	Ee ee	. 99	00	Return of Ora	ganization Exem	not From	Incon	ne Tax	K	OMB No. 1	1545-0047
	PON					•				20	10
				Under section 501(c), 527, or							
	Depi	rimeni o	i the Treasury uo Service	•	gi security numbers on thi		-		XXXX	Open to	Public
	Inigr				gov/Form990 for Instruction			//			ction
	<u>-</u> -			dar year, or tax year beginning		, 2019, and end		96/3		, 20 20	
			appiloable	C Name of organization VALLEY	OF THE SON SCHOOL P	ROPERTIES FO	UR		D Emplo	yer identificati	-
	=	Address Name cl	_	Ooing business as	H mail in mak dath a sail 4 shores		Day 6			86-093052	<u> </u>
	=	initial rei		Number and street (or P.O. box 1142 W Hatcher Road	IL TUCK OF DELIABLED OF BILESI	eouress)	Room/s	uite	e (erebu	one number	.,
	=		um m/laminated	City or town, state or province, o	noveter and 700 or feather was		<u>.                                    </u>			602-371-080	16
	=	Amenda Amenda			sountry, who are or toreign poet	ED CODE					
	=			Phoenix, AZ, 85021  F Name and address of principal of	Heart Clarks Ones and the		1	6-1 b- 15b		receipte \$	78,663
	_	uthhinen	On pending	1142 W Halcher Rd, Phoenty	•	6/	<b>ว</b>		•	cubordinates?	=
		Тах-охо	npt elaws:	✓ 601(a)(3)	· · · · · · · · · · · · · · · · · · ·	7(e)(1) or \\\ 52	_			a included? e instructions)	TOS LINO
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				Corporation Trust Associ	ation □ Other ▶	L Year of for		(c) Group e			
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10	Ĕ	2	Chack this	box ► ☐ If the organization	adecontinued the energy	*****************		Aba	OFO/ -4		***********
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$\geq$	ឌ្ឋា	4		independent voting membe					3		
<b>ζ</b>	8	5		per of Individuals employed i			ıb) .		4		
SCANNED	引	8		per of volunteers (estimate if					5		
Ü	9	•		eted business revenue from					6		
	٦								7a	*****	0
Η.	-		IAOL OILLOIGE	ed business taxable income	Trom Form 990-1, line 3	<u> </u>	+	, , , ,			0
σ.	- 1	6	Contributio	see and ample (Bart VIII Hea	$\Delta = \Delta \left( \frac{1}{2} \right)$	1501	-	Prior Year	··	Current	
0	9	9		na and grants (Pert VIII, line ervice revenue (Part VIII, line	( ) •		-	•••	3,504		0
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2023	2			Income (Part VIII, column (A					15		
$\frac{1}{2}$				nue (Part VIII, column (A), Iln		-	-		0		0
-				us—add lines 8 through 11 (r similar amounts paid (Part			+		84,540		78,663
				ild to or for members (Part I)			<b> </b>		0		
	_			her compensation, employee					0		
	Expenses								0	<del></del>	
	Ş۱			al fundralsing fees (Part IX, c aising expenses (Part IX, col				_	0		. 0
	3			nses (Part IX, column (A), lin		<u>V</u>	. ===	_			440.444
	- 1			nses (Fart IA, Column (A), in nses. Add lines 13–17 (must		· · · · · ·			20,730		113,223
	- (								28,730		113,223
-	ᆲ	10	Liaveura iss	ss expenses. Subtract line 1	i a trom line 12	<u> </u>			44,190	<b>A</b> -1-1-1	-34,560
í		20	Total seed	(Ded V III-e 16)			<b>Deg</b> an	ing of Cum		End of	
3	ısı			s (Part X, line 16)			<b>——</b>		42,266		709,015
ì				•	in a definition of the contract of the contrac		-		24,361		225,670
Ī			Signatur	or fund balances. Subtract I	MIOZI ITOM IMOZU .	<del> , ,</del>			17,905		483,345
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•	ret .	•		Thiebeau, Board member print name and title						<u>.                                    </u>	
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F	or P	aperwe	ork Reductio	on Act Notice, see the separa	le instructions.	Ce	L Na. 112	<b>62</b> Y		Form	990 (2019)

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Form 91			•					Pa	<sub>30</sub> 2
Part	<b>   </b>	Statement Check if Sc	t of Program Service	e Accomplia	shments	v ilaa in thie Par	rt (11 <u></u> <u></u>		
1	Brief		he organization's mis		I IIOLO LO ALI	y mie in ulio Fai			므
	Prov	ide housing	for developmentally di	sabled adults				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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4		•	e these changes on S		nallehmante	for each of its t	ihree largest program serv	loon on monnyes	l bu
•	өхрө	nses. <del>Se</del> ctio	on 501(o)(3) and 501( es, and revenue, if an	c)(4) organiza	tions are rec	julred to report	the amount of grants and	allocations to oth	ere.
42	(Çod	B:	) (Expenses \$	34,784 ln	cluding grant	ts of \$	0 ) (Revenue \$	20,202 )	
	Prov	ide housing	for developmentally di	sabled adults			***************************************	***************	
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4d	Other	r program se	ervices (Describe on 1	Schedule O.)	<u> </u>				
	(Ехре	enses \$	0 Including	grants of \$		0 ) (Revenue \$	0)		**-*-
40	Total	program se	rvice expenses 🕨		34,784				
								Form <b>990</b> (	(UZU)

Form 990 (2020)

Page 3

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors See Instructions?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3-		<u> </u>
4	Section 601(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
6	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		٧
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Old the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		•
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quast endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VIII, IX, or X as applicable.			``:
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	118	>	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	11b		>
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		·
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	~	
0	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	110	~	
ſ	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)7 if "Yes," complete Schedule D, Part X	111		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	128	~	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	V	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedulé E  Did the organization maintain an office, employees, or agents outside of the United States?	19 14a		7
b	Old the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		\
16	Did the organization report on Part IX, column (A), tine 3, more than \$5,000 of aggregate grants or other assistance to or for loreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		\
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See Instructions	17		•
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	208		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		~

