, or other similar assets held for pub following amounts relating to these items:	lic exhibition, education, or research in furth	erance of public service, provide the
(	(i) Revenue included on Form 990, Part VIII, line 1		►\$
<b>(</b> i	ii)Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, histori following amounts required to be reported under FASB.		ncial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		▶\$

**d** Equipment .

	edule D (10/11/990) 2020					a	rage .
	t III Organizations Maintaining C						
3	Using the organization's acquisition, access items (check all that apply):	ion, and other records,		nny of the	following that are a	significant use of it	s collection
а	Public exhibition		d	∐ Loa	an or exchange prog	ırams	
b	Scholarly research		е	☐ Oth	ner		
С	Preservation for future generations						
4	Provide a description of the organization's Part XIII.	collections and explain	how the	y further t	:he organization's e:	xempt purpose in	
5	During the year, did the organization solicity assets to be sold to raise funds rather than						es 🗆 No
Pai	rt IV Escrow and Custodial Arrang Complete if the organization an		m 990,	Part IV,	line 9, or reporte	<del></del>	
1a	X, line 21.  Is the organization an agent, trustee, custo						
	included on Form 990, Part X?					· · · · · □ <b>Y</b>	es 🗌 No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing	table:		Amount	
С	Beginning balance	,	_		. 1c		
d	Additions during the year						
е	Distributions during the year						
f	Ending balance				46		
	-						
2a	Did the organization include an amount on					_	es ∐ No
		III. Check here if the ex	xplanati	on has bee	en provided in Part	XIII Ц	
Pa	Endowment Funds.			D= -+ T\/	line 10		
	Complete if the organization an	(a) Current year		ior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	46,642,129	(5) 11	49,267,254	<u> </u>		42,750,185
	Contributions	28,326		80,708	· · · · ·	, ,	
	Net investment earnings, gains, and losses	14,518,489		-575,326	· ·	, ,	
	Grants or scholarships	0					
	Other expenditures for facilities and programs	2,246,508		2,130,507	1,649,260	1,599,490	1,691,330
f	Administrative expenses						
	End of year balance	58,942,436		46,642,129	49,267,254	48,643,844	46,729,379
2	Provide the estimated percentage of the cu	Irrent year end halance	(line 1o	column	(a)) held as:		
ے a	Board designated or quasi-endowment ▶	73.000 %	(mic 19	, column	(a)) Held as.		
_	Permanent endowment ► 27.000 %						
b							
С	Term endowment ► 0 %	and agual 100%					
3а	The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss organization by:	'	ion that	are held a	and administered fo	r the	Yes No
	(i) Unrelated organizations					3	a(i) No
	(ii) Related organizations					<u> </u>	a(ii) No
b		ions listed as required (	on Sche	dule R? .			3b
4	Describe in Part XIII the intended uses of t	he organization's endov	wment f	unds.		_	
Pa	rt VI Land, Buildings, and Equipm Complete if the organization an		m 990.	Part IV.	line 11a. See Fo	rm 990. Part X. li	ne 10.
	Description of property  (a) Cost or (invest)	other basis (b) Cost		basis (other			(d) Book value
_	<u>, ,                                    </u>						
	Land						(
	Buildings						
С	Leasehold improvements			287,49	92	182,129	105,363

2,140,009

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

872,328

745,541

191,783

1,042,687

1,394,468

680,545

art VII	Form 990) 2020			Page :
	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category (including name of security)	Part IV, line I  (b)  Book value	(c) Method	Part X, line 12. d of valuation: year market value
	derivatives			
3)				
)				
ı				
)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,  (a) Description of investment	Part IV, line 1	(b) Book value	Part X, line 13.  (c) Method of valuation: Cost or end-of-year market value
L)				value
)				
)				
)				
·				
D)				
al. (Columi	n (b) must equal Form 990, Part X, col.(B) line 13.)		<b>•</b>	
art IX	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, F	art IV, line 1	1d. See Form 990, Par	t X, line 15.
	(a) Description			(b) Book value
)				
)				
)				
)				
) ) ) )				
)				
)				
) ) ) ) ) ) tal. (Colum	mn (b) must equal Form 990, Part X, col.(B) line 15.)			<b>•</b>
o)	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F	· · · · · · · · · · · · · · · · · · ·		<b>'</b>
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability	art IV, line 1		990, Part X, line 25. (b) Book value
) ) ) ) ) tal. (Columnation Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F	art IV, line 1	1e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book
)  Columbia (Columbia X )  Federal i SEC. 457  LONG TE	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  ncome taxes	art IV, line 1	1e or 11f.See Form	990, Part X, line 25. (b) Book value 0
)  )  )  )  tal. (Colun  Part X  ) Federal i  SEC. 457  LONG TE  )	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  ncome taxes  (B) Deferred Compensation	art IV, line 1	1e or 11f.See Form	990, Part X, line 25. (b) Book value 0 661,247
) ) ) ) ) ) () ) tal. (Colun Part X  ) Federal i ) SEC. 457 ) LONG TE )	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  ncome taxes  (B) Deferred Compensation	art IV, line 1	1e or 11f.See Form	990, Part X, line 25. (b) Book value 0 661,247
) ) ) ) ) () ) tal. (Colur Part X  ) Federal i	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  ncome taxes  (B) Deferred Compensation	art IV, line 1	1e or 11f.See Form	990, Part X, line 25. (b) Book value 0 661,247
) Federal i SEC. 457 (LONG TE)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  ncome taxes  (B) Deferred Compensation	art IV, line 1	1e or 11f.See Form	990, Part X, line 25. (b) Book value 0 661,247
Federal i	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  ncome taxes  (B) Deferred Compensation	art IV, line 1	1e or 11f.See Form	990, Part X, line 25. (b) Book value 0 661,247

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Return Reference

Donated services and use of facilities . . . . . .

