

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

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

C Name of organization
VALLEY OF THE SUN UNITED WAY

% Tanya Muniz
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3200 EAST CAMELBACK ROAD Suite 375

City or town, state or province, country, and ZIP or foreign postal code
PHOENIX, AZ 85018

D Employer identification number
86-0104419

E Telephone number
(602) 631-4800

G Gross receipts \$ 121,045,678

F Name and address of principal officer:
Carla Vargas Jasa
3200 EAST CAMELBACK ROAD STE
PHOENIX, AZ 85018

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.vsuw.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1925

M State of legal domicile: AZ

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	39
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	39
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	118
6 Total number of volunteers (estimate if necessary)	6	1,560
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	97,771,905	106,382,144
9 Program service revenue (Part VIII, line 2g)	714,747	641,379
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,008,380	2,757,734
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	137,879	103,288
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,632,911	109,884,545
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	84,704,336	77,935,564
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,978,887	8,525,556
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,044,074		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,124,563	4,052,367
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	97,807,786	90,513,487
19 Revenue less expenses. Subtract line 18 from line 12	2,825,125	19,371,058
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	68,923,271	109,732,254
21 Total liabilities (Part X, line 26)	16,579,262	25,479,400
22 Net assets or fund balances. Subtract line 21 from line 20	52,344,009	84,252,854

Part II Signature Block

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

Sign Here Signature of officer: TANYA M MUNIZ CFO
Date: 2022-03-25
Type or print name and title

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Improves lives by mobilizing community, corporate and nonprofit partners to reach bold goals for Maricopa County in the areas of Health, Housing and Homelessness, Education and Workforce Development.

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

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

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

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

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

4a (Code:) (Expenses \$ 70,246,969 including grants of \$ 70,246,969) (Revenue \$ 0)
See Additional Data

4b (Code:) (Expenses \$ 7,688,595 including grants of \$ 7,688,595) (Revenue \$ 479,879)
See Additional Data

4c (Code:) (Expenses \$ 5,553,818 including grants of \$ 0) (Revenue \$ 161,500)
See Additional Data

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

4e Total program service expenses ▶ 83,489,382

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, 14, and 20. Each row has a corresponding '1' through '21' in the first column of the table grid.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (39), 1b (39), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ
18 Section 6104 requires an organization to make its 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Tanya Muniz 3200 EAST CAMELBACK ROAD STE 375 PHOENIX, AZ 85018 (602) 631-4889

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	77,935,564	77,935,564		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	500,685	170,233	200,274	130,178
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	6,255,738	2,821,997	1,271,471	2,162,270
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	416,584	161,447	114,198	140,939
9 Other employee benefits	853,837	385,390	176,922	291,525
10 Payroll taxes	498,712	219,371	107,687	171,654
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	28,465	19,407	8,963	95
c Accounting	123,502	0	107,502	16,000
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	57,227	0	57,227	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	441,000	354,636	32,675	53,689
12 Advertising and promotion	408,926	131,281	151,507	126,138
13 Office expenses	238,584	117,137	46,367	75,080
14 Information technology	583,960	321,638	148,744	113,578
15 Royalties	0	0	0	0
16 Occupancy	931,401	425,637	184,090	321,674
17 Travel	164	55	50	59
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	4,076	1,056	1,082	1,938
20 Interest	0	0	0	0
21 Payments to affiliates	321,370	109,266	128,548	83,556
22 Depreciation, depletion, and amortization	437,840	200,071	86,654	151,115
23 Insurance	89,424	37,535	23,296	28,593
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Printing and Publications	135,492	10,792	8,015	116,685
b Banking, Payroll, Permits	99,764	18,188	68,194	13,382
c Special Events	97,862	27,681	31,943	38,238
d All Other Expenses	53,310	21,000	24,622	7,688
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	90,513,487	83,489,382	2,980,031	4,044,074
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	8,465,651	2	12,471,868
	3 Pledges and grants receivable, net	10,917,103	3	10,155,892
	4 Accounts receivable, net	0	4	0
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	580,173	9	536,017
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,299,829		
	b Less: accumulated depreciation	10b 2,257,142	1,349,997	10c 1,042,687
	11 Investments—publicly traded securities	46,459,523	11	84,351,377
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	1,150,824	15	1,174,413
16 Total assets. Add lines 1 through 15 (must equal line 33)	68,923,271	16	109,732,254	
Liabilities	17 Accounts payable and accrued expenses	8,687,729	17	11,309,778
	18 Grants payable	7,243,158	18	13,496,415
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	648,375	25	673,207
	26 Total liabilities. Add lines 17 through 25	16,579,262	26	25,479,400
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	34,919,424	27	67,891,831
	28 Net assets with donor restrictions	17,424,585	28	16,361,023
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	52,344,009	32	84,252,854	
33 Total liabilities and net assets/fund balances	68,923,271	33	109,732,254	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	109,884,545
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,513,487
3	Revenue less expenses. Subtract line 2 from line 1	3	19,371,058
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,344,009
5	Net unrealized gains (losses) on investments	5	12,537,787
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	84,252,854

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 86-0104419

Name: VALLEY OF THE SUN UNITED WAY

Form 990 (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.