Form 9	90 (2020)			Page 4
Part	Checklist of Required Schedules (continued)			
22	Did the organization cannot more than \$5,000 of exacts or other resistance to extend a case to the last to the		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22		<b>y</b>
23 	Old the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		
249	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	248		·
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ť
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 601(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schadule L, Part II	28		٧
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	, , , , , , , , , , , , , , , , , , ,	_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	,		, .
8	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		V
C	A 35% controlled entity of one or more Individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		١
31	Did the organization liquidate, terminate, or dissolve and cease operatione? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		١
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		7
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	~	<del></del>
Part				
			Yes	No
	Enter the number reported in Box 3 of Form 1098, Enter -0- if not applicable	当劇		
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	(A)	83.Z	
	The state of the s		990	DD5W

orm 89	0 (2020)		F	ege 5
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tex	<b>፟</b> ፟ጚቔ•	, Ç.	
	Statements, filed for the calendar year ending with or within the year covered by this return 0	1. 15		次をは
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	15.13	r (gris)	2 6 4
3ú	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4 <b>a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48		>
Ь	If "Yes," enter the name of the foreign country ▶	W. C		
	See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1.63.4	P 10 11 1	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<b>Б</b> а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?	51b		~
¢	If "Yes" to line 5a or 5b, dld the organization file Form 8666-T?	5c		
вa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	ØЪ		
7	Organizations that may receive deductible contributions under section 170(c).	11.	्रि	1.
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1	1.13	3, 4
_	and services provided to the payor?	7a		v
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		_
_	required to file Form 8282?	7c		·
	If "Yes," Indicate the number of Forms 8282 filed during the year	14197	- :	<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>,</b>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		1
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	78		<u></u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C?	7h	<u> </u>	1
		- 1	1	<del>  *</del>
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		· · ·	1
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			1
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 801(c)(7) organizations. Enter:	7. 3		ļ. <i>'</i>
	Initiation fees and capital contributions included on Part VIII, line 12	1,7	1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	AL GE		\ .``
	Section 501(c)(12) organizations. Enter:	33		
	Gross Income from members or shareholders	7 ( ) (A)	1 6	ኢ .
	Gross income from other sources (Do not net amounts due or paid to other sources		ξ. S.	
	against amounts due or received from them.)	: 372.8	40.5.	* **;
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	17.	<del> </del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<i>&gt; 7</i> %	(30)	7. 4
	Is the organization licensed to leaue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	100	<b>张慈</b>	
	Enter the amount of reserves the organization is required to maintain by the states in which	130		1
	the organization is licensed to issue qualified health plans		17.7	:WX
C	Enter the amount of reserves on hand	3 150	۱۰ <sub>2</sub> ۲۰۰۰	: '}'e
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see instructions and file Form 4720, Schedule N.	1121,3		11/4/
	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	[ '	~
	If "Yes," complete Form 4720, Schedule O.		140	200
			990	_

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_	80 (2020)			ege <b>6</b>
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	See in	atruc	tions.
Q <sub>not</sub>	Check if Schedule O contains a response or note to any line in this Part VI	• •	<u> </u>	
3001	on A. Governing Booy and Management		N/	-
1a	Enter the number of voting members of the governing body at the end of the tax year	77500	Yee	No
	If there are material differences in voting rights among members of the governing body, or	10		
	If the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 2	0.	3	7 (°)
2	Old any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustage, or key employees to a management company or other person?.	3	~	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~
6	Did the organization have members or stockholders?	В		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		ļ, ( )	· :
а	The governing body?	8a		
ь	Each committee with authority to act on behalf of the governing body?	Bb		~
9 <del></del>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		~
secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u> 10 CC</u>		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	•	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
14	Old the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15 <sub>B</sub>		~
b	Other officers or key employees of the organization	15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	18a		011311
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	1 <b>6</b> b		
Section	on C. Disclosure	1		
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	Inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords	<b>•</b>	
	VALLEYLIFE, (602)371-0806			
	1742 W Hatcher Road, Phoenix, AZ 65021	Form	990	(2020)

Form 990 (2020) Page	nd
Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, ar Independent Contractors	id
Check if Schedule O contains a response or note to any line in this Part VII	J
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	-
18 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within torganization's tax year.	he

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compansation from the organization and any related organizations. See instructions for the order in which to list the persons above.

					Ç)			<b>`</b>	officer, director,	·
(A) Name and title	(6) Averaga houra per week	box,	untes	Pos neck is pe	word more	s then o	1 871 188)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (itst any house for refaled organizations below dotted line)	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizationa (W-2/1099-MISC)	from the organization and related organization.
Cletus Thiebeau	2.00									
Board member	38.00	~	L	ᆫ	_	<u> </u>	<u> </u>	0	.0	
Linda Miller Board Member	2.00 38.00	,							0	
	5.00	Ť	$\vdash$	H	⊢	├	├	· · ·	<u>_</u>	
James Anderson Board Member	35.00	,						0	0	
Joel McCabe	1.00		T	$\vdash$	<u> </u>					
Board member	0.00	~				l		اها	0	
Cindy Quenneville	1.00		_	$\vdash$						
President	0.00			~				lo	0	,
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Form **990** (2020)

Form 990 (2020) Part VII Section A. Officere, Directors, 1	rustaes.	Kev	Fm	nlo	ue e	B An	d F	lighest Compa	nested l	Emplo	Page 6
(A)  Name and title	(8) Average hours per week	(O) Position (do not check more than box, unless person is bott officer and a director/rus					ona 180	(O) Reportablo compensation from the	(E) Report compan	able action	(#) Eatmated amount of other
	(list any hours for related organizations below dotted tins)	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1098-MISC)	orgenize (W-2/1099	tions	compensation from the organization and related organizations
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1b Subtotal		٠									
to tal (add lines 1b and 1c)	VII, Sectio	пА		•				0		0	0
Total number of individuals (including but reportable compensation from the organical com	not limited	l to th	088	list	ed	above	e) w		e than \$1		
3 Did the organization list any former of employee on line 1e? If "Yes," complete 5	fficer, dire	ctor,	tru ich	stee indi	e, k	ey e	mp!		t compe	nsated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	portet	ole d	com	per	naatio					
5 Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co If "Yes," c	mper ompk	ısat ete	lon Sch	from edu	n any	uni or s	related organizat such person .	ion or ind	lividual	5
Section B. Independent Contractors  1 Complete this table for your five high	est comos	en e et a	ed l	nde	701	vdent		intractors that r	ecelved .	more 1	han \$100,000 of
compensation from the organization. Repo	irt compen	Bation	for	the	CA	enda	r ye	ar ending with or	within the	e organ	Izetion's tax year.
Name and business addr	988							(B) Description of serv	toes		(C) Compensation
			_								
Total number of Independent contractor received more than \$100,000 of compense							th	cae listed above	e) who		Form <b>990</b> (2020)