Part XI

2

b

2

C

d

b

Part XIII

See Additional Data Table

5

3 4

Schedule D (Form 990) 2020

Page 4

7,745,822

109,884,545

82,842,869

75,204

82,767,665

7,745,822

90.513.487

Schedule D (Form 990) 2020

d	Other (Describe in Part XIII.)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	12,612,991
3	Subtract line <b>2e</b> from line <b>1</b>	3	102,138,723
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990. Part VIII. line 7b . 4a 57.227		

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2a

2b

2c

2a

2b

2c

2d

4a

4b

Explanation

12.537.787

75,204

75,204

57,227

7.688.595

2e

3

4c

5

4b 7,688,595 Add lines 4a and 4b . 4c

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . . 1

chedule D (Form 990) 2020	Page <b>5</b>
Part XIII Supplemental Info	rmation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

### **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 R ELATED TO ITS TAX-EXEMPT PURPOSE, AND NO MATERIAL UNCERTAIN TAX POSITIONS HAVE BEEN IDENTI FIED OR RECORDED IN THE FINANCIAL STATEMENTS AT JUNE 30, 2021 AND 2020.

Consider a sector I To Consider and the sec-

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	\$7,688,595 - 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 \$7,688,595 - 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.

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

# 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.

OMB No. 1545-0047
2020

DLN: 93493087010602

Open to Public Inspection

reasury nternal Revenue Service		► Go to <u>wи</u>	w.irs.gov/Form990 for	the latest informati	on.		Inspection
ame of the organization	.,					Employer identif	ication number
ALLEY OF THE SUN UNITED WA	·Υ					86-0104419	
Part I General Inform	ation on Grants	and Assistance				•	
Does the organization mai the selection criteria used					for the grants or assistance	e, and	☑ Yes ☐ N
Describe in Part IV the org	· ·	=	=				
Part II Grants and Other that received more			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes" (	on Form 990, Part IV, lir	ne 21, for any recipient
(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
1) See Additional Data							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
		-					1679 592
	-						

(Form 990)

(6)

(7)

Part IV

Schedule I (Form 990) 2020

recipients FMV, appraisal, other) (1) (2) (3) (4) (5)

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

Part III can be duplicated if additional space is needed.

(b) Number of

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

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2020

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 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 2021, VSUW DIRECTED ITHESE 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. FIRST THINGS FIRST - QUALITY FIRST SCHOLARSHIPS TO ELIGIBLE PROVIDERS: MANY WORKING, LOW-INCOME FAMILIES STRUGGLE TO PAY FOR QUALITY CHILD CARE. SOME MUST CHOOSE BETWEEN A JOB OR LEAVING THEIR CHILDREN IN CARE THAT IS NOT THEIR FIRST CHOICE. EARLY CARE AND EDUCATION PROVIDERS ENROLLED IN QUALITY FIRST MAY BE ELIGIBLE TO OFFER QUALITY FIRST SCHOLARSHIPS, WHICH HELP LOW-INCOME FAMILIES WITH CHILDREN BIRTH TO AGE 5. AFFORD QUALITY CHILD CARE. QUALITY FIRST SCHOLARSHIPS HELP EARLY CARE AND EDUCATION PROVIDERS FILL PAID SLOTS IN THEIR PROGRAM AND REIMBURSE THEM FOR SOME OF THE EXPENSES OF PROVIDING QUALITY (HIGHER WAGES FOR MORE EXPERIENCED AND EDUCATED PROFESSIONALS, LOW STAFF-TO-CHILD RATIOS AND SMALL GROUP SIZES, ETC.). THE NUMBER OF SCHOLARSHIPS ASSIGNED TO EACH SITE AND THE REIMBURSEMENT RATE ARE BASED ON THE SIZE OF THE PROGRAM AND ITS QUALITY FIRST STAR RATING. PROGRAMS WITH STAR RATINGS IN THE QUALITY LEVELS RECEIVE MORE SCHOLARSHIPS AND HIGHER REIMBURSEMENTS FOR EACH SCHOLARSHIP, Maricopa County's Burial Support Program: Maricopa County partnered with the Valley of the Sun United Way (VSUW) and contracted for administrative services related to Maricopa County's Burial Support Program. Through this program, Maricopa County residents may access

financial assistance for burial or cremation services at a participating licensed funeral home, due to COVID-19 related financial hardship.

SCHEDULE I, PART II

# **Additional Data**

A NEW LEAF INC

ACCEL

868 E UNIVERSITY DR MESA, AZ 85203

10251 N 35TH AVE PHOENIX, AZ 85051

Software ID: **Software Version:** 

86-0377821

95-3497070

**EIN:** 86-0104419

Name: VALLEY OF THE SUN UNITED WAY

1,283,158

72,600

Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	ic Governments.	
						_

(a) Name and address of	(D) EIN	(c) IRC section	(a) Amount of cash	(e) Amount of non-	(T) Method of Valuation	i
organization		if applicable	grant	cash	(book, FMV, appraisal,	ĺ
or government				assistance	other)	

organization	. ,	if applicable	grant	cash	(book, FMV, appraisa
organization		li applicable	l Alanc	Casii	(book, inv, appraise
or government				assistance	l other)
-					· ·

501(C)(3)

501(C)(3)

(g) Description of

non-cash assistance

VARIOUS IN-KIND

(h) Purpose of grant or assistance

PROGRAM SUPPORT

PROGRAM SUPPORT

810 FMV

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) ALHAMBRA SCHOOL DISTRICT 86-6000510 GOVERNMENT 147.680 PROGRAM SUPPORT #68

#500 4510 N 37TH AVE Ste 201 PHOENIX, AZ 85019					
ARIZONA ADVOCATES FOR EX-	81-3774638	501(C)(3)	22,500		PROGRAM SUPPORT

OFFENDER 2942 N 24TH ST

PHOENIX, AZ 85016

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ARIZONA CENTER FOR 86-1009220 501(C)(3) 26.750 PROGRAM SUPPORT AFTERSCHOOL EXCELLENCE

112 N CENTRAL AVE PHOENIX, AZ 85004 ARIZONA CENTER FOR 23-7408586 501(C)(3) 10.000

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

PHOENIX, AZ 85034

PROGRAM SUPPORT DISABILITY LAW 5025 E WASHINGTON ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ARIZONA CENTER FOR THE 86-0133392 501(C)(3) 29.126 PROGRAM SUPPORT BLIND 3100 F ROOSEVELT ST PHOENIX, AZ 85008

ARIZONA COALITION 86-0593601 501(C)(3) 27.052 PROGRAM SUPPORT

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

SEXUALDOMESTIC VIOLENCE 2700 N CENTRAL AVE PHOENIX, AZ 85004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-0348306 501(C)(3) 36.852 ARIZONA COMMUNITY IPROGRAM SUPPORT FOUNDATION 2201 F CAMELBACK RD

451.322

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

501(C)(3)

PHOENIX. AZ 85016

ARIZONA HOUSING INC.