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

PROGRAM ACTIVITIES SUPPORTING COMMUNITY INITIATIVES. SEE SCHEDULE O FOR FURTHER DETAIL.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARLA VARGAS JASA PRESIDENT AND CEO	50.0 0.0			X				292,945	0	17,063
TANYA MUNIZ CHIEF FIN. & ADMIN OFFICER	50.0 0.0			X				207,739	0	25,378
TAMERA SKROVAN CHIEF CORP BRAND & DEV OFFICER	50.0 0.0					X		216,413	0	8,512
PENNY ALLEE TAYLOR CHIEF PUBLIC POLICY OFFICER	50.0 0.0					X		134,679	0	22,721
NANCY DEAN FORMER CHIEF PROGRAM OFFICER	40.0 0.0					X		136,860	0	10,099
COLLEEN GAUTAM GENERAL COUNSEL & VP, ADMIN.	50.0 0.0					X		114,392	0	26,125
LAURA KAISER VP, CORPORATE RELATIONS	50.0 0.0					X		120,059	0	13,573
JENNY HOLSMAN TETREAULT DIRECTOR/BOARD CHAIR	4.0 0.0	X		X				0	0	0
ROBYN ARNELL BRENDEN DIRECTOR/TREASURER	4.0 0.0	X		X				0	0	0
BRADLEY SMITH DIRECTOR/SECRETARY	4.0 0.0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TRACY BAME DIRECTOR	2.0 0.0	X						0	0	0
LAURA LO BIANCO DIRECTOR	2.0 0.0	X						0	0	0
LEE ANN BOHN DIRECTOR	2.0 0.0	X						0	0	0
GEOFFREY BURBRIDGE DIRECTOR	2.0 0.0	X						0	0	0
LISA CAGNOLATTI DIRECTOR	2.0 0.0	X						0	0	0
CHRIS CAMACHO DIRECTOR	2.0 0.0	X						0	0	0
LATASHA CAUSEY DIRECTOR	2.0 0.0	X						0	0	0
KEVIN COOPER DIRECTOR	2.0 0.0	X						0	0	0
STEVE EVANS DIRECTOR	2.0 0.0	X						0	0	0
MATTHEW FEENEY DIRECTOR	2.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN FRANK DIRECTOR	2.0 0.0	X						0	0	0
DANIEL FROETSCHER DIRECTOR	2.0 0.0	X						0	0	0
CHAD GESTSON EDD DIRECTOR	2.0 0.0	X						0	0	0
NEIL GIULIANO DIRECTOR	2.0 0.0	X						0	0	0
JOHN GRAHAM DIRECTOR/VICE CHAIR	4.0 0.0	X		X				0	0	0
MARIA HARPER MARINICK PHD DIRECTOR	2.0 0.0	X						0	0	0
ELISSA KELLY DIRECTOR	2.0 0.0	X						0	0	0
DRENA KUSARI DIRECTOR	2.0 0.0	X						0	0	0
WARING LESTER DIRECTOR	2.0 0.0	X						0	0	0
HOPE LEVIN DIRECTOR	2.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH LEVINE DIRECTOR	2.0 0.0	X						0	0	0
DAVID LONG DIRECTOR	2.0 0.0	X						0	0	0
CHRISTOPHER MCCURDY DIRECTOR	2.0 0.0	X						0	0	0
JEFFREY MESHEY DIRECTOR	2.0 0.0	X						0	0	0
NINA MULLINS DIRECTOR	2.0 0.0	X						0	0	0
ROBIN REED DIRECTOR	2.0 0.0	X						0	0	0
LISA RILEY DIRECTOR	2.0 0.0	X						0	0	0
VINCE ROIG DIRECTOR	2.0 0.0	X						0	0	0
AVEIN SAATY-TAFOYA DIRECTOR	2.0 0.0	X						0	0	0
DON SMITH JR DIRECTOR	2.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK STRIECK DIRECTOR	2.0 0.0	X						0	0	0
MICHAEL TULLY DIRECTOR	2.0 0.0	X						0	0	0
MONICA VILLALOBOS DIRECTOR	2.0 0.0	X						0	0	0
DANIEL WANI DIRECTOR	2.0 0.0	X						0	0	0
CHRISTINE WILKINSON PHD DIRECTOR	2.0 0.0	X						0	0	0
EDWARD ZUERCHER DIRECTOR	2.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number
86-0104419

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(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 Total. 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 Public support. Subtract line 5 from line 4.						478,505,394

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) 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 Total support. Add lines 7 through 10						486,953,575
12 Gross receipts from related activities, etc. (see instructions)					12	2,859,724

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	98.265 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	98.151 %

- 16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—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 supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	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 (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). 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	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) 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-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020
Open to Public Inspection

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

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

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

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

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

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

Name of the organization VALLEY OF THE SUN UNITED WAY	Employer identification number 86-0104419
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	0
d Mailings to members, legislators, or the public?	Yes		10,125
e Publications, or published or broadcast statements?		No	0
f Grants to other organizations for lobbying purposes?		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		100,370
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		15,425
i Other activities?		No	0
j Total. Add lines 1c through 1i			125,920
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINES 1B AND 1G	VALLEY OF THE SUN UNITED WAY (VSUW) HAD VOLUNTEERS AND STAFF THAT MET WITH LEGISLATORS AND ADVOCATED ON BEHALF OF ISSUES THAT AFFECT THE LIVES IN MARICOPA COUNTY IN THE AREAS THAT DIRECTLY ALIGN WITH THE MISSION OF VSUW. SPECIFICALLY FOCUSING ON POLICIES IMPACTING: -211 ARIZONA STATEWIDE SYSTEM -CHARITABLE DEDUCTIONS FOR NON-ITEMIZERS -COVID-19 PUBLIC HEALTH EMERGENCY SUPPORT -ARIZONA TOGETHER FUND FOR GRANTS TO ARIZONA NONPROFITS -CRISIS CONTINGENCY AND SAFETY NET FUND -BEHAVIORAL HEALTH FUNDING -FINANCIAL LITERACY AND PERSONAL FINANCE EDUCATION FOR DES CLIENTS -SUICIDE AWARENESS AND PREVENTION INSTRUCTION -CITY OF PHOENIX AFFORDABLE HOUSING PLAN -PHOENIX FOOD PROGRAM VSUW HAS A POSITION, CHIEF PUBLIC POLICY OFFICER, WHICH FOCUSES ON RESEARCHING AND ADVOCATING LEGISLATIVE ACTIVITIES THAT DIRECTLY ALIGN WITH THE MISSION OF VSUW. AN ESTIMATED 80% OF HER TIME, VALUED AT \$125,920 WAS DIRECTLY RELATED TO ACTIVITIES THAT ADVANCE THE PUBLIC POLICY ISSUES APPROVED BY THE VSUW BOARD OF DIRECTORS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
Open to Public Inspection