Check if Schedule O contains a response or note to any line in this Part VIII.    Total freshman   Platector of search   Platector   Platector of search   Platector   P	_	980 (202	<del></del>						<del></del>		Paga 9
Total Acid lines 1a-11   Total Acid lines 1a	1.41	( VIII				BBDOT	se or note to:	any line in this Pa	art VIII		п
b Membership dues   1b						-		<del></del>	(B) Related or exempt	(C) Unrelated	Revenué excluded from tex under
20   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000	表 tā	1a						0 312			PER MANUE
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B Lass rental expenses c Rental income or (loss)		l			(i) Rea	l .	(ii) Personal	E ALL STREET	Section States	MARIE SALVE	A Comment
Rental income or (loss)  Not rental income or (loss)  7a Gross amount from sales of assets other than inventory  b Less: cost or debressia and sales expenses.  C Gain or (loss).  7b To 0 0 0  Net gain or (loss).  7c 0 0 0  Net gain or (loss).  Not income from fundralsing events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses.  C Net income or (loss) from gaming activities.  Pa Gross income from gaming activities.  Net income or (loss) from gaming activities.  All other revenue  Total. Add lines 11a-11d.  D O O O O O O O O O O O O O O O O O O		6a	Gross rents	6a							
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1c). See Part IV, line 18 88 b Less: direct expenses 6b c Net income or (loss) from fundralsing events >  9a Gross Income from gaming activities. See Part IV, line 19   b Less: direct expenses 9b c Net income or (loss) from gaming activities >  10a Gross sales of inventory, less returns and allowances 10b b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory >  8a b Less: direct expenses 6b  9a 10a 10a 10a 10b 10b 11a 11a 11a 15 16 17 17 18 18 18 19 19 10a 10a 10b 10b 10b 10c 10d	δ		events (not including	\$		j	ĺ				
b Less; direct expenses 6b					d on line				THE REAL PROPERTY.	1000000000	
C Net income or (loss) from fundraleing events			•								
9a Gross income from gaming activities. See Part IV, line 19		6	•				<u> </u>	17 19 20 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<b>网络沙沙沙沙沙沙沙</b>
activities. See Part IV, line 19 . 9a		ا .				p eve	nis , , 🕨	ANS CONTRACT AND ASSESSED.		MANUSAN ZERBERAN FORMA	Managan Battan dan
b Less: direct expenses		98									
C Net income or (loss) from gaming activities		<u>ا</u> ا					<del></del>			V. Columbia	THE PROPERTY OF
10a Gross sales of inventory, less returns and allowances		ı	•				<u> </u>	Trake seaton deser- Teas	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Allows Street Total Park
returns and allowances 10a  b Less: cost of goods sold 10b  c Net income or (loss) from sales of Inventory							<u> </u>	K STATE OF THE STA			
b Less: cost of goods sold						10a	ł			2	
C Net income or (loss) from sales of Inventory		ь					1				
11a							ory Þ				
4 (Vial. Add III 8 ) 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22						Business Code	THE PARK	100		100
4 (Vial. Add III 65   12   1   1   1   1   1   1   1   1	5 4	11a	****								
4 (Mail Add III 65   18 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		ь	P=P=PP=P==============================					<del> </del>	<u> </u>	ļ ———	<del> </del>
4 (Vial. Add III 65   12   1   1   1   1   1   1   1   1	B \$	G	***************************************	La ca c			<b></b>	<del></del>	<del></del>	<del></del>	<del>                                     </del>
4 (Vial. Add III 65   12   1   1   1   1   1   1   1   1	불니			. 44		• •	<u> </u>	<del></del>	Section of the section of the	NO MENTAL PROPERTY AND	
						<u></u> -	<del>' - ' - ' - '</del>				

Par	80 (2020)  LIX Statement of Functional Expenses				Page 10
Section	on 601(c)(3) and 501(c)(4) organizations must comp	olete ali columns. Ali	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response				
8b, 9	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Managemeni end general expenses	(D) Fundralaing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	-			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		•		
8	Other employee benefits		· · · · · · · · · · · · · · · · · · ·		·
10	Payroli taxes				
11	Fees for services (nonemployees):				
a	Management	2,295		2,295	
þ	Legal				<u> </u>
C	Accounting				
đ	Lobbying	<b>_</b>	Lin ACCOUNTS	a var signes	
6 1	Professional fundralsing services. See Part IV, line 17 Investment management fees	ļ	2 - " "	12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	
-	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, first line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1,431		1,431	
14	Information technology				
15	Royalties				
16	Occupancy	26,495	26,495		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				<u></u>
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .	8,289	9,289		
•	Insurance	THE RESERVE OF THE PERSON	MARKET TO CREAT STATE OF THE ST	1967 1971 (True True Proces)	RESERVED TO THE RESERVED TO THE SERVED TO TH
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e, if line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			<b>医水杨素素</b>	<b>的现在分词</b>
a	Other miscellaneous expense	292	0	292	0
b					
C	***************************************				
d	***************************************				
	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	39,802	34,784	4,019	0
26	Joint coats. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)				