209 W JACKSON ST PHOENIX, AZ 85007 86-0811431

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 45-5318781 501(C)(3) 160.860 1.084 FMV VARIOUS IN-KIND ARIZONA KIDS THINK TOO IPROGRAM SUPPORT 3150 N 24TH ST PHOENIX. AZ 85016

PHOENIX, AZ 85016

ARIZONA LATINO LEADERS IN 85-1652516 501(C)(3) 83,125
EDUCATION

221 E INDIANOLA AVE PHOENIX, AZ 85012

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-1041394 501(C)(3) 12.500 ARIZONA NEAR SPACE IPROGRAM SUPPORT RESEARCH

1900 W CARLA VISTA DR CHANDLER, AZ 85246

PHOENIX, AZ 85004

ARIZONA SCIENCE CENTER 86-0390558 501(C)(3) 16,395

PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 86-6051042 GOVERNMENT 124.150 PROGRAM SUPPORT ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 85287 ARIZONA STUDENTS 86-0977732 501(C)(3) 17.500l PROGRAM SUPPORT RECYCLING USED TECHNOLOGY

1720 W BROADWAY RD MESA, AZ 85202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 86-0098936 501(C)(3) 25.240 PROGRAM SUPPORT ARIZONA YWCA METROPOLITAN PHOENIX 2999 N 44TH ST PHOENIX, AZ 85018

70.977

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

501(C)(3)

ARIZONA'S CHILDREN

ASSOCIATION 2833 N THIRD ST PHOENIX, AZ 85004 86-0096772

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 45-3456191 501(C)(3) 78.250 AROUET FOUNDATION IPROGRAM SUPPORT 4636 E UNIVERSITY DR PHOENIX. AZ 85035 ASSOC FOR SUPPORTIVE 86-0332919 501(C)(3) 5.107.202 IPROGRAM SUPPORT

CHILD CARECANDELEN 8222 S 48TH ST PHOENIX, AZ 85044

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 94-2596075 501(C)(3) 107.950 1.033 FMV VARIOUS IN-KIND PROGRAM SUPPORT ASTER AGING INC. 45 W UNIVERSITY DR

MESA, AZ 85201

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

295 W WESTERN AVE AVONDALE, AZ 85323

AVONDALE SCHOOL DISTRICT 86-6000500 GOVERNMENT 91.898 IPROGRAM SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government BANNER HEALTH FOUNDATION 94-2545356 501(C)(3) 85,008 PROGRAM SUPPORT

2025 N 3RD ST PHOENIX, AZ 85004							
BANNER OLIVE BRANCH SENIOR CENTER	94-2745413	501(C)(3)	73,931	1,048	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

11250 N107TH AVE

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

SUN CITY, AZ 85351

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 55-0850279 501(C)(3) 162.930 BE A LEADER FOUNDATION IPROGRAM SUPPORT 1717 W NORTHERN AVE PHOENIX. AZ 85021

BIG BROTHERS BIG SISTERS OF CENTRAL ARIZONA

86-0205254 501(C)(3) 262.467 IPROGRAM SUPPORT 4745 N 7TH ST PHOENIX, AZ 85014

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) BOYS & GIRLS CLUBS OF THE 86-0550646 501(C)(3) 602.367 810 FMV VARIOUS IN-KIND PROGRAM SUPPORT VALLEY 4309 F BELLEVIEW ST

PHOENIX, AZ 85008 BOYS AND GIRLS CLUBS OF 86-0133718 501(C)(3) 152.091 GREATER SCOTTSDALE

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

10533 F LAKEVIEW DR SCOTTSDALE, AZ 85258

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 86-0630295 501(C)(3) 53.443 PROGRAM SUPPORT BOYS HOPE GIRLS HOPE OF ARIZONA 3443 N CENTRAL AVE 501(C)(3) 72.073 PROGRAM SUPPORT

PHOENIX, AZ 85012 CANCER SUPPORT COMMUNITY 86-0897810 ARIZONA 360 F PALM IN

PHOENIX, AZ 85004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 86-6000517 GOVERNMENT 20.000 PROGRAM SUPPORT CARTWRIGHT SCHOOL DISTRICT 5220 W INDIAN SCHOOL RD

VARIOUS IN-KIND

PROGRAM SUPPORT

# 5220 W INDIAN SCHOOL RD PHOENIX, AZ 85031 CATHOLIC CHARITIES 86-0223999 501(C)(3) 219,425 1,397 FMV COMMUNITY SERVICE

4747 N 7TH AVE PHOENIX, AZ 85013

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CENTER FOR THE FUTURE OF 82-0538372 501(C)(3) 45.000l PROGRAM SUPPORT ARIZONA 541 F VAN BUREN

PHOENIX, AZ 85004 CENTRAL ARIZONA SHELTER SERVICES

86-0500753 501(C)(3) 625.514 PROGRAM SUPPORT 230 S 12TH AVE PHOENIX, AZ 85007

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-0428780 501(C)(3) 564.059 CHANDLER CHRISTIAN IPROGRAM SUPPORT

COMMUNITY CENTER INC 345 S CALIFORNIA ST CHANDLER, AZ 85225

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

PHOENIX, AZ 85034

CHICANOS POR LA CAUSA INC. 86-0227210 501(C)(3) 102.096 810 FMV VARIOUS IN-KIND IPROGRAM SUPPORT 1112 E BUCKEYE RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CHILD & FAMILY RESOURCES 86-0251984 IPROGRAM SUPPORT

501(C)(3) 1.716.905 700 W CAMPBELL AVE PHOENIX, AZ 85013

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

MESA, AZ 85211

CHILD CRISIS ARIZONA 86-0324144 501(C)(3) 583.321 3,287 FMV VARIOUS IN-KIND IPROGRAM SUPPORT PO BOX 4114

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CHILDREN'S ACTION ALLIANCE 86-0594785 501(C)(3) 12.674 PROGRAM SUPPORT