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

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number
86-0104419

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	46,642,129	49,267,254	48,643,844	46,729,379	42,750,185
b Contributions	28,326	80,708	18,326	176,165	123,574
c Net investment earnings, gains, and losses	14,518,489	-575,326	2,254,344	3,337,790	5,546,950
d Grants or scholarships	0				
e Other expenditures for facilities and programs	2,246,508	2,130,507	1,649,260	1,599,490	1,691,330
f Administrative expenses					
g 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 current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 73.000 %
 - b** Permanent endowment ▶ 27.000 %
 - c** Term endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings				
c Leasehold improvements		287,492	182,129	105,363
d Equipment		2,140,009	1,394,468	745,541
e Other		872,328	680,545	191,783
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,042,687

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) SEC. 457 (B) Deferred Compensation	661,247
(3) LONG TERM ALLOCATION PAYABLE	11,960
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	673,207

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	114,751,714
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	12,537,787
b	Donated services and use of facilities	2b	75,204
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	12,612,991
3	Subtract line 2e from line 1	3	102,138,723
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	57,227
b	Other (Describe in Part XIII.)	4b	7,688,595
c	Add lines 4a and 4b	4c	7,745,822
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	109,884,545

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

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

1	Total expenses and losses per audited financial statements	1	82,842,869
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	75,204
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	75,204
3	Subtract line 2e from line 1	3	82,767,665
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	57,227
b	Other (Describe in Part XIII.)	4b	7,688,595
c	Add lines 4a and 4b	4c	7,745,822
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	90,513,487

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 86-0104419

Name: VALLEY OF THE SUN UNITED WAY

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	MANAGEMENT IS OF THE OPINION THAT SUBSTANTIALLY ALL OF THE ORGANIZATION'S ACTIVITIES ARE RELATED TO ITS TAX-EXEMPT PURPOSE, AND NO MATERIAL UNCERTAIN TAX POSITIONS HAVE BEEN IDENTIFIED OR RECORDED IN THE FINANCIAL STATEMENTS AT JUNE 30, 2021 AND 2020.

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.

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1679
3 Enter total number of other organizations listed in the line 1 table. 592

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

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

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	VALLEY OF THE SUN UNITED WAY (VSUW) MONITORS THE USE OF GRANTS IN SEVERAL WAYS. AGENCIES MUST PROVIDE TO VSUW PROJECTED AND ACTUAL FINANCIAL INFORMATION, CLIENT BENEFICIARY DATA AND SERVICE STATISTICS INCLUDING SPECIFIED PERIODIC OUTCOME MEASUREMENT DATA IN VSUW'S REQUIRED FORMAT FOR ALL VSUW-FUNDED PROGRAMS UPON REQUEST. IN SOME SITUATIONS, PROVIDING OUTCOME DATA WILL INCLUDE COOPERATION AND COLLABORATION WITH AN OUTSIDE EVALUATOR APPOINTED BY VSUW. ON-GOING FUNDING LEVELS MAY BE IMPACTED BY THE PROGRAM(S) ABILITY TO DEMONSTRATE APPROPRIATE OUTCOME ACHIEVEMENT. VSUW 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 THESE FUNDS TO NEARLY 1,500 AGENCIES. VALLEY OF THE SUN UNITED WAY DOES NOT HAVE DISCRETION TO AWARD THESE DESIGNATIONS, BUT MUST FOLLOW THE REQUEST OF THE DONOR. IF THE DESIGNEE DOES NOT QUALIFY UNDER THE 501(C)(3) OR PATRIOT ACT REQUIREMENTS THE DONOR IS CONTACTED TO REDIRECT THE DONATION.
SCHEDULE I, PART II	FIRST THINGS FIRST - QUALITY FIRST SCHOLARSHIPS TO ELIGIBLE PROVIDERS: MANY WORKING, LOW-INCOME FAMILIES STRUGGLE TO PAY FOR QUALITY CHILD CARE. SOME MUST CHOOSE BETWEEN A JOB OR LEAVING THEIR CHILDREN IN CARE THAT IS NOT THEIR FIRST CHOICE. EARLY CARE AND EDUCATION PROVIDERS ENROLLED IN QUALITY FIRST MAY BE ELIGIBLE TO OFFER QUALITY FIRST SCHOLARSHIPS, WHICH HELP LOW-INCOME FAMILIES WITH CHILDREN BIRTH TO AGE 5 AFFORD QUALITY CHILD CARE. QUALITY FIRST SCHOLARSHIPS HELP EARLY CARE AND EDUCATION PROVIDERS FILL PAID SLOTS IN THEIR PROGRAM AND REIMBURSE THEM FOR SOME OF THE EXPENSES OF PROVIDING QUALITY (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.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A NEW LEAF INC 868 E UNIVERSITY DR MESA, AZ 85203	86-0377821	501(C)(3)	1,283,158				PROGRAM SUPPORT
ACCEL 10251 N 35TH AVE PHOENIX, AZ 85051	95-3497070	501(C)(3)	72,600	810	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALHAMBRA SCHOOL DISTRICT #68 4510 N 37TH AVE Ste 201 PHOENIX, AZ 85019	86-6000510	GOVERNMENT	147,680				PROGRAM SUPPORT
ARIZONA ADVOCATES FOR EX-OFFENDER 2942 N 24TH ST PHOENIX, AZ 85016	81-3774638	501(C)(3)	22,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA CENTER FOR AFTERSCHOOL EXCELLENCE 112 N CENTRAL AVE PHOENIX, AZ 85004	86-1009220	501(C)(3)	26,750				PROGRAM SUPPORT
ARIZONA CENTER FOR DISABILITY LAW 5025 E WASHINGTON ST PHOENIX, AZ 85034	23-7408586	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA CENTER FOR THE BLIND 3100 E ROOSEVELT ST PHOENIX, AZ 85008	86-0133392	501(C)(3)	29,126				PROGRAM SUPPORT
ARIZONA COALITION SEXUALDOMESTIC VIOLENCE 2700 N CENTRAL AVE PHOENIX, AZ 85004	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD PHOENIX, AZ 85016	86-0348306	501(C)(3)	36,852	0			PROGRAM SUPPORT
ARIZONA HOUSING INC 209 W JACKSON ST PHOENIX, AZ 85007	86-0811431	501(C)(3)	451,322				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA KIDS THINK TOO 3150 N 24TH ST PHOENIX, AZ 85016	45-5318781	501(C)(3)	160,860	1,084	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
ARIZONA LATINO LEADERS IN EDUCATION 221 E INDIANOLA AVE PHOENIX, AZ 85012	85-1652516	501(C)(3)	83,125				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA NEAR SPACE RESEARCH 1900 W CARLA VISTA DR CHANDLER, AZ 85246	86-1041394	501(C)(3)	12,500				PROGRAM SUPPORT
ARIZONA SCIENCE CENTER 600 E WASHINGTON ST PHOENIX, AZ 85004	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 organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 85287	86-6051042	GOVERNMENT	124,150				PROGRAM SUPPORT
ARIZONA STUDENTS RECYCLING USED TECHNOLOGY 1720 W BROADWAY RD MESA, AZ 85202	86-0977732	501(C)(3)	17,500				PROGRAM SUPPORT