76	art X						
		Check if Schedule O contains a response or	note to any line in th		<del></del>	<u> </u>	
				(A) Baginning of ye	ar		(B) End of year
Т	1	Cash-non-interest-bearing			,344	1	16,191
1	2	Savings and temporary cash Investments . ,				2	
1	3	Pledges and grants receivable, net				3	
1	4	Accounts receivable, net	,		460	4	890
ı	5	Loans and other receivables from any current of	r former officer, direc	Or. January Sylpholes	W. 13-22	100	医腹腔 编入图卷
		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes	antial contributor, or 3	5% THOUSE AND A TOTAL OF STREET		(₹3) 5	
	6	Loans and other receivables from other disqual under section 4958(f)(1)), and persons described				· २१ <b>Ө</b>	Policy of the second
3	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
₹	9	Prepald expenses and deferred charges	, , , , , , , , ,		3,664	9	2,29
1	10a	Land, buildings, and equipment, cost or other		Controller .	1 1/2	46	第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
		basis. Complete Part VI of Schedule D	10a 1,150	.192		` ;	[1] A. M.
ı	ь	Less: accumulated depreciation			9.507	10c	641,21
-	11					11	<u></u>
	12	Investments-other securities. See Part IV, line 1	11			12	
1	13	Investments - program-related. See Part IV, line				13	
1	14	Intangible assets				14	
-	15	Other assets. See Part IV, line 11			0.040	15	48,96
-	16	Total assets. Add lines 1 through 15 (must equa			9,015	16	709,56
T	17	Accounts payable and accrued expenses			4,117	17	4,07
	18	Grants payable				18	
	19	Deferred revenue			Ť	19	
	20	Tex-exempt bond liabilities				20	<u> </u>
	21	Escrow or custodial account liability. Complete F				21	<u> </u>
	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of thes	tor, 5%	1	22		
	23	Secured mortgages and notes payable to unrela	=		9.042	29	110.04
١.	24	Unsecured notes and loans payable to unrelated	,	·	7,042	24	119,04
- 1		* *		· · · · · · · · · · · · · · · · · · ·	$\rightarrow$		
ł	26	Other liabilities (Including federal Income tax, parties, and other liabilities not included on lines of Schedule D	17-24) Complete Pa	πX	2,511	25	110.71
ı	26	Total liabilities. Add lines 17 through 25			5,670	26	119,77
		Organizations that follow FASB ASC 958, che and complete lines 27, 26, 32, and 33.		<u> </u>	`		242,04
i	27	Net assets without donor restrictions		1577 27	3,345	27	466,00
Н	28	Net assets with donor restrictions			0	28	400,80
	20	Organizations that do not follow FASB ASC 9	58. check here ▶ 🏻	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.40	A Company Strains
:		and complete lines 29 through 33.		1 446	, 's	", <u>,</u>	
	29	Capital stock or trust principal, or current funds		. [	ĺ	29	ľ
	30	Paid-In or capital surplus, or land, building, or ed		,	$\overline{}$	30	
	31	Retained earnings, endowment, accumulated inc				31	
	32	Total net assets or fund balances			3,345	32	466,66
	<b>-</b>	Total liabilities and net assets/lund balances				33	709,56

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Form 9	90 (2020)		Pege 12
Par			
	Check if Schedule O contains a response or note to any line in this Part XI ,		<u> 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		22,126
2	Total expenses (must equal Pert IX, column (A), line 25)		38,802
3	Revenue less expenses. Subtract line 2 from line 1		-16,676
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		483,345
6_	_Net unrealized gains (losses) on investments		0
6	Donated services and use of facilities		0
7	Investment expenses		0
8	Prior period adjustments		0
Ð	Other changes in net assets or fund balances (explain on Schedule O)		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	32, column (B))		466,669
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		<u> 🗖</u>
			Yes No
1	Accounting method used to prepare the Form 990: Cash 🗹 Accrual 🔲 Other	137	334 333
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	150.3	
	Schedule O,	*	
2 <b>a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>
	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	$\Gamma > 0$	66 1
þ	Were the organization's financial statements audited by an independent accountant?	2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	33	\$ 50 A
	separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis	1 1	₹' <b>'</b> ∦ •
¢	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	1 1	
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	<b>✓</b>
	If the organization changed either its oversight process or selection process during the tax year, explain on	. • •	× ;
	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-1337	3a	v
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b	<b>✓</b>
		Form	<b>990</b> (2020)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexample charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2020

Open to Public

Depar	Iment of the Treasury		B∏A ◀	ch to form 960 or Forn	1 980-EZ.			Open to Public
Inlem	al Revenue Service	▶ Qc	to www irs.gov/F	erm890 for instructions :	and the late	est inform	ation.	Inspection
Name	of the organization			- <del></del>		_	Employer identification	n number
VAL	LEY OF THE SUN	SCHOOL PROPER	TIES FOUR				86-09	30528
_ Pa	nt I Réason	for Public Cha	rity Status. (A)	l organizations mus	t comple	te this p	oart.) See Instructi	ons
The				s: (For lines 1 through				· · · · · · · · · · · · · · · · · · ·
1	🔲 A church, co	nvention of churc	ches, or associate	on of churches descr	ibed in se	iction 17	'0(Ь)(1)(А)(і).	c (1)
2	A school det	scribed in section	170(b)(1)(A)(ll).	(Attach Schedule E (F	orm 990	or 990-E	<b>Z</b> ).)	$\sim$
3	🔲 A hospital oi	a cooperative ho	spital service or	ganization described l	n <b>sectio</b> n	170(b)(1	1 <b>)(A)</b> (III).	0'
4	hospital'e na	me, city, and stat	te:	onjunction with a hosp				
5		tion operated for (b)(1)(A)(Iv). (Com		college or university	owned o	r operate	ed by a governmen	tal unit described in
6	A federal, sta	ate, or local gover	nment or govern	mental unit described	l in sectio	on 170(b)	)(1)(A)(v).	
7	An organization described in	tion that normally section 170(b)(1	receives a subs )(A)(vi). (Complet	stantial part of its sup te Part II.)	port from	a gover	nmental unit or from	n the general public
8	☐ A community	y trust described i	in section 170(b)	)(1)(A)(vi). (Complete	Part II.)			
9				d in section 170(b)(1) iculture (see instruction				
10	An organizat receipts from support from	n activities related noross investmen	l to its exempt fu it income and un	e than 33½% of its sunctions, subject to ce related business taxa 75. See section 509(a	rtain exc ble incorr	aptions; a le (less s	and (2) no more than ection 511 tax) from	າ 33¹/ລ% of ໂts
11	An organizat	ion organized and	d operated exclu	sively to test for publi	c safety.	See sect	ion <b>509</b> (a)(4).	
12				alvely for the benefit o				
	Chack the bo	x in lines 12a thro	ough 12d that de	ins described in sect scribes the type of suj	oparting o	rganizatı	on and complete lin	es 12e, 12f, and 12g
8,	the supp	orted organization	n(e) the power to	i, supervised, or conti regularly appoint or s ste Part IV, Sections	lect a ma	ority of		
b	control o	r management of	the supporting o	sed or controlled in co organization vested in IV, Sections A and C	the same			
C				ting organization oper ns). You must comp				ally integrated with,
þ	that is no	t functionally inte	grated. The orga	ipporting organization inization generally mu complete Part IV, Sec	et eatlefy	a distrib	ution requirement a	
Ð				a written determinationally integrated au				e II, Type III
f	Enter the numb	per of supported	organizations .			,		[
9				ported organization(s)				<del></del>
	(i) Name of supporte	nd argenization	(h) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	urgenization ur governing ment?		(wi) Amount of other support (see instructions)
					Yes	No	1	
(A)					100			
(B)								
(C)								
(D)		·			<del> </del>			

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

(E)