4001 N 3RD STREET PHOENIX, AZ 85012

MESA, AZ 85201

86-059478

COLLEGE BOUND AZ 27-1997517 501(C)(3) 7,620 PROGRAM SUPPORT 137 E UNIVERSITY DR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 86-0823871 501(C)(3) 497.485 COMMUNITY BRIDGES INC IPROGRAM SUPPORT 1811 S ALMA SCHOOL RD

1811 S ALMA SCHOOL RD
MESA, AZ 85210

COUNTY OF MARICOPA
BUCKEYE ELEMENTARY

86-6000496 GOVERNMENT 12,500 810 FMV VARIOUS IN-KIND PROGRAM SUPPORT

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

25555 W DURANGO ST BUCKEYE, AZ 85326

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 86-6000480 GOVERNMENT 20.000 PROGRAM SUPPORT COUNTY OF MARICOPA TEMPE SCH DIST 3 3205 S RURAL RD 46-2275877 501(C)(3) 34.674 PROGRAM SUPPORT

TEMPE, AZ 85282 CREIGHTON COMMUNITY FOUNDATION INC

3609 N 27TH ST PHOENIX, AZ 85018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 86-0096941 501(C)(3) 222.550 DESERT MISSION INC IPROGRAM SUPPORT 9100 N 2ND ST PHOENIX, AZ 85020

60.463

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

501(C)(3)

PHOENIX, AZ 85020

DUET PARTNERS IN HEALTH & AGING

10000 N 31ST AVE PHOENIX, AZ 85051 74-2370522

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-6031134 501(C)(3) 103.257 810 FMV VARIOUS IN-KIND PROGRAM SUPPORT DYSART COMMUNITY CENTER 14414 NORTH EL MIRAGE RD

88,686

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

501(C)(3)

EL MIRAGE, AZ 85335

908 N ALMA SCHOOL RD CHANDLER, AZ 85224

86-0618301

EAST VALLEY JCC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-0093224 501(C)(3) 1,841,154 EASTER SEALS BLAKE IPROGRAM SUPPORT FOUNDATION 401 F JEFFERSON ST

32.676

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

501(C)(3)

PHOENIX.AZ 85004

26-1778287

EDUCARE ARIZONA

1300 N 48TH ST PHOENIX, AZ 85008

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 90-0451740 501(C)(3) 40.000 ELEVATE PHOENIX IPROGRAM SUPPORT 3750 W INDIAN SCHOOL RD

92.933

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

501(C)(3)

PHOENIX, AZ 85019

EMPACTSUICIDE PREVENTION
CENTER

618 S MADISON DR TEMPE, AZ 85281 74-2562293

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ESPERANCA INC. 23-7087997 501(C)(3) 18.500 IPROGRAM SUPPORT 1911 W EARLL DR

10.000

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

501(C)(3)

PHOENIX, AZ 85015

45-3681012

EXPECT MORE ARIZONA

4747 N 32ND ST PHOENIX, AZ 85018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FATHER MATTERS INC 501(C)(3) 16.250 91-1846806 IPROGRAM SUPPORT 3146 E WIER AVE PHOENIX. AZ 85040 FLORENCE CRITTENTON 86-0103282 501(C)(3) 66.089 IPROGRAM SUPPORT

SERVICES OF ARIZONA 715 W MARIPOSA ST PHOENIX, AZ 85013

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-3920514 501(C)(3) 45.000l FOSTER ARIZONA IPROGRAM SUPPORT PO BOX 20787 MESA, AZ 85277 86-0129981 501(C)(3) 171.977 IPROGRAM SUPPORT

FOUNDATION FOR BLIND CHILDREN. 1234 E NORTHERN AVE

PHOENIX, AZ 85020

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-0739613 501(C)(3) 214.996 FREE ARTS FOR ABUSED IPROGRAM SUPPORT CHILDREN OF ARIZONA 352 F CAMELBACK RD

352 E CAMELBACK RD
PHOENIX, AZ 85012

FRIENDLY HOUSE INC 86-0120506 501(C)(3) 495,817

PROGRAM SUPPORT

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

113 W SHERMAN ST PHOENIX, AZ 85003

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 90-0490683 501(C)(3) 20.651 FRIENDS OF THE AVONDALE IPROGRAM SUPPORT LIBRARIES

810 FMV

VARIOUS IN-KIND

IPROGRAM SUPPORT

93.502

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

501(C)(3)

11465 W CIVIC CENTER DR AVONDALE, AZ 85323 FUTURE FOR KIDS

1425 W SOUTHERN AVE TEMPE, AZ 85284

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 26-1502209 501(C)(3) 35.035 FUTURE STARS INC IPROGRAM SUPPORT 12127 W WINDROSE DR EL MIRAGE, AZ 85335 GIRL SCOUTS ARIZONA 86-0133397 501(C)(3) 187.938 IPROGRAM SUPPORT

CACTUS PINE COUNCIL INC 119 E CORONADO RD PHOENIX, AZ 85004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 80-0744034 501(C)(3) 50.000 HELPING FAMILIES IN NEED IPROGRAM SUPPORT 3010 S 92ND DR TOLLESON, AZ 85353

3010 S 92ND DR
TOLLESON, AZ 85353

HOMELESS YOUTH 27-3182999 501(C)(3) 101,983

CONNECTION INC

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

9950 W VAN BUREN ST AVONDALE, AZ 85323

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-0660875 501(C)(3) 160,451 PROGRAM SUPPORT HOMEWARD BOUND

2302 W COLTER ST PHOENIX, AZ 85015							
HUMAN SERVICES CAMPUS LLC	46-3333160	501(C)(3)	740,291	17,066	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

204 S 12TH AVE PHOENIX, AZ 85007

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government HUSHARYE NURSERY 82-2737849 501(0)(3) 35 000 l PROGRAM SUPPORT

3003 E MCDOWELL RD PHOENIX, AZ 85008	02-2/3/043	301(0)(3)	33,000		PROGRAM SOFFOR
ICAN - POSITIVE PROGRAMS	86-0761030	501(C)(3)	136,102		PROGRAM SUPPORT