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

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ARIZONA YWCA METROPOLITAN PHOENIX 2999 N 44TH ST PHOENIX, AZ 85018	86-0098936	501(C)(3)	25,240				PROGRAM SUPPORT
ARIZONA'S CHILDREN ASSOCIATION 2833 N THIRD ST PHOENIX, AZ 85004	86-0096772	501(C)(3)	70,977				PROGRAM SUPPORT

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

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AROUET FOUNDATION 4636 E UNIVERSITY DR PHOENIX, AZ 85035	45-3456191	501(C)(3)	78,250				PROGRAM SUPPORT
ASSOC FOR SUPPORTIVE CHILD CARECANDELEN 8222 S 48TH ST PHOENIX, AZ 85044	86-0332919	501(C)(3)	5,107,202				PROGRAM SUPPORT

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

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ASTER AGING INC 45 W UNIVERSITY DR MESA, AZ 85201	94-2596075	501(C)(3)	107,950	1,033	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
AVONDALE SCHOOL DISTRICT 295 W WESTERN AVE AVONDALE, AZ 85323	86-6000500	GOVERNMENT	91,898				PROGRAM SUPPORT

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

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BANNER HEALTH FOUNDATION 2025 N 3RD ST PHOENIX, AZ 85004	94-2545356	501(C)(3)	85,008				PROGRAM SUPPORT
BANNER OLIVE BRANCH SENIOR CENTER 11250 N107TH AVE SUN CITY, AZ 85351	94-2745413	501(C)(3)	73,931	1,048	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BE A LEADER FOUNDATION 1717 W NORTHERN AVE PHOENIX, AZ 85021	55-0850279	501(C)(3)	162,930				PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF CENTRAL ARIZONA 4745 N 7TH ST PHOENIX, AZ 85014	86-0205254	501(C)(3)	262,467				PROGRAM SUPPORT

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

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BOYS & GIRLS CLUBS OF THE VALLEY 4309 E BELLEVIEW ST PHOENIX, AZ 85008	86-0550646	501(C)(3)	602,367	810	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
BOYS AND GIRLS CLUBS OF GREATER SCOTTSDALE 10533 E LAKEVIEW DR SCOTTSDALE, AZ 85258	86-0133718	501(C)(3)	152,091				PROGRAM SUPPORT

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

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BOYS HOPE GIRLS HOPE OF ARIZONA 3443 N CENTRAL AVE PHOENIX, AZ 85012	86-0630295	501(C)(3)	53,443				PROGRAM SUPPORT
CANCER SUPPORT COMMUNITY ARIZONA 360 E PALM LN PHOENIX, AZ 85004	86-0897810	501(C)(3)	72,073				PROGRAM SUPPORT

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

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CARTWRIGHT SCHOOL DISTRICT 5220 W INDIAN SCHOOL RD PHOENIX, AZ 85031	86-6000517	GOVERNMENT	20,000				PROGRAM SUPPORT
CATHOLIC CHARITIES COMMUNITY SERVICE 4747 N 7TH AVE PHOENIX, AZ 85013	86-0223999	501(C)(3)	219,425	1,397	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR THE FUTURE OF ARIZONA 541 E VAN BUREN PHOENIX, AZ 85004	82-0538372	501(C)(3)	45,000				PROGRAM SUPPORT
CENTRAL ARIZONA SHELTER SERVICES 230 S 12TH AVE PHOENIX, AZ 85007	86-0500753	501(C)(3)	625,514				PROGRAM SUPPORT

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

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CHANDLER CHRISTIAN COMMUNITY CENTER INC 345 S CALIFORNIA ST CHANDLER, AZ 85225	86-0428780	501(C)(3)	564,059				PROGRAM SUPPORT
CHICANOS POR LA CAUSA INC 1112 E BUCKEYE RD PHOENIX, AZ 85034	86-0227210	501(C)(3)	102,096	810	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

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CHILD & FAMILY RESOURCES 700 W CAMPBELL AVE PHOENIX, AZ 85013	86-0251984	501(C)(3)	1,716,905				PROGRAM SUPPORT
CHILD CRISIS ARIZONA PO BOX 4114 MESA, AZ 85211	86-0324144	501(C)(3)	583,321	3,287	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S ACTION ALLIANCE 4001 N 3RD STREET PHOENIX, AZ 85012	86-0594785	501(C)(3)	12,674				PROGRAM SUPPORT
COLLEGE BOUND AZ 137 E UNIVERSITY DR MESA, AZ 85201	27-1997517	501(C)(3)	7,620				PROGRAM SUPPORT

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

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COMMUNITY BRIDGES INC 1811 S ALMA SCHOOL RD MESA, AZ 85210	86-0823871	501(C)(3)	497,485				PROGRAM SUPPORT
COUNTY OF MARICOPA BUCKEYE ELEMENTARY 25555 W DURANGO ST BUCKEYE, AZ 85326	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.