Total

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2020

Schedu	ilo A (Form 990 or 990-EZ) 2020						Pege 2
Parl	Support Schedule for Organiza (Complete only if you checked to Part III. If the organization fails to	he box on line	5, 7, or 8 of	Part I or If th	e organizatio	n falled to qu	
Sect	lon A. Public Support	o quality arrac	7 (110 10313 110	iou bolow, p	oaso compie	sto i diciii.)	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020 /	(f) Total
1	Gifts, grants, contributions, and membership lees received. (Do not include any "unusual grants.")			_			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
8	Public support. Subtract line 5 from line 4			तहार भरता है			
	on B. Total Support	1 (-) 2010	(h) 0017 /	/ /-> 0010	<u> </u>	(-) 2000	40 T-4-1
Caler 7	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017 /	(c) 201B	( <b>d)</b> 2019	(e) 2020	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
0	Net income from unrelated business activities, whether or not the business is regularly carried on		<i>f</i> .				
10	Other income, Do not include gain or loss from the sale of capital assets (Explain In Part VI.)						
11	Total support. Add lines 7 through 10			,	,		
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he				•	ear as a sectio	
Soci	on C. Computation of Public Suppo			<del></del>	<del></del> .		· · · · <u>-</u>
14	Public support percentage for 2020 (line			11. column (ii)		14	%
15	Public support percentage from 2019 Sc					16	%
16a	331/5% support test-2029/If the organ	Ization did not	check the box				
	box and stop here. The organization qua						
	331:0% support test—2019. If the organ this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		🟲 🗀
17a	10%-facts-and-ct/cumstances test—2 10% or more, and if the organization in Part VI how the organization meets the organization.	neels the facts	-and-circumst	ances test, ch	eck this box (	and <b>stop here</b> .	Explain in
b	10%-facts and-circumstances test—2 15 is 10% or more, and if the organization in Part // how the organization meets the organization.	on meets the fa	icts-and-circui cumstances te	mstances test	check this bo	x and stop he	re. Explain
18	Private foundation. If the organization instructions		a box on line	13, 16a, 16b			. , , 🕨 🗖
					<b>3</b> ç	hedule A (Form 99	O or 890-EZ) 2020

Schedule A (Form 980 or 980-EZ) 2020 Page 3 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 falls 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 Gifts, grants, contributions, and mambarship fees received. (Do not include any "unusual grants.") . 3,504 1,922 5,426 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempl purpose . 71,439 71.236 61,021 78,652 20,202 322,550 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge , . . . Total. Add lines 1 through 5 . . . 71.439 71,236 84,525 22.124 78,652 327,976 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 . . . . . Public support. (Subtract line 7c from 327,976 Section B. Total Support

Caler	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	71,439	71,236	04,525	79,652	22,124	327,976
10a	Gross Income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	13	14	18	11	2	
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	13	14	15	11	2	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			<del></del>			
12	Other income. Do not include gain or loss from the sale of cepital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	71,452	71,250	84,540	78,663	22.126	328,031
14	First 5 years, if the Form 990 is for the	organization's	first second	third fourth		er es a section	

organization, check this box and stop here Section C. Computation of Bubillo Suggest Description - 40 didded by the 40 calcome (6)

3001	1011	v.	20111	Juleu	011 01	LOF	HIP GR	ւբբ	OILF	-aire	una	Aa.
				,								

10	Papilo adphort belocated on Soco (into o, column (i), divided by line 13, column (ii)	٠	•		10	99 98 70
16	Public support percentage from 2019 Schedule A, Part III, line 15				16	99.98 %
2007	In D. Computation of Investment Income Percentage	_		 		

		-13	
18	Investment Income percentage from 2019 Schedule A, Part III, line 17	18	0.02 %
17	investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	0.02 %

- 331/2% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 331/2%, and line 17 is not more than 331/s%, check this box and stop here. The organization qualifies as a publicly supported organization . 🕒 🔽
  - 331/5% support tests 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🥅 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Onbadula A	/F	600 a.	000 CT	2001
Schedule A	(FUTIL	agu cu	83V-EZI	2021

Page 4

#### Part IV Supporting Organizations

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

Sect	ion A. All Supporting Organizations		V	180
- 1-	Are all of the organization's supported organizatione listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	27	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		in i	, co :
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(e)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	1.00	yelik ili propris Par	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	12 1/41	21.
48	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	₹	,3 ×	17
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	\$ -6-1 2	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	(), N	12 1 1 2 1 2 1 1 1
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer times 5b and 5c below (if applicable). Also, provide detail in <b>Part Vi</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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		<del>                                      </del>
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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 filling organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, toan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	, <sup>(1</sup> ); (1)	1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	90	13.5	11.32
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	<b>9</b> b	<u> १३६</u>	ا کریانی
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	ec	<u> </u>	100
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a	ine.	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		13,21

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Par	ule A (Form 990 or 990-EZ) 2020  IV Supporting Organizations (continued)	·	Page 5
	and an	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	TC 31 540	1000
8	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?	11a	Ĺ
b		11b	1
G	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	i K. K
Sect	ion B. Type I Supporting Organizations	11101	
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; [ n A 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? 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.	2	300 m
Seci	ion C. Type II Supporting Organizations	<u></u>	<del></del>
		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)? 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).		
Sect	ion D. All Type III Supporting Organizations	<u> </u>	Ь
		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?	1	
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	
	on E. Type III Functionally Integrated Supporting Organizations		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test. Complete line 2 below.	Instruction	18).
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
¢	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity		
2	Activities Test. Answer lines 2a and 25 below.	Yes	No
а	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? 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.	2a	ייהיינייני
Ь	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.	20	
3 a	Parent of Supported Organizations. Answer lines 3e and 3b below.  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? If "Yes" or "No," provide details in Part VI.	3a	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3 <b>b</b>	1375

Schedule	A (Form	990 or	990-F71	2020

Page 6

Part	Check here if the organization satisfied the integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (explain	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izet	ions must complete Section	
Seci	ion A—Adjustad 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	6		
<b>6</b>	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)	8		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (aubtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 8 — 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):			
ø	Average monthly value of securities	18		
Ь	Average monthly cash balances	1b		
Ç	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
0	(explain in detail in Part VI):	10	·····································	2. Ca . F . A. 1. 2. 3.
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	Recoverles of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	THE PROPERTY OF THE PARTY OF TH	
4	Enter greater of line 2 or line 3.	4		
5	Income tex Imposed in prior year	Š		· · · · · · · · · · · · · · · · · · ·
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function (see instructions).	_	MANAGEMENT AND MANAGEMENT OF THE PARTY OF TH	ng organization