FUR TUUTH 650 E MORELOS ST

CHANDLER, AZ 85225

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 13-5660870 501(C)(3) 10.573 PROGRAM SUPPORT INTERNATIONAL RESCUE COMMITTEE 4425 W OLIVE AVE

GLENDALE, AZ 85302 JOBS FOR ARIZONA 86-0669709 501(C)(3) 163.433 PROGRAM SUPPORT GRADUATES

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

3320 W CHERYL DR PHOENIX, AZ 85051

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 86-0184349 501(C)(3) 16,397 PROGRAM SUPPORT JUNIOR ACHIEVEMENT OF

ARIZONA 636 W SOUTHERN AVE TEMPE, AZ 85282					
JUSTA CENTER	47-2389424	501(C)(3)	46,063		PROGRAM SUPPORT

1001 W JEFFERSON PHOENIX, AZ 85007

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 81-2833038 501(C)(3) 25.000 LAPTOPS 4 LEARNING IPROGRAM SUPPORT 2320 E BASELINE RD PHOENIX. AZ 85042 LAVEEN ELEMENTARY SCHOOL 86-6000584 GOVERNMENT 10.000 IPROGRAM SUPPORT

DISTRICT 5001 W DOBBINS RD

LAVEEN, AZ 85339

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 46-5004833 501(C)(3) 7.500l LIGHTS CAMERA DISCOVER IPROGRAM SUPPORT 325 E SOUTHERN AVE TEMPE, AZ 85282

810 FMV

VARIOUS IN-KIND

PROGRAM SUPPORT

137.820

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

GOVERNMENT

LITTLETON FLEMENTARY

SCHOOL DISTRICT PO BOX 280 CASHION, AZ 85329

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 47-2086218 501(C)(3) 20.000 LIVE AND LEARN PROGRAM IPROGRAM SUPPORT 326 E CORONADO PHOENIX. AZ 85004

PHOENIX, AZ 85004

LUTHERAN SOCIAL SERVICES 86-0252302 501(C)(3) 114,127

OF THE SOUTHWEST

PROGRAM SUPPORT

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

2502 E UNIVERSITY DR PHOENIX, AZ 85034

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 86-0972675 501(C)(3) 137.193 MAGGIE'S PLACE INC IPROGRAM SUPPORT 4001 N 30TH ST PHOENIX. AZ 85016 MARICOPA COUNTY OSBORN 86-6000486 GOVERNMENT 66.496 IPROGRAM SUPPORT

SCHOOL DISTRICT #8 1226 W OSBORN RD PHOENIX, AZ 85013

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 33-0315864 501(C)(3) 80.000 PROGRAM SUPPORT MERCY HOUSE LIVING CENTERS SANTA ANNA. CA 92702

PO BOX 1905 MURPHY ELEMENTARY SCHOOL 86-6000491 GOVERNMENT 10.000 3.134 FMV VARIOUS IN-KIND PROGRAM SUPPORT

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

DISTRICT #21 2615 W BUCKEYE ROAD PHOENIX, AZ 85009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 86-0293585 501(C)(3) 400,043 1,033 FMV VARIOUS IN-KIND PROGRAM SUPPORT NATIVE AMERICAN

CONNECTIONS				
4520 N CENTRAL AVE PHOENIX, AZ 85012				

85.626

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

501(C)(3)

NEIGHBORHOOD MINISTRIES

1918 W VAN BUREN ST PHOENIX, AZ 85009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-0615007 501(C)(3) 227.763 NEW PATHWAYS FOR YOUTH IPROGRAM SUPPORT INC 1001 E PIERCE ST

PHOENIX. AZ 85006

51.784

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

501(C)(3)

NOT MY KID INC

5230 E SHEA BLVD SCOTTSDALE, AZ 85253

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 26-3207544 501(C)(3) 74.720 PROGRAM SUPPORT PENDERGAST ELEMENTARY COMMUNITY FOUNDATION

9515 W CAMELBACK RD PHOENIX, AZ 85037 46-2561905 501(C)(3) 15.300 121.778 FMV VARIOUS IN-KIND PHOENIX COMMUNITY

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

PHOENIX, AZ 85040

PROGRAM SUPPORT TOOLBANK 3801 FILINI ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 86-6006566 501(C)(3) 66.770 PHOENIX INDIAN CENTER INC IPROGRAM SUPPORT 4520 N CENTRAL AVE

PHOENIX, AZ 85012

PHOENIX PUBLIC LIBRARY 86-0835463 501(C)(3) 25,097

FOUNDATION PO BOX 3735

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

PHOENIX, AZ 85030

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-0517082 501(C)(3) 50.650 RAISING SPECIAL KIDS IPROGRAM SUPPORT

5025 E WASHINGTON ST PHOENIX, AZ 85034

PHOENIX, AZ 85014

READ BETTER BE BETTER 47-4003520 501(C)(3) 109.770 IPROGRAM SUPPORT 715 F MONTECITO AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 46-2674538 501(C)(3) 24.804 RESILIENTME INC IPROGRAM SUPPORT

2875 W RAY RD CHANDLER, AZ 85224 SAVE THE FAMILY 86-0665712 501(C)(3) 326,697

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

MESA, AZ 85201

IPROGRAM SUPPORT FOUNDATION OF ARIZONA 125 E UNIVERSITY DR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-3762263 501(C)(3) 24.890 SCHOOL CONNECT INC IPROGRAM SUPPORT 14240 N 43RD AVE GLENDALE, AZ 85306

SOCIETY OF ST VINCENT DE PAUI

86-0096789 501(C)(3) 232.993 IPROGRAM SUPPORT 420 W WATKINS RD PHOENIX, AZ 85003

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 94-2465081 501(C)(3) 70.021 SOJOURNER CENTER IPROGRAM SUPPORT PO BOX 20156 PHOENIX, AZ 85036

175.000

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

501(C)(3)

26-0446321

SOLARI INC

1275 W WASHINGTON ST TEMPE, AZ 85281

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 46-3932746 501(C)(3) 29.295 PROGRAM SUPPORT SOUNDS ACADEMY 1202 N 3RD ST PHOENIX. AZ 85004 SOUTHWEST AUTISM 31-1496646 501(C)(3) 174.417 PROGRAM SUPPORT RESEARCH & RESOURCE