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COUNTY OF MARICOPA TEMPE SCH DIST 3 3205 S RURAL RD TEMPE, AZ 85282	86-6000480	GOVERNMENT	20,000				PROGRAM SUPPORT
CREIGHTON COMMUNITY FOUNDATION INC 3609 N 27TH ST PHOENIX, AZ 85018	46-2275877	501(C)(3)	34,674				PROGRAM SUPPORT

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

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DESERT MISSION INC 9100 N 2ND ST PHOENIX, AZ 85020	86-0096941	501(C)(3)	222,550	0			PROGRAM SUPPORT
DUET PARTNERS IN HEALTH & AGING 10000 N 31ST AVE PHOENIX, AZ 85051	74-2370522	501(C)(3)	60,463				PROGRAM SUPPORT

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

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DYSART COMMUNITY CENTER 14414 NORTH EL MIRAGE RD EL MIRAGE, AZ 85335	86-6031134	501(C)(3)	103,257	810	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
EAST VALLEY JCC 908 N ALMA SCHOOL RD CHANDLER, AZ 85224	86-0618301	501(C)(3)	88,686				PROGRAM SUPPORT

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

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EASTER SEALS BLAKE FOUNDATION 401 E JEFFERSON ST PHOENIX, AZ 85004	86-0093224	501(C)(3)	1,841,154				PROGRAM SUPPORT
EDUCARE ARIZONA 1300 N 48TH ST PHOENIX, AZ 85008	26-1778287	501(C)(3)	32,676				PROGRAM SUPPORT

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ELEVATE PHOENIX 3750 W INDIAN SCHOOL RD PHOENIX, AZ 85019	90-0451740	501(C)(3)	40,000				PROGRAM SUPPORT
EMPACTSUICIDE PREVENTION CENTER 618 S MADISON DR TEMPE, AZ 85281	74-2562293	501(C)(3)	92,933				PROGRAM SUPPORT

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ESPERANCA INC 1911 W EARLL DR PHOENIX, AZ 85015	23-7087997	501(C)(3)	18,500				PROGRAM SUPPORT
EXPECT MORE ARIZONA 4747 N 32ND ST PHOENIX, AZ 85018	45-3681012	501(C)(3)	10,000				PROGRAM SUPPORT

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FATHER MATTERS INC 3146 E WIER AVE PHOENIX, AZ 85040	91-1846806	501(C)(3)	16,250				PROGRAM SUPPORT
FLORENCE CRITTENTON SERVICES OF ARIZONA 715 W MARIPOSA ST PHOENIX, AZ 85013	86-0103282	501(C)(3)	66,089				PROGRAM SUPPORT

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FOSTER ARIZONA PO BOX 20787 MESA, AZ 85277	46-3920514	501(C)(3)	45,000				PROGRAM SUPPORT
FOUNDATION FOR BLIND CHILDREN 1234 E NORTHERN AVE PHOENIX, AZ 85020	86-0129981	501(C)(3)	171,977				PROGRAM SUPPORT

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FREE ARTS FOR ABUSED CHILDREN OF ARIZONA 352 E CAMELBACK RD PHOENIX, AZ 85012	86-0739613	501(C)(3)	214,996				PROGRAM SUPPORT
FRIENDLY HOUSE INC 113 W SHERMAN ST PHOENIX, AZ 85003	86-0120506	501(C)(3)	495,817				PROGRAM SUPPORT

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FRIENDS OF THE AVONDALE LIBRARIES 11465 W CIVIC CENTER DR AVONDALE, AZ 85323	90-0490683	501(C)(3)	20,651				PROGRAM SUPPORT
FUTURE FOR KIDS 1425 W SOUTHERN AVE TEMPE, AZ 85284	86-1011434	501(C)(3)	93,502	810	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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FUTURE STARS INC 12127 W WINDROSE DR EL MIRAGE, AZ 85335	26-1502209	501(C)(3)	35,035				PROGRAM SUPPORT
GIRL SCOUTS ARIZONA CACTUS PINE COUNCIL INC 119 E CORONADO RD PHOENIX, AZ 85004	86-0133397	501(C)(3)	187,938				PROGRAM SUPPORT

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HELPING FAMILIES IN NEED 3010 S 92ND DR TOLLESON, AZ 85353	80-0744034	501(C)(3)	50,000				PROGRAM SUPPORT
HOMELESS YOUTH CONNECTION INC 9950 W VAN BUREN ST AVONDALE, AZ 85323	27-3182999	501(C)(3)	101,983				PROGRAM SUPPORT

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HOMEWARD BOUND 2302 W COLTER ST PHOENIX, AZ 85015	86-0660875	501(C)(3)	160,451				PROGRAM SUPPORT
HUMAN SERVICES CAMPUS LLC 204 S 12TH AVE PHOENIX, AZ 85007	46-3333160	501(C)(3)	740,291	17,066	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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HUSHABYE NURSERY 3003 E MCDOWELL RD PHOENIX, AZ 85008	82-2737849	501(C)(3)	35,000				PROGRAM SUPPORT
ICAN - POSITIVE PROGRAMS FOR YOUTH 650 E MORELOS ST CHANDLER, AZ 85225	86-0761030	501(C)(3)	136,102				PROGRAM SUPPORT