Excess from 2018
Excess from 2019
Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 7 Type III Non-Functionally Integrated 609(a)(3) Supporting Organizations (continued) Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from antivity 2 Administrative expanses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6, Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See Instructions. Distributable amount for 2020 from Section C. line 6 Line 8 amount divided by line 9 amount 10 (HI) Underdistributions Section E-Distribution Allocations (see instructions) Distributable Excess Distributions Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions Excess distributions carryover, if any, to 2020 From 2015 . From 2016 From 2017 From 2018 ď From 2019 . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: Applied to underdistributions of prior years Applied to 2020 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020. Subtract lines:3h and 4b from line 1. For result greater than zero, explain in Part VI. See Instructions. Excess distributions carryover to 2021. Add lines 3 and 4c. Breakdown of line 7: Excess from 2016. Excess from 2017

	orm 990 or 990-EZ) 2020 Page &
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,
	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 6; and Part V. Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See Instructions.)
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### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

► Complete if the organization enswered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047 2020 Open to Public Inspection

Department of the Treasury Internal Rovenue Service

Name	of the organization		Employer Identification number
VALL	EY OF THE SUN SCHOOL PROPERTIES FOUR		86-0930528
Pai	Organizations Maintaining Donor Adv		s 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 funds are the organization's property, subject to the	advisors in writing that the assets he	
6	Did the organization inform all grantees, donors, at only for charitable purposes and not for the benefit	nd donor advisors in writing that grant it of the donor or donor advisor, or for	funds can be used rany other purpose
	conferring impermissible private benefit?	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Par	Conservation Essements.  Complete if the organization answered "	Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (for example, recre		f a historically important land area
	Protection of natural habitat	· =	f a certified historic structure
_	Preservation of open space	1-1	
2	Complete lines 2a through 2d if the organization he	ia a qualineo conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			. <u>2a</u>
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified h	• •	
d	Number of conservation easements included in (historic structure listed in the National Register	(c) acquired after 7/25/08, and not o	
3	Number of conservation easements modified, transtax year ▶	sferred, released, extinguished, or tern	ninated by the organization during the
4	Number of states where property subject to conser	vation easement is located >	
5	Does the organization have a written policy reg violations, and enforcement of the conservation ear	garding the periodic monitoring, insp	
4			
6	Staff and volunteer hours devoted to monitoring, inspec	ornia, usudiing of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line		
_	and section 170(h)(4)(B)(II)?		
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easeme	f the footnote to the organization's fina	
Parl			Other Similar Assets
	Complete if the organization answered "		Stror Chimar Addotal
18	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item.	for public exhibition, education, or res	
	(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, following amounts required to be reported under FA	historical treasures, or other similar	
8	Revenue included on Form 990, Part Vill, line 1 .		▶ \$
b	Assets included in Form 990, Part X		

Schedu	le D (Form 990) 2020								Page 2
Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Ot	her Similar As	sets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply);	accession, and of	ther reco	ds, checi	k any of the	e follow	ing that make si	gnificant u	se of Its
8	☐ Public exhibition		d	☐ Loan d	or exchang	e progr	am		
b	Scholarly research								
c	Preservation for future generations								
4	Provide a description of the organization.	tion's collections	and expla	in how th	ney further	the org	anizetion's exem	pt purpos	in Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Parl									
	Complete If the organization 990, Part X, line 21.	answered "Yes	" on For	m 990, F	Part IV, Ilno	9, or	reported an am	ount on F	orm
18	is the organization an agent, trustee included on Form 990, Part X?							t Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing te	able:				
							Ar	nount	
C	Beginning balance					10	:		
d						_1d			
6	<b>5</b> ,				- • • •	1e			
f						1f			
2a	Did the organization include an amount								_
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	kplanation	n has been	provide	ed on Part XIII .		<u></u>
Par	V Endowment Funds.								
	Complete if the organization						· · · · · · · · · · · · · · · · · · ·		
		(a) Current year	(b) Pri	or year	(c) Two year	ne back	(d) Three years back	(e) Four ye	ers back
1a	Beginning of year balance							1	
b	Contributions					_			
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
9	End of year balance								
2	Provide the estimated percentage of t			e (line 1g	, column (e	i)) held	89;		
8	Board designated or quasi-endowmen	nt ▶	%						
Ь	Permanent endowment	%							
C	Term endowment ► %								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in the organization by:	e possession of ti	he organi	zation the	at are held	and ad	ministered for th		es No
	(i) Unrelated organizations	<b></b>						3a(i)	
	(ii) Related organizations						. <b></b>	3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requi	red on Sc	chedule R?			3b	
4	Describe in Part XIII the intended uses	of the organizati	on's endo	wment fu	unds.				
Part	VI Land, Buildings, and Equip	ment.						-	
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	e 11a.	See Form 990,	Part X, Iir	ie 10.
	Description of property	(m) Cost or o (investre			or other basis ther)		Accumulated epreciation	(d) Book	/d)ue
18	Land		0		152,636	13 64	374660		162,636
b	Buildings		0		451,343		241,670		209,673
c	Leasehold improvements		<u>.</u>		537,032		262,164		275,668
đ	Equipment		0		6,381		5,141		3,240
•	Other		Ó		0		0		0
Fotal.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Parl 2	K, column	(B), line 10	0c.) .	▶		641,217
_									