CENTER 300 N 18TH ST

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

PHOENIX, AZ 85006

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-0407179 501(C)(3) 5.511.335 349 FMV VARIOUS IN-KIND SOUTHWEST HUMAN IPROGRAM SUPPORT

99.341

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

501(C)(3)

DEVELOPMENT
2850 N 24TH ST
PHOENIX, AZ 85008
ST JOSEPH THE WORKER

1125 W JACKSON ST PHOENIX, AZ 85007

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 52-1957214 501(C)(3) 99.214 810 FMV VARIOUS IN-KIND PROGRAM SUPPORT STAND FOR CHILDREN ARIZONA 649 N 4TH AVE PHOENIX, AZ 85003 PROGRAM SUPPORT

STARDUST BUILDING 86-0868376 501(C)(3) 100.000

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

SUPPLIES INC 1720 W BROADWAY RD MESA, AZ 85202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-3541913 501(C)(3) 39.515 TEACH FOR AMERICA ARIZONAL IPROGRAM SUPPORT 4747 N 32ND ST PHOENIX. AZ 85018

10.000

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

501(C)(3)

PHOENIX, AZ 85018

TECHNICAL ASSISTANCE
PARTNERSHIP OF ARIZONA
2929 N CENTRAL AVE

PHOENIX, AZ 85012

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 86-0254820 501(C)(3) 392.303 PROGRAM SUPPORT TEMPE COMMUNITY ACTION AGENCY 2146 F APACHE BLVD

TEMPE, AZ 85281 THE MIGRANT INSTITUTE 83-1160123 501(C)(3) 7.500l

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

MESA, AZ 85201

PROGRAM SUPPORT LANGUAGECOMPUTER LIT 132 E BROWN RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government THE SALVATION ARMY 94-1156347 501(C)(3) 461.190 3.589 FMV VARIOUS IN-KIND PROGRAM SUPPORT 2707 E VAN BUREN ST PHOENIX, AZ 85008

THE ZION INSTITUTE 83-0370609 501(C)(3) 48.000 5644 S 16TH ST

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

PHOENIX, AZ 85040

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 27-0806147 501(C)(3) 37.430 PROGRAM SUPPORT TIGERMOUNTAIN FOUNDATION 3146 F WIFR AVE PHOENIX, AZ 85040 86-6000490 GOVERNMENT 342.517 PROGRAM SUPPORT

TOLLESON ELEMENTARY SCHOOL DISTRICT #17

9261 W VAN BUREN ST TOLLESON, AZ 85353

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 86-0521062 501(C)(3) 583.537 UMOM NEW DAY CENTERS INC IPROGRAM SUPPORT 3333 E VAN BUREN ST PHOENIX, AZ 85008 UNION ELEMENTARY SCHOOL 86-6000506 GOVERNMENT 108.747 IPROGRAM SUPPORT

DISTRICT 3834 S 91ST AVE

TOLLESON, AZ 85353

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-0110967 501(C)(3) 118.825 UNITED CEREBRAL PALSY OF IPROGRAM SUPPORT CENTRAL ARIZONA

208.798

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

501(C)(3)

1802 W PARKSIDE LN
PHOENIX, AZ 85027
UNITED FOOD BANK

358 E JAVELINA AVE MESA, AZ 85210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 74-2383678 501(C)(3) 43.750 UNLIMITED POTENTIAL IPROGRAM SUPPORT 3146 E WIER AVE PHOENIX. AZ 85040

UPWARD FOR CHILDREN AND 86-0221195 501(C)(3) 149.072 FAMILIES

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

IPROGRAM SUPPORT 6306 N 7TH ST PHOENIX, AZ 85014

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-0622258 501(C)(3) 82.871 VALLEY OF THE SUN JEWISH IPROGRAM SUPPORT COMMUNITY CENTER

12701 N SCOTTSDALE RD SCOTTSDALE, AZ 85254

PHOENIX, AZ 85003

VALLEY OF THE SUN YMCA 86-0096799 501(C)(3) 255,822 PROGRAM SUPPORT 350 N 1ST AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government WASTE NOT INC. 86-0650514 501(C)(3) 94.433 IPROGRAM SUPPORT 1700 N GRANITE REEF RD

180.471

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

501(C)(3)

SCOTTSDALE, AZ 85257 WESLEY COMMUNITY CENTER

1300 S 10TH ST PHOENIX, AZ 85034

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) WILSON ELEMENTARY SCHOOL 86-6000485 GOVERNMENT 10.000 PROGRAM SUPPORT DISTRICT #7 74-2386488 62.593 PROGRAM SUPPORT

3025 F FILLMORE PHOENIX, AZ 85008 WORLD HUNGER ECUMENICAL 501(C)(3) ARIZONA TASK FORCE

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

4000 N 7TH ST PHOENIX, AZ 85014

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 39.341.727 FTF OUALITY FIRST IPROGRAM SUPPORT SCHOLARSHIPS TO PROVIDERS

DIRECT DESIGNATIONS TO

VARIOUS AGENCIES

PROVIDERS

3200 E CAMELBACK RD
PHOENIX, AZ 85018

501(C)(3) 6,230,560

6,230,560

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

3200 E Camelback RD PHOENIX, AZ 85018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MARICOPA CNTY BURIAL 769.335 PROGRAM SUPPORT SUPPORT-VARIOUS PTNRS

## 3200 F CAMELBACK RD PHOENIX, AZ 85018 CMTY INITIATIVE FUNDING-501(C)(3) 66.828 49.099 FMV VARIOUS IN-KIND PROGRAM SUPPORT

VARIOUS PARTNERS 3200 F CAMELBACK RD

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

PHOENIX, AZ 85018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 207.920 PROGRAM SUPPORT SCHOOL READINESS KITS-VARIOUS PARTNERS 3200 F CAMELBACK RD PHOENIX, AZ 85018 PANTRY PACKS-VARIOUS 36.343 PROGRAM SUPPORT