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INTERNATIONAL RESCUE COMMITTEE 4425 W OLIVE AVE GLENDALE, AZ 85302	13-5660870	501(C)(3)	10,573				PROGRAM SUPPORT
JOBS FOR ARIZONA GRADUATES 3320 W CHERYL DR PHOENIX, AZ 85051	86-0669709	501(C)(3)	163,433				PROGRAM SUPPORT

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

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JUNIOR ACHIEVEMENT OF ARIZONA 636 W SOUTHERN AVE TEMPE, AZ 85282	86-0184349	501(C)(3)	16,397				PROGRAM SUPPORT
JUSTA CENTER 1001 W JEFFERSON PHOENIX, AZ 85007	47-2389424	501(C)(3)	46,063				PROGRAM SUPPORT

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

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LAPTOPS 4 LEARNING 2320 E BASELINE RD PHOENIX, AZ 85042	81-2833038	501(C)(3)	25,000				PROGRAM SUPPORT
LAVEEN ELEMENTARY SCHOOL DISTRICT 5001 W DOBBINS RD LAVEEN, AZ 85339	86-6000584	GOVERNMENT	10,000				PROGRAM SUPPORT

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LIGHTS CAMERA DISCOVER 325 E SOUTHERN AVE TEMPE, AZ 85282	46-5004833	501(C)(3)	7,500				PROGRAM SUPPORT
LITTLETON ELEMENTARY SCHOOL DISTRICT PO BOX 280 CASHION, AZ 85329	86-6000508	GOVERNMENT	137,820	810	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

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LIVE AND LEARN PROGRAM 326 E CORONADO PHOENIX, AZ 85004	47-2086218	501(C)(3)	20,000				PROGRAM SUPPORT
LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST 2502 E UNIVERSITY DR PHOENIX, AZ 85034	86-0252302	501(C)(3)	114,127				PROGRAM SUPPORT

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

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MAGGIE'S PLACE INC 4001 N 30TH ST PHOENIX, AZ 85016	86-0972675	501(C)(3)	137,193				PROGRAM SUPPORT
MARICOPA COUNTY OSBORN SCHOOL DISTRICT #8 1226 W OSBORN RD PHOENIX, AZ 85013	86-6000486	GOVERNMENT	66,496				PROGRAM SUPPORT

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

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MERCY HOUSE LIVING CENTERS PO BOX 1905 SANTA ANNA, CA 92702	33-0315864	501(C)(3)	80,000				PROGRAM SUPPORT
MURPHY ELEMENTARY SCHOOL DISTRICT #21 2615 W BUCKEYE ROAD PHOENIX, AZ 85009	86-6000491	GOVERNMENT	10,000	3,134	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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NATIVE AMERICAN CONNECTIONS 4520 N CENTRAL AVE PHOENIX, AZ 85012	86-0293585	501(C)(3)	400,043	1,033	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
NEIGHBORHOOD MINISTRIES 1918 W VAN BUREN ST PHOENIX, AZ 85009	86-0809052	501(C)(3)	85,626				PROGRAM SUPPORT

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

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NEW PATHWAYS FOR YOUTH INC 1001 E PIERCE ST PHOENIX, AZ 85006	86-0615007	501(C)(3)	227,763				PROGRAM SUPPORT
NOT MY KID INC 5230 E SHEA BLVD SCOTTSDALE, AZ 85253	86-0988329	501(C)(3)	51,784	0			PROGRAM SUPPORT