Part VII	Investments — Other Securities.		Page 3
	Complete If the organization answered "Yes" on Form 990, Part IV, line 11b. See (a) Description of security or category (b) Book value		Part X, line 12.
	(but doubling of seconds) (b) Book Asing		d-of-year market value
(1) Financial			
	eki equity interests		· · · · · · · · · · · · · · · · · · ·
(31) Other	***************************************		
<u>(A)</u>			
(B)			
(C) (D)		<del> </del>	
(E)	······································		<del></del>
(F)		+	<del> </del>
(G)	***************************************	<del>                                     </del>	
(H)			
Total. (Colu	nn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		M.C. State of Comp.
Part VIII	Investments - Program Related.  Complete If the organization answered "Yes" on Form 990, Part IV, line 11c. See	Form 000	Dart Y line 13
	(a) Description of Investment (b) Book value		nthod of valuation.
	(a) peggibrou or useensest (b) book sense		d-of-year market value
(1)			
(2)		<del></del>	<del>.</del> .
(3)			
(4)			
(5)			
(0)			
(7)		<u> </u>	
(8)			
(9)		127	7 - 31 - 71
	nn (b) must equel Form 990, Part X, col. (B) line 13.) . >	, ma	A track to the second
Part IX	Other Assets.	C 000	Dank V. Ban 4 F
	Complete If the organization answered "Yes" on Form 990, Part IV, line 11d. See	FORTH BBU,	(b) Book value
(1) Tenant c	eposits held in trust		4,192
	or replacements		44,775
(3)	or refrigire in a second of the second of th		77,770
(4)		_	
(5)	<i>)</i> '		
(8)			
(6) (7)			
(7) (8) (9)			
(7) (8) (9) Fotal. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 15.)	. ▶	48,967
(7) (8) (9)	Other Liabilities.	. ▶	
(7) (8) (9) Fotal. (Colur	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11	. ► f. See Form	
(7) (8) (9) Total. (Colur Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11 line 25.	. ► f. See Fore	m 990, Part X,
(7) (8) (9) Fotal. (Colur Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11 line 25.  (a) Description of liability	. ▶ f. See Ford	m 990, Part X,
(1) Federal in	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11 line 25.  (a) Description of liability  ome taxes	. ▶	m 990, Part X, (b) Book value
(7) (8) (9) (otal. (Colur Part X  1. (1) Federal in (2) Tenant d	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11 line 25.  (a) Description of liability  come taxes  aposit Hability	. ► f. See Ford	m 990, Part X,  (b) Book value  0 2,871
(7) (8) (9)  Cotal. (Colur  Part X  (1) Federal in (2) Tenant d (3) Due from	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11 line 25.  (a) Description of liability  ome taxes	. ▶ f. See Form	m 990, Part X,  (b) Book value  0 2,871
(8) (9)  Total. (Colur Part X  (1) Federal in (2) Tenant d (3) Due from (4)	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11 line 25.  (a) Description of liability come taxes aposit Hability	. ▶ f. See For	m 990, Part X,  (b) Book value  0 2,871
(8) (9) Fotal. (Colur Part X  (1) Federal in (2) Tenant d (3) Due fron (4) (6)	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11 line 25.  (a) Description of liability come taxes aposit Hability	. ► f. See Form	m 990, Part X,  (b) Book value  0 2,871
(7) (8) (9) Fotal. (Colur Part X  (1) Federal in (2) Tenant d (3) Due fron (4) (6)	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11 line 25.  (a) Description of liability come taxes aposit Hability	. ►	m 990, Part X,  (b) Book value  0 2,871
(7) (8) (9) Fotal. (Colur Part X  (1) Federal in (2) Tenant d (3) Due fron (4) (6) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11 line 25.  (a) Description of liability come taxes aposit Hability	f. See Ford	m 990, Part X,  (b) Book value  0 2,871
(7) (8) (9) Fotal. (Colur Part X  (1) Federal in (2) Tenant d (3) Due fron (4) (6)	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11 line 25.  (a) Description of liability come taxes aposit Hability	f. See Ford	m 990, Part X,

Schedule D (Form 960) 2020

Part	ile D (Form 980) 2020  XII Reconciliation of Revenue per Audited Financial Stat	ements With D	avenue ner Rehim	Page 4
	Complete if the organization answered "Yes" on Form 9			
1	Total revenue, gains, and other support per audited financial stateme			22,126
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		10000	
8	Net unrealized gains (losses) on investments	. <b>  2a  </b>	o   155	
b	Donated services and use of facilities		0 (20)	
C	Recoveries of prior year grants	. 2c	0	
d	Other (Describe in Part XIII.)		<u>o</u> [138]	
•	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1			22,126
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	10 To 1	
8	Investment expenses not included on Form 990, Part VIII, line 7b		o[+4]	
Ь	Other (Describe in Part XIII )		0 33	
8	Add lines 4a and 4b		40	0
	Reconciliation of Expenses per Audited Financial Sta			22,126
rait	Complete if the organization answered "Yes" on Form 9			
1	Total expanses and losses per audited financial statements			70.089
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		15654	38,802
	Donated services and use of facilities	.   2a	ا المنظمة المن	
5	Prior year adjustments	2b	0 (353)	
c	Other losses	. 2c	0	
ď	Other (Describe in Part XIII.)		0 0	
_	Add lines 2a through 2d		<u> </u>	٥
3	Subtract line 2e from line 1		3	38,802
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	` i <i>`</i> i ` .	37.3	. 50,002
a	Investment expenses not included on Form 990, Part VIII, line 7b	.   4a	o (*;	
ь	Other (Describe in Part XIII.)		0 3	
C	B 4 4 11 A		4c	0
6	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part			
Part		<i>i, iii le ra.j</i>	5	38,602
	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1			
Provid 2; Part	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	a and 4; Part IV, III part to provide an	nes 1b and 2b; Part V, line y additional information.	4; Part X, line
Provid 2; Pari	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	a and 4; Part IV, III part to provide an	nes 1b and 2b; Part V, line y additional information.	4; Part X, line
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Provid 2; Part	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	a and 4; Part IV, III part to provide an	nes 1b and 2b; Part V, line y additional information.	4; Part X, line
Provid 2; Pari	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	a and 4; Part IV, III part to provide an	nes 1b and 2b; Part V, line y additional information.	4; Part X, line
Provid 2; Pari	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	a and 4; Part IV, Ili part to provide an	nes 1b and 2b; Part V, line y additional information.	4; Part X, line
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Provide 2; Part	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	a and 4; Part IV, III part to provide an	nes 1b and 2b; Part V, line y additional information.	4; Part X, line
Provide 2; Part	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	a and 4; Part IV, III part to provide an	nes 1b and 2b; Part V, line y additional information.	4; Part X, line
Provide 2; Part	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	a and 4; Part IV, III part to provide an	nes 1b and 2b; Part V, line y additional information.	4; Part X, line

Schadule D (Form 990) 2020

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Tressury

Internal Revenue Service

## Supplemental information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 890 or 990-EZ or to provide any additional information.

▶ Attach to Form 980 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization	Employer Identification number
VALLEY OF THE SUN SCHOOL PROPERTIES FOUR	86-0930528
Form 990, Part VI. Section A, Line 3 - Agency uses a management company to pay operating expense	s, calculate tenant rents and maintain
compliance with HUD regulations	
	****
Form 990, Part VI, Section A, Line 8b - There are no committees with authority to act on behalf of the E	Board.
***************************************	
Form 990, Part VI, Section B, Line 11b - Form 990 is prepared by CFO of a related entity and reviewed	by CEO of a related entity. Both
Individuals are Board members	
Form 990, Parl VI, Section C, Line 19 - All documents are made available upon request.	
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Schedule O, Statement 1	VALLEY OF THE 8UN 8CHOOL PROPERTIES FOUR
Form: Form 990 (2020)	EIN. 85-0930528
Page. 1	Header Section
	Resconsble Cause Explanations
Explanation	
Valid extension filed	

Schedule R (Form 990) 2020

Cat. No. 50136Y

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

SCHEDULE R Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

VALLEY OF THE SUN SCHOOL PROPERTIES FOUR

Part

Related Organizations and Unrelated Partnerships

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

Go to www.irs.gov/Form890 for instructions and the latest information.

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

Open to Public Inspection

Employer identification number 86-0930528 Onect controling entity (e) End-of-year assets **fd** Total income (c) Legal domicile (state or fareign country) (b) Primæry activity (a) Name, address, and EN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34, because it had Part II

(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicule (state or foreign country)	(4) Exempt Code section	(e) Public charity status (ff section 501(c)(3))	(ii) Direct controlling entity	Section 512(b)(13) controlled entity?	1205/13 Sled
						Yes	No
(1) VALLEYUFE (86-0135840)	Provide services to	74	(5)(5)(3)	1	N/A		,
1142 W HATCHER ROAD, PHOENIX, AZ 85021	developmentally				-		•
(2) VALLEYLIFE FOUNDATION (86-0702413)	Expand and enhance	ZV	(6)(2)105	11	VALLEYLIFE		•
1142 W HATCHER ROAD, PHOENDY, AZ 85021	VALLEYLIFE						٠
(3) VALLEY OF THE SUN SCHOOL PROPERTIES ONE (86-0788254)	Provide housing to	AZ	501(c)(3)	6	VALLEYLIFE		•
1142 W HATCHER ROAD, PHOENEX, AZ 85021	developmentally				_		•
(4) VALLEY OF THE SUN SCHOOL PROPERTIES TWO (86-0807244)	Provide housing to	AZ	(2)(3)	6	VALLEYUFE		7
1142 W HATCHER ROAD, PHOEMX, AZ 85021	developmentally						•
(5) VALLEY OF THE SUN SCHOOL PROPERTIES THREE (86-0872987) Provide housing to	Provide housing to	24	501(c)(3)	•	VALLEYLIFE		3
1143 W HATCHER ROAD, PHOENEX, AZ 85021	developmentaDy						•
(5) VALLEY OF THE SUN SCHOOL PROPERTIES FINE (86-0937616)	Provide housing to	42	501(c)(3)	6	VALLEYUFE		;
1145 W HATCHER ROAD, PHOEMX, AZ 85021	developmentally				-		•
(7) VALLEY OF THE SUN SCHOOL PROPERTIES SIX (02-0680295)	Provide housing to	4.2	501(c)(3)	œ	VALLEYLIFE		3
1146 W HATCHER ROAD, PHOENIX, AZ 85021	developmentally						•

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the destribication of Related Organizations Taxable as a Corporation or Trust. Complete if the organization arswered a variable was an expension of Trust. Complete if the organization arswered a variable was an expension of trust of variable as a Corporation or Trust. Complete if the organization arswered "Yes" on Form 990, Part IV.	Predominant Stational (related, unrefated, excluded from tax under sections 512 – 514)	State of total Share of end-of-income year assalts	end-of- Oksraporisrass ssels abostons?	Code V - UB	E	-
The lated Organizations Taxable as a Corporation of the contractions of the contractio				90		or Percentage 18 cwnership 2
The lated Organizations Taxable as a Corporation it had one or more related organizations treated as			Yes	Q	98	£
The lated Organizations Taxable as a Corporation it had one or more related organizations treated as					+	+
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If Related Organizations Taxable as a Corporation it had one or more related organizations treated as						ļ
T Related Organizations Taxable as a Corporation it had one or more related organizations treated as	_					
rf Related Organizations Taxable as a Corporation if had one or more related organizations treated as					<u> </u>	
	n or Trust. Comp	olete if the organ frust during the	ization answe tax year.	wed "Yes" on	Form 990,	Part IV.
(a) (b) (c) Legal domate Name, address, and EM of related organization (size or kinetin country)	[d] Direct confroling entity	(e) Type of entity (C corp., S corp. or nust)	Share of total browne	(g) Share of end-of-year assets	Percentage ownership	(I) Section 512(b)(13) controlled entity?
						Yes
		}				

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from a controlled entity ten and ten a controlled entity ten a controlled enti		ted organizations listed in Parts II	Į.	Ye	
It   It   It   It   It   It   It   It	annuities, (iii) royatties, or (iv) rent from a controlled entity inbution to related organization(s)		•	<b>8</b> <del>1</del>	• •
Ide	fulbution from related organization(s)		. ,	1 2	1
Transaction on who must complete this line, including covered relationships and transaction threshold there is a relationship amount involved to the relationship amount invol	s to or for related organization(s)	•	•	뒫	,
It   It   It   It   It   It   It   It	s by related organization(s)		•	<u> </u>	Į.
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swith related organization(s) swith	related organization(s)		•	ij	•
swith related organization(s) swith	ment, or other assets to related organization(s)			- k	
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(s) Transaction type (a = s) type (a = s)				1n	•
(s)	Sharing of paid employees with related organization(s)		•	10	•
(S)	Reimbursement paid to related organization(s) for expenses		, ,		4
(S)	related organization(s) tor expenses		-	- 1	
Name of relationstation of virtuation on who must complete this line, including covered relationships and transaction thresholds.  (a) Iransaction who must complete this line, including covered relationships and transaction thresholds.  (b) Iransaction transaction thresholds.  (c) Including covered relationships and transaction thresholds.  (d) Iransaction thresholds.	property to related arganization(s)			<b>-</b>   #	7,
Nerne of related organization Transaction (c) (d) Transaction Amount involved Wethod of determining amount involved type (a—s)	e above is "Yes." see the instructions for information on who must complete the	line, including covered relationship	s and transaction	dresh n	걸
	(a) Nerre of related organization Trans (type	tion Amount involved M	(d) lethod of determing.	emount ha	1 10
		,			

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

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

Page 4

(k) Percentage ownership Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. General or maraging partner? Yes No Code V—UBB amount in box 20 of Schedule K-1 (Form 1085) fit) Dispropertionate abocations? ě ¥8 /(g) Share of end-of-year assets (7) Share of total income (e)
Are all partners
section
501(e)(3)
organizations? Yes No Predominant An income (related, unrelated, excholed from text under on sections 512 – 514) (c)
Legal domíctle
(state or foreign
county) Primary activity 2 (ed Marne, address, and EN of entity Œ 5 Ð Ø Z 9 30 图 ฮ E Ø 된

Schedule R (F	
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
	Provide additional information for responses to questions on Schedule R. See instructions.
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