PARTNERS

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

3200 F CAMELBACK RD PHOENIX, AZ 85018

efil	le GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9308	7010	602
Sch	nedule J	C	ompensat	ion Information	ОМ	3 No.	1545-0	0047
(Form 990)		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.					2020	
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest inform			to Pub ection	
Nar	me of the organiza			[1	Employer identificati	_		
VAL	LEY OF THE SUN UN	IITED WAY			36-0104419			
Pa	rt I Questi	ons Regarding Compensa	ntion					
	<del></del>				_		Yes	No
1a				the following to or for a person listed y relevant information regarding these				
	First-class	s or charter travel		Housing allowance or residence for p	ersonal use			
		companions	님	Payments for business use of person				
		nification and gross-up paymen		Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauffe	eur, chef)			
b				follow a written policy regarding paym ve? If "No," complete Part III to explai		1b	Yes	
2				or allowing expenses incurred by all	. 1-3	2	Yes	
	directors, truste	ees, officers, including the CEO/	executive Directo	r, regarding the items checked on Line	elar			
3				ed to establish the compensation of the	е			
				not check any boxes for methods CEO/Executive Director, but explain in	Part III.			
	, 	-						
		ation committee	✓	Written employment contract				
		ent compensation consultant of other organizations		Compensation survey or study  Approval by the board or compensati	ion committee			
	<u> </u>	or other organizations		Approval by the board of compensati	ion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fili	ing organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a	Yes	
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b		No
С	•	' ' '		nsation arrangement?		4c		No
	Ir "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part	111.			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section	on A, line 1a, did	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	n?				5a		No
b						5b		No
	•	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section on tingent on the net earnings o		the organization pay or accrue any				
а	=	n?			-	6a		No
b	,					<b>6</b> b		No
_	· ·	6a or 6b, describe in Part III.	A 11 - 2 - 11 - 1					
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des		8		No
9				presumption procedure described in R		9		140
For F	Paperwork Redu	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat No 50	D053T Schedule J		9901	2020

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.

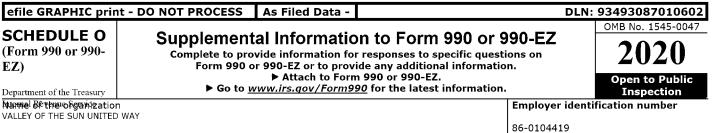
Note. The sum of column	is (B)	)(i)-(iii) for each listed inc	dividual must equal the to	otal amount of Form 990,	Part VII, Section A, line	la, applicable column (D)	and (E) amounts for tha	t individual.
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & incentive (iii) Other		(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported	
		compensation	compensation	reportable compensation	compensation			as deferred on prior Form 990
1 CARLA VARGAS JASA PRESIDENT AND CEO	(i)	291,839	358	748	8,879	8,184	310,008	0
	(ii)	0	0	0	0	0	0	0
2 TANYA MUNIZ CHIEF FIN. & ADMIN	(i)	189,005	18,355	379	8,854	16,524	233,117	8,308
OFFICER	(ii)	0	0	0	0	0	0	0
3 TAMERA SKROVAN CHIEF CORP BRAND & DEV	(i)	196,426	18,358	1,629	8,512	0	224,925	8,308
OFFICER	(ii)	0	0	0	0	0	0	0
4 PENNY ALLEE TAYLOR CHIEF PUBLIC POLICY	(i)	133,185	379	1,115	6,197	16,524	157,400	0
OFFICER	(ii)	0	0	0	0	0	0	0
								_
							Schedule	J (Form 990) 2020

Schedule J (Form 990) 2020	Page <b>3</b>				
Part III Supplemental Inform	nation				
Provide the information, explanation, or	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				
, ,	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 NANCY DEAN RECEIVED A SEVERANCE PAYMENT OF \$97,158.				
	TANYA MUNIZ, TAMERA SKROVAN, AND NANCY DEAN ARE PARTICIPANTS IN A RETENTION AGREEMENT. IN 2020, \$18,000, RESPECTIVELY, WAS PAID UNDER THIS AGREEMENT, FOR COMPENSATION DEFERRED IN 2018-2020.				

Schedule J (Form 990) 2020

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493087010602 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2020 ▶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 Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** VALLEY OF THE SUN UNITED WAY 86-0104419 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household 90,099 FMV Χ goods . . . . . Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles . . . . 4,500 FMV Χ 300 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► ( PPE ) 578,890 115,778 FMV 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2020) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Page 2 Schedule M (Form 990) (2020) Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II 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 (Form 990) (2020)



Return Reference	Explanation
FORM 990, PART I, LINE 6	VALLEY OF THE SUN UNITED WAY (VSUW) HAS OVER 1,500 VOLUNTEERS WHO ASSIST THE ORGANIZATION IN A VARIETY OF CAPACITIES. VSUW'S VOLUNTEERS ARE A KEY COMPONENT TO THE SUCCESS OF THE OR GANIZATION. VSUW RELIES HEAVILY ON THE GUIDANCE OF KEY VOLUNTEERS TO APPROVE BUDGETS AND D ISTRIBUTIONS TO THE COMMUNITY. VSUW HAS VOLUNTEERS IN SEVERAL POSITIONS TO INCLUDE BOARD/P OLICY MAKING, CAMPAIGN, COMMUNITY IMPACT, ENDOWMENT, PUBLIC POLICY, AND A VARIETY OF DIREC T SERVICES. FORM 990, PART I, LINE I AND PART III, LINES 44-4C 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 95 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. Valley of the Sun United Way belongs to our community, so we seek community input on the most pressing issue s. 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. Valley of the Sun United Way makes it simple for people and organizations to be part of the solution; to come together to create Mighty Change. Valley of the Sun United Way belongs to our community and our number one focus is to nimbly and effectively respon d to, and develop solutions for, our Valley's most pressing needs. With the launch of our new five-year plan, Mighty Change 2026 (MC2026), we unveiled bold goals in the areas of He alth, Housing and Homelessness, Education and Workforce Development. Over the next five ye ars, together with nonprofit, community, regional and corporate partners, we will work to: . Decrease food insecurity by 50% . Increase the number of individuals with access to aff ordable healthcare by 100,000 . Reduce homelessness by 50

990 Schedule O, Supplemental Information

Return Reference	Explanation
	invest in expanding efforts to make Diversity, Equity, Access and Inclusion foundational to all its work. As a result of this gift, Valley of the Sun United Way recognized a substa ntial increase to net assets without restrictions in the fiscal year ending June 30,
6	2021, which will be utilized over five years as part of its MC2026 plan.