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PENDERGAST ELEMENTARY COMMUNITY FOUNDATION 9515 W CAMELBACK RD PHOENIX, AZ 85037	26-3207544	501(C)(3)	74,720				PROGRAM SUPPORT
PHOENIX COMMUNITY TOOLBANK 3801 E ILINI ST PHOENIX, AZ 85040	46-2561905	501(C)(3)	15,300	121,778	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHOENIX INDIAN CENTER INC 4520 N CENTRAL AVE PHOENIX, AZ 85012	86-6006566	501(C)(3)	66,770				PROGRAM SUPPORT
PHOENIX PUBLIC LIBRARY FOUNDATION PO BOX 3735 PHOENIX, AZ 85030	86-0835463	501(C)(3)	25,097				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAISING SPECIAL KIDS 5025 E WASHINGTON ST PHOENIX, AZ 85034	86-0517082	501(C)(3)	50,650				PROGRAM SUPPORT
READ BETTER BE BETTER 715 E MONTECITO AVE PHOENIX, AZ 85014	47-4003520	501(C)(3)	109,770				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESILIENTME INC 2875 W RAY RD CHANDLER, AZ 85224	46-2674538	501(C)(3)	24,804				PROGRAM SUPPORT
SAVE THE FAMILY FOUNDATION OF ARIZONA 125 E UNIVERSITY DR MESA, AZ 85201	86-0665712	501(C)(3)	326,697				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOL CONNECT INC 14240 N 43RD AVE GLENDALE, AZ 85306	82-3762263	501(C)(3)	24,890				PROGRAM SUPPORT
SOCIETY OF ST VINCENT DE PAUL 420 W WATKINS RD PHOENIX, AZ 85003	86-0096789	501(C)(3)	232,993				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOJOURNER CENTER PO BOX 20156 PHOENIX, AZ 85036	94-2465081	501(C)(3)	70,021				PROGRAM SUPPORT
SOLARI INC 1275 W WASHINGTON ST TEMPE, AZ 85281	26-0446321	501(C)(3)	175,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUNDS ACADEMY 1202 N 3RD ST PHOENIX, AZ 85004	46-3932746	501(C)(3)	29,295	0			PROGRAM SUPPORT
SOUTHWEST AUTISM RESEARCH & RESOURCE CENTER 300 N 18TH ST PHOENIX, AZ 85006	31-1496646	501(C)(3)	174,417				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST HUMAN DEVELOPMENT 2850 N 24TH ST PHOENIX, AZ 85008	86-0407179	501(C)(3)	5,511,335	349	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
ST JOSEPH THE WORKER 1125 W JACKSON ST PHOENIX, AZ 85007	86-0600437	501(C)(3)	99,341				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAND FOR CHILDREN ARIZONA 649 N 4TH AVE PHOENIX, AZ 85003	52-1957214	501(C)(3)	99,214	810	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
STARDUST BUILDING SUPPLIES INC 1720 W BROADWAY RD MESA, AZ 85202	86-0868376	501(C)(3)	100,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEACH FOR AMERICA ARIZONA 4747 N 32ND ST PHOENIX, AZ 85018	13-3541913	501(C)(3)	39,515				PROGRAM SUPPORT
TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA 2929 N CENTRAL AVE PHOENIX, AZ 85012	86-0975231	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPE COMMUNITY ACTION AGENCY 2146 E APACHE BLVD TEMPE, AZ 85281	86-0254820	501(C)(3)	392,303				PROGRAM SUPPORT
THE MIGRANT INSTITUTE LANGUAGECOMPUTER LIT 132 E BROWN RD MESA, AZ 85201	83-1160123	501(C)(3)	7,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 2707 E VAN BUREN ST PHOENIX, AZ 85008	94-1156347	501(C)(3)	461,190	3,589	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
THE ZION INSTITUTE 5644 S 16TH ST PHOENIX, AZ 85040	83-0370609	501(C)(3)	48,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIGERMOUNTAIN FOUNDATION 3146 E WIER AVE PHOENIX, AZ 85040	27-0806147	501(C)(3)	37,430				PROGRAM SUPPORT
TOLLESON ELEMENTARY SCHOOL DISTRICT #17 9261 W VAN BUREN ST TOLLESON, AZ 85353	86-6000490	GOVERNMENT	342,517				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMOM NEW DAY CENTERS INC 3333 E VAN BUREN ST PHOENIX, AZ 85008	86-0521062	501(C)(3)	583,537				PROGRAM SUPPORT
UNION ELEMENTARY SCHOOL DISTRICT 3834 S 91ST AVE TOLLESON, AZ 85353	86-6000506	GOVERNMENT	108,747				PROGRAM SUPPORT

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

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UNITED CEREBRAL PALSY OF CENTRAL ARIZONA 1802 W PARKSIDE LN PHOENIX, AZ 85027	86-0110967	501(C)(3)	118,825				PROGRAM SUPPORT
UNITED FOOD BANK 358 E JAVELINA AVE MESA, AZ 85210	86-0505273	501(C)(3)	208,798				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNLIMITED POTENTIAL 3146 E WIER AVE PHOENIX, AZ 85040	74-2383678	501(C)(3)	43,750				PROGRAM SUPPORT
UPWARD FOR CHILDREN AND FAMILIES 6306 N 7TH ST PHOENIX, AZ 85014	86-0221195	501(C)(3)	149,072				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY OF THE SUN JEWISH COMMUNITY CENTER 12701 N SCOTTSDALE RD SCOTTSDALE, AZ 85254	86-0622258	501(C)(3)	82,871				PROGRAM SUPPORT
VALLEY OF THE SUN YMCA 350 N 1ST AVE PHOENIX, AZ 85003	86-0096799	501(C)(3)	255,822				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASTE NOT INC 1700 N GRANITE REEF RD SCOTTSDALE, AZ 85257	86-0650514	501(C)(3)	94,433				PROGRAM SUPPORT
WESLEY COMMUNITY CENTER 1300 S 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)	180,471				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILSON ELEMENTARY SCHOOL DISTRICT #7 3025 E FILLMORE PHOENIX, AZ 85008	86-6000485	GOVERNMENT	10,000				PROGRAM SUPPORT
WORLD HUNGER ECUMENICAL ARIZONA TASK FORCE 4000 N 7TH ST PHOENIX, AZ 85014	74-2386488	501(C)(3)	62,593				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FTF QUALITY FIRST SCHOLARSHIPS TO PROVIDERS 3200 E CAMELBACK RD PHOENIX, AZ 85018			39,341,727				PROGRAM SUPPORT
DIRECT DESIGNATIONS TO VARIOUS AGENCIES 3200 E Camelback RD PHOENIX, AZ 85018		501(C)(3)	6,230,560				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARICOPA CNTY BURIAL SUPPORT-VARIOUS PTNRS 3200 E CAMELBACK RD PHOENIX, AZ 85018			769,335				PROGRAM SUPPORT
CMTY INITIATIVE FUNDING-VARIOUS PARTNERS 3200 E CAMELBACK RD PHOENIX, AZ 85018		501(C)(3)	66,828	49,099	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOL READINESS KITS-VARIOUS PARTNERS 3200 E CAMELBACK RD PHOENIX, AZ 85018			207,920				PROGRAM SUPPORT
PANTRY PACKS-VARIOUS PARTNERS 3200 E CAMELBACK RD PHOENIX, AZ 85018			36,343				PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2020
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number
86-0104419

Part I Questions Regarding Compensation

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	A NOMINAL HOLIDAY BONUS PLUS A GROSS UP FOR TAXES IS PAID TO EMPLOYEES. THE AMOUNTS ARE TAXABLE IN THE CURRENT YEAR AND, AS SUCH, ARE INCLUDED IN REPORTABLE COMPENSATION IN PART VII AND SCHEDULE J, PART II. SCHEDULE J, PART I, LINE 4A NANCY DEAN RECEIVED A SEVERANCE PAYMENT OF \$97,158.
SCHEDULE J, PART II	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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