BOARD FOR RATIFICATION.

Dations

Reference	Explanation
FORM 990,	PURSUANT TO THE BYLAWS, VALLEY OF THE SUN UNITED WAY'S EXECUTIVE COMMITTEE CONSISTS OF THE
PART VI,	OFFICERS OF THE CORPORATION, THE CHAIRPERSONS OF THE STANDING COMMITTEES AND SUCH ADDITIONAL
LINE 1A	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

Evalenation

Return

Deference

Kelelelice	
FORM 990,	THE FORM IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE
PART VI,	CONTROLLER. AFTER REVIEW BY THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, THE DRAFT 990 IS
LINE 11B	PRESENTED TO THE VSUW FINANCE COMMITTEE TO REVIEW AND APPROVE. THE 990 IS POSTED AS AN AGENDA
	TITEM 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

Explanation

COMMITTEE HAS REVIEWED AND APPROVED IT. UPON REVIEW. THE 990 IS SIGNED AND SUBMITTED TO THE IRS.

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	VSUW SENDS THE CONFLICT OF INTEREST POLICY STATEMENT AND SURVEY TO THE BOARD OF DIRECTORS ON A
PART VI,	REGULAR BASIS. A WEB-BASED SURVEY AND THE POLICY ARE SENT TO THE INTERESTED PARTIES VIA EMAIL. THE
LINE 12C	EXECUTIVE OFFICE MONITORS AND MAKES THE EFFORT TO ENSURE ALL INTERESTED PARTIES COMPLETE THE

Explanation

INE 12C 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.

Return

Reference	·
FORM 990, PART VI,	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
LINE 15A	BASIS AND REVIEWS AND DETERMINES THE COMPENSATION OF THE CFAO 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 CFAO COMPENSATION. THE COMPENSATION
	COMMITTEE CONSISTS OF THE EXECUTIVE COMMITTEE OF THE BOARD. 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.

Explanation

Return Explanation

FORM 990,	THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE READILY AVAILABLE ON THE VSUW
PART VI,	WEBSITE AT WWW.VSUW.ORG. OTHER DOCUMENTS SUCH AS IRS DETERMINATION LETTER, CONFLICT OF INTEREST

PART VI, 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.

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: RUBEN ALVAREZ TODD SANDERS

Return Reference	Explanation
FORM 990, PART VIII, LINE 1E	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 \$56,753,322 IN FY21 AND ARE REPORTED ON LINE E - GOVERNMENT GRANTS. Beginning in August 2020, Maricopa County partnered with Valley of the Sun United Way (VSUW) and contracted for administrative services related to Maricopa County'S Burial Support Program. Through this program, Maricopa County residents may access financial assistance for burial or cremation services at a participating licensed funeral home, due to COVID-19 related financial hardship. The contract for service totaled \$1,059,123 in FY21, AND IS REPORTED ON LINE E - GOVERNMENT GRANTS.

SCHEDULE R
(Form 990)

As Filed Data Related

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

Department of the Treasury

VALLEY OF THE SUN UNITED WAY

Internal Revenue Service

Name of the organization

Part I

#### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

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

2020

DLN: 93493087010602

Open to Public Inspection

Schedule R (Form 990) 2020

**Employer identification number** 

86-0104419

(b) (c) (d) (e) (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) LEARN UNITED LLC VIRTUAL TOUR -80,988 -497,178 VSUW DE 3200 EAST CAMELBACK ROAD STE 375 PHOENIX, AZ 85018 81-4030025 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. (c) (b) (d) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No

Cat. No. 50135Y

		(b)	1		1	1				1			
(a) Name, address, and EIN of related organization			(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		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	al or Pe ging ov	(k) ercenta wners
					314)			Yes	No		Yes	No	
<b>Identification of Related Orga</b> because it had one or more relate						l ization ans	L wered "Ye	l s" on F	orm 9	1 990, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign			entity (C c	(e) e of entity orp, S corp, r trust)	<b>(f)</b> Share of total income	(g) Share of end year assets		-of- Perce owne	ntage	Section (13)	(i) ion 5 cont entity
		со	untry)									Yes	s
													+
													+
													+
													+

Schedule R (Form 990) 2020					Page <b>3</b>						
Part V Transactions With Related Organizations. Complete if the organization answered "Yes	s" on Form 990, Pa	rt IV, line 34, 35b	o, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	s No						
1 During the tax year, did the organization engage in any of the following transactions with one or more related or	organizations listed in	Parts II-IV?									
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				.a							
<b>b</b> Gift, grant, or capital contribution to related organization(s)											
ift, grant, or capital contribution from related organization(s)											
l Loans or loan guarantees to or for related organization(s)											
e Loans or loan guarantees by related organization(s)				.e							
f Dividends from related organization(s)			:	Lf							
g Sale of assets to related organization(s)			1	.g							
h Purchase of assets from related organization(s)				.h							
i Exchange of assets with related organization(s)				Li							
j Lease of facilities, equipment, or other assets to related organization(s)				Lj							
k Lease of facilities, equipment, or other assets from related organization(s)			L	.k							
l Performance of services or membership or fundraising solicitations for related organization(s)			[	LI							
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)				.о							
p Reimbursement paid to related organization(s) for expenses				.р							
<b>q</b> Reimbursement paid by related organization(s) for expenses				.q							
${f r}$ Other transfer of cash or property to related organization(s)			learning to the second of the	lr							
<b>s</b> Other transfer of cash or property from related organization(s)				.s							
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and tra	nsaction thresholds.								
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	nt involv	/ed						
(1)VALLEY OF THE SUN UNITED WAY FOUNDATION	С		BOOK VALUE								

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

was not a related organization. See instructions regarding exclusion	n for certain inv	estment p	artnerships.										
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or g ?	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
													_
	•									Schedul	e R (Form	990	)) 2020

chedule R (For	Page 5	5						
Part VII	Supplemental Info	iformation						
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).						
Return Reference		Explanation						