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 Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number
86-0104419

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		90,099	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	300	4,500	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PPE)	X	578,890	115,778	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE ORGANIZATION REPORTS, IN SCHEDULE M, PART I, COLUMN (B), THE NUMBER OF ITEMS RECEIVED, NOT THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	<p>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 ORGANIZATION. VSUW RELIES HEAVILY ON THE GUIDANCE OF KEY VOLUNTEERS TO APPROVE BUDGETS AND DISTRIBUTIONS TO THE COMMUNITY. VSUW HAS VOLUNTEERS IN SEVERAL POSITIONS TO INCLUDE BOARD/POLICY MAKING, CAMPAIGN, COMMUNITY IMPACT, ENDOWMENT, PUBLIC POLICY, AND A VARIETY OF DIRECT SERVICES. FORM 990, PART I, LINE 1 AND PART III, LINES 4A-4C Valley of the Sun United Way is an Arizona nonprofit organization whose mission is to improve lives by mobilizing the caring power of its community. Valley of the Sun United Way has addressed Maricopa County's most important health and human care needs for more than 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 issues. Then, we bring people, organizations and companies together to proactively solve them. Many people seek trustworthy insights and information and they want to help, but they don't know how. 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 respond 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 Health, Housing and Homelessness, Education and Workforce Development. Over the next five years, together with nonprofit, community, regional and corporate partners, we will work to:</p> <ul style="list-style-type: none"> . Decrease food insecurity by 50% . Increase the number of individuals with access to affordable healthcare by 100,000 . Reduce homelessness by 50% . Increase third grade reading proficiency by 25% . Increase youth age 16-24 engaged in education and employment opportunities by 38% . Increase preparation of individuals for a living wage job by 33% . Increase achievement of higher paying employment by 20% <p>In December 2020, Valley of the Sun United Way received a \$25M unrestricted grant from philanthropist, author, and Amazon co-founder MacKenzie Scott (National Philanthropic Trust). The transformational gift will be deployed directly into the community over the next five years, and will provide multi-year support to help stabilize foundational community programs that have been even more stretched because of COVID-19 - such as food bank, pantries, and emergency shelters, and to close the digital divide. The grant will also allow Valley of the Sun United Way to create capacity to build deeper engagement opportunities around key issues to involve members of the community like never before, and to</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	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 substantial increase to net assets without restrictions in the fiscal year ending June 30, 2021, which will be utilized over five years as part of its MC2026 plan.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A	<p>OFFICER COMPENSATION - CEO AND CFO THE COMPENSATION COMMITTEE, A SUBCOMMITTEE OF THE VSUW BOARD OF DIRECTORS, REVIEWS AND DETERMINES THE COMPENSATION OF THE PRESIDENT/CEO ON AN ANNUAL BASIS AND REVIEWS AND DETERMINES THE COMPENSATION OF THE 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.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	IN ADDITION TO VOTING DIRECTORS, HONORARY MEMBERS ARE INCLUDED ON THE VALLEY OF THE SUN UNITED WAY BOARD OF DIRECTORS TO HELP GUIDE THE BOARD DECISIONS AND PROVIDE VALUABLE ADVICE AND OPINIONS. IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, THEY ARE NOT LISTED ON THE PART VII OF THE 990 BECAUSE THEY ARE NONVOTING; HOWEVER, THEY ARE RECOGNIZED AS VALLEY OF THE SUN UNITED WAY BOARD MEMBERS. THE INDIVIDUALS INCLUDED ARE: RUBEN ALVAREZ TODD SANDERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, LINE 1E	<p>THE FIRST THINGS FIRST (FTF) COST-REIMBURSEMENT CONTRACTS STEM FROM A 2006 VOTER-BACKED INITIATIVE IN WHICH ARIZONA VOTERS IMPOSED AN 80-CENT PER PACK TAX INCREASE ON TOBACCO PRODUCTS, WHICH RESULTED IN ARIZONA LEGISLATION THAT CREATED PROGRAMS TO PROMOTE A FAMILY-CENTERED, COMPREHENSIVE, COLLABORATIVE, AND HIGH-QUALITY EARLY CHILDHOOD SYSTEM THAT SUPPORTS THE DEVELOPMENT, HEALTH AND EARLY EDUCATION OF ALL ARIZONA'S CHILDREN BIRTH THROUGH AGE 5. REVENUES FROM FTF ARE STATUTORILY DESIGNATED DOLLARS EARMARKED TO BENEFIT ARIZONA CHILDREN. USING THIS REVENUE, FTF HAS CONTRACTED WITH VSUW FOR OVER 10 YEARS TO LEVERAGE VSUW'S TECHNOLOGY AND RESOURCES TO ADMINISTER CERTAIN STATEWIDE PROGRAMS ON WHICH AGENCIES AND COMMUNITY STAKEHOLDERS IN ALL ARIZONA REGIONS RELY. MANAGEMENT OF THIS REVENUE IS A UNIQUE AND IMPORTANT OPPORTUNITY FOR VSUW TO COLLABORATE WITH STATE GOVERNMENT, WHICH THEN BENEFITS OTHER NONPROFITS, CHILDCARE PROVIDERS, FAMILIES, AND CHILDREN LOCATED THROUGHOUT THE STATE OF ARIZONA. THIS COLLABORATION ENABLES FTF TO FULFILL ITS VISION THAT ALL ARIZONA'S CHILDREN ARE READY TO SUCCEED IN SCHOOL AND IN LIFE. COST REIMBURSEMENT CONTRACTS WITH FTF TOTALED \$56,753,322 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.</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LEARN UNITED LLC 3200 EAST CAMELBACK ROAD STE 375 PHOENIX, AZ 85018 81-4030025	VIRTUAL TOUR	DE	-80,988	-497,178	VSUW

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

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

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

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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation