

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VALLEY OF THE SUN UNITED WAY		D Employer identification number 86-0104419
	Doing Business As		E Telephone number (602) 631-4800
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	3200 EAST CAMELBACK ROAD		375
City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85018			
F Name and address of principal officer: CARLA VARGAS JASA SAME AS C ABOVE			

G Gross receipts \$ 121,045,678.

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

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

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

J Website: ▶ WWW.VSUW.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1925 **M** State of legal domicile: AZ

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)		39.
4	Number of independent voting members of the governing body (Part VI, line 1b)		39.
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		118.
6	Total number of volunteers (estimate if necessary)		1,560.
7a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
7b	Net unrelated business taxable income from Form 990-T, line 34		0.

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

Part II Signature Block

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

Sign Here	Signature of officer:	Date: <u>03/25/2022</u>
	Type or print name and title: <u>TANYA M. MUNIZ CFO</u>	

Paid Preparer Use Only	Print/Type preparer's name: <u>PATRICK SHIELDS</u>	Preparer's signature:	Date: <u>03/28/2022</u>	Check <input type="checkbox"/> if self-employed	PTIN: <u>P01508556</u>
	Firm's name ▶ <u>ERNST & YOUNG U.S. LLP</u>			Firm's EIN ▶ <u>34-6565596</u>	
	Firm's address ▶ <u>101 E. WASHINGTON ST., STE 910 PHOENIX, AZ 85004</u>			Phone no. <u>602-322-3000</u>	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

IMPROVES LIVES BY MOBILIZING COMMUNITY, CORPORATE AND NONPROFIT PARTNERS TO REACH BOLD GOALS FOR MARICOPA COUNTY IN THE AREAS OF HEALTH, HOUSING AND HOMELESSNESS, EDUCATION AND WORKFORCE DEVELOPMENT.

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

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

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

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

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

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

GRANTS, ALLOCATIONS, AND DISTRIBUTIONS TO HEALTH AND HUMAN SERVICE PROGRAMS, VSUW COMMUNITY OBJECTIVES, AND EMERGENCY COVID-19 RELIEF. SEE SCHEDULE O FOR FURTHER DETAIL.

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

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

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

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

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- 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 compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLA VARGAS JASA PRESIDENT AND CEO	50.00 0.			X			292,945.	0.	17,063.	
(2) TANYA MUNIZ CHIEF FIN. & ADMIN OFFICER	50.00 0.			X			207,739.	0.	25,378.	
(3) TAMERA SKROVAN CHIEF CORP BRAND & DEV OFFICER	50.00 0.					X	216,413.	0.	8,512.	
(4) PENNY ALLEE TAYLOR CHIEF PUBLIC POLICY OFFICER	50.00 0.					X	134,679.	0.	22,721.	
(5) NANCY DEAN FORMER CHIEF PROGRAM OFFICER	40.00 0.					X	136,860.	0.	10,099.	
(6) COLLEEN GAUTAM GENERAL COUNSEL & VP, ADMIN.	50.00 0.					X	114,392.	0.	26,125.	
(7) LAURA KAISER VP, CORPORATE RELATIONS	50.00 0.					X	120,059.	0.	13,573.	
(8) JENNY HOLSMAN TETREULT DIRECTOR/BOARD CHAIR	4.00 0.	X		X			0.	0.	0.	
(9) ROBYN ARNELL BRENDEN DIRECTOR/TREASURER	4.00 0.	X		X			0.	0.	0.	
(10) BRADLEY SMITH DIRECTOR/SECRETARY	4.00 0.	X		X			0.	0.	0.	
(11) TRACY BAME DIRECTOR	2.00 0.	X					0.	0.	0.	
(12) LAURA LO BIANCO DIRECTOR	2.00 0.	X					0.	0.	0.	
(13) LEE ANN BOHN DIRECTOR	2.00 0.	X					0.	0.	0.	
(14) GEOFFREY BURBRIDGE DIRECTOR	2.00 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LISA CAGNOLATTI ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(16) CHRIS CAMACHO ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(17) LATASHA CAUSEY ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(18) KEVIN COOPER ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(19) STEVE EVANS ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(20) MATTHEW FEENEY ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(21) SUSAN FRANK ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(22) DANIEL FROETSCHER ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(23) CHAD GESTSON, ED.D. ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(24) NEIL GIULIANO ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(25) JOHN GRAHAM ----- DIRECTOR/VICE CHAIR	4.00 ----- 0.	X		X				0.	0.	0.
1b Sub-total								1,223,087.	0.	123,471.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,223,087.	0.	123,471.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 14

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARIA HARPER MARINICK, PH.D. ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(27) ELISSA KELLY ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(28) DRENA KUSARI ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(29) WARING LESTER ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(30) HOPE LEVIN ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(31) KENNETH LEVINE ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(32) DAVID LONG ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(33) CHRISTOPHER MCCURDY ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(34) JEFFREY MESHEY ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(35) NINA MULLINS ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(36) ROBIN REED ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 14

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) LISA RILEY ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(38) VINCE ROIG ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(39) AVEIN SAATY-TAFOYA ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(40) DON SMITH, JR. ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(41) PATRICK STRIECK ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(42) MICHAEL TULLY ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(43) MONICA VILLALOBOS ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(44) DANIEL WANI ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(45) CHRISTINE WILKINSON, PH.D. ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(46) EDWARD ZUERCHER ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 14

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	602,573.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	58,201,048.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	47,578,523.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 210,377.				
	h	Total. Add lines 1a-1f ▶			106,382,144.			
	Program Service Revenue				Business Code			
2a		PROCESSING FEES		900099	479,879.	479,879.		
b		LEARN UNITED REVNUUE		900099	161,500.	161,500.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			641,379.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			1,630,133.		1,630,133.	
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			0.			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						12,288,734.		
	b	Less: cost or other basis and sales expenses . .	7b			11,161,133.		
	c	Gain or (loss)	7c			1,127,601.		
	d	Net gain or (loss) ▶				1,127,601.	1,127,601.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0.			
					0.			
					0.			
b	Less: direct expenses	8b			0.			
c	Net income or (loss) from fundraising events. ▶				0.			
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
					0.			
					0.			
b	Less: direct expenses	9b			0.			
c	Net income or (loss) from gaming activities. ▶				0.			
10a	Gross sales of inventory, less returns and allowances	10a			0.			
					0.			
					0.			
b	Less: cost of goods sold	10b			0.			
c	Net income or (loss) from sales of inventory. ▶				0.			
Miscellaneous Revenue				Business Code				
	11a	MISCELLANEOUS REVENUE		900099	103,288.	103,288.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶				103,288.		
12	Total revenue. See instructions ▶				109,884,545.	744,667.	2,757,734.	

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	109,884,545.
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,513,487.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,371,058.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,344,009.
5	Net unrealized gains (losses) on investments	5	12,537,787.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	84,252,854.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	91,328,933.	93,081,891.	89,940,521.	97,771,905.	106,382,144.	478,505,394.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	91,328,933.	93,081,891.	89,940,521.	97,771,905.	106,382,144.	478,505,394.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4						478,505,394.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	91,328,933.	93,081,891.	89,940,521.	97,771,905.	106,382,144.	478,505,394.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,444,408.	1,880,828.	2,102,864.	1,389,948.	1,630,133.	8,448,181.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						486,953,575.
12 Gross receipts from related activities, etc. (see instructions)					12	2,859,724.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	98.27%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.15%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. 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.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

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

Schedule of Contributors

2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **VALLEY OF THE SUN UNITED WAY**

Employer identification number
86-0104419

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 56,753,322.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 25,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 4,695,549.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 2,895,341.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization VALLEY OF THE SUN UNITED WAY

Employer identification number
86-0104419

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No															

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (See instructions)

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINES 1B AND 1G

VALLEY OF THE SUN UNITED WAY (VSUW) HAD VOLUNTEERS AND STAFF THAT MET WITH LEGISLATORS AND ADVOCATED ON BEHALF OF ISSUES THAT AFFECT THE LIVES IN MARICOPA COUNTY IN THE AREAS THAT DIRECTLY ALIGN WITH THE MISSION OF VSUW.

SPECIFICALLY FOCUSING ON POLICIES IMPACTING:

- 211 ARIZONA STATEWIDE SYSTEM
- CHARITABLE DEDUCTIONS FOR NON-ITEMIZERS
- COVID-19 PUBLIC HEALTH EMERGENCY SUPPORT
- ARIZONA TOGETHER FUND FOR GRANTS TO ARIZONA NONPROFITS
- CRISIS CONTINGENCY AND SAFETY NET FUND
- BEHAVIORIAL HEALTH FUNDING
- FINANCIAL LITERACY AND PERSONAL FINANCE EDUCATION FOR DES CLIENTS
- SUICIDE AWARENESS AND PREVENTION INSTRUCTION
- CITY OF PHOENIX AFFORDABLE HOUSING PLAN
- PHOENIX FOOD PROGRAM

VSUW HAS A POSITION, CHIEF PUBLIC POLICY OFFICER, WHICH FOCUSES ON RESEARCHING AND ADVOCATING LEGISLATIVE ACTIVITIES THAT DIRECTLY ALIGN WITH THE MISSION OF VSUW. AN ESTIMATED 80% OF HER TIME, VALUED AT \$125,920 WAS DIRECTLY RELATED TO ACTIVITIES THAT ADVANCE THE PUBLIC POLICY ISSUES APPROVED BY THE VSUW BOARD OF DIRECTORS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art/historical treasures held for public service and financial gain.

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

Schedule D (Form 990) 2020

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	46,642,129.	49,267,254.	48,643,844.	46,729,379.	42,750,185.
b Contributions	28,326.	80,708.	18,326.	176,165.	123,574.
c Net investment earnings, gains, and losses	14,518,489.	-575,326.	2,254,344.	3,337,790.	5,546,950.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,246,508.	2,130,507.	1,649,260.	1,599,490.	1,691,330.
f Administrative expenses					
g End of year balance	58,942,436.	46,642,129.	49,267,254.	48,643,844.	46,729,379.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 73.0000 %
- b** Permanent endowment ▶ 27.0000 %
- c** Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 114,751,714.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 82,842,869.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT EARNINGS ARE TO BE USED TO SUPPORT VALLEY OF THE SUN UNITED WAY AS OUTLINED IN ITS ENDOWMENT POLICY.

SCHEDULE D, PART X, LINE 2

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

SCHEDULE D, PART XI, LINE 4B

\$7,688,595 - DONOR DESIGNATIONS MADE ON BEHALF OF/TO OTHER AGENCIES THAT ARE NOT INCLUDED AS REVENUE ON THE FINANCIAL STATEMENTS BUT ARE RECOGNIZED ON THE 990.

SCHEDULE D, PART XII, LINE 4B

\$7,688,595 - DONOR DESIGNATIONS MADE ON BEHALF OF/TO OTHER AGENCIES THAT ARE NOT INCLUDED AS REVENUE ON THE FINANCIAL STATEMENTS BUT ARE RECOGNIZED ON THE 990.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A NEW LEAF, INC. 868 E UNIVERSITY DR MESA, AZ 85203	86-0377821	501(C)(3)	1,283,158.				PROGRAM SUPPORT
(2) ACCEL 10251 N 35TH AVE PHOENIX, AZ 85051	95-3497070	501(C)(3)	72,600.	810.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(3) ALHAMBRA SCHOOL DISTRICT #68 4510 N 37TH AVE PHOENIX, AZ 85019	86-6000510	GOVERNMENT	147,680.				PROGRAM SUPPORT
(4) ARIZONA ADVOCATES FOR EX-OFFENDER 112 N. CENTRAL AVENUE, STE 700, 85004	81-3774638	501(C)(3)	22,500.				PROGRAM SUPPORT
(5) ARIZONA CENTER FOR AFTERSCHOOL EXCELLENCE 112 N CENTRAL AVE PHOENIX, AZ 85004	86-1009220	501(C)(3)	26,750.				PROGRAM SUPPORT
(6) ARIZONA CENTER FOR DISABILITY LAW 3100 E. ROOSEVELT ST., PHOENIZ, AZ 85008	23-7408586	501(C)(3)	10,000.				PROGRAM SUPPORT
(7) ARIZONA CENTER FOR THE BLIND 3100 E ROOSEVELT ST PHOENIX, AZ 85008	86-0133392	501(C)(3)	29,126.				PROGRAM SUPPORT
(8) ARIZONA COALITION SEXUAL/DOMESTIC VIOLENCE 2700 N CENTRAL AVE PHOENIX, AZ 85004	86-0593601	501(C)(3)	27,052.				PROGRAM SUPPORT
(9) ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD PHOENIX, AZ 85016	86-0348306	501(C)(3)	36,852.				PROGRAM SUPPORT
(10) ARIZONA HOUSING, INC. 209 W JACKSON ST PHOENIX, AZ 85007	86-0811431	501(C)(3)	451,322.				PROGRAM SUPPORT
(11) ARIZONA KIDS THINK TOO 3150 N 24TH ST PHOENIX, AZ 85016	45-5318781	501(C)(3)	160,860.	1,084.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(12) ARIZONA LATINO LEADERS IN EDUCATION 221 E INDIANOLA AVE PHOENIX, AZ 85012	85-1652516	501(C)(3)	83,125.				PROGRAM SUPPORT

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

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARIZONA NEAR SPACE RESEARCH 1900 W CARLA VISTA DR CHANDLER, AZ 85246	86-1041394	501(C)(3)	12,500.				PROGRAM SUPPORT
(2) ARIZONA SCIENCE CENTER 600 E WASHINGTON ST PHOENIX, AZ 85004	86-0390558	501(C)(3)	16,395.				PROGRAM SUPPORT
(3) ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 85287	86-6051042	GOVERNMENT	124,150.				PROGRAM SUPPORT
(4) ARIZONA STUDENTS RECYCLING USED TECHNOLOGY 1720 W BROADWAY RD MESA, AZ 85202	86-0977732	501(C)(3)	17,500.				PROGRAM SUPPORT
(5) ARIZONA YWCA METROPOLITAN PHOENIX 2999 N 44TH ST PHOENIX, AZ 85018	86-0098936	501(C)(3)	25,240.				PROGRAM SUPPORT
(6) ARIZONA'S CHILDREN ASSOCIATION 2833 N THIRD ST PHOENIX, AZ 85004	86-0096772	501(C)(3)	70,977.				PROGRAM SUPPORT
(7) AROUET FOUNDATION 4636 E UNIVERSITY DR, PHOENIX, AZ 85035	45-3456191	501(C)(3)	78,250.				PROGRAM SUPPORT
(8) ASSOC FOR SUPPORTIVE CHILD CARE/CANDELEN 8222 S 48TH ST PHOENIX, AZ 85044	86-0332919	501(C)(3)	5,107,202.				PROGRAM SUPPORT
(9) ASTER AGING, INC 45 W UNIVERSITY DR MESA, AZ 85201	94-2596075	501(C)(3)	107,950.	1,033.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(10) AVONDALE SCHOOL DISTRICT 295 W WESTERN AVE AVONDALE, AZ 85323	86-6000500	GOVERNMENT	91,898.				PROGRAM SUPPORT
(11) BANNER HEALTH FOUNDATION 2025 N 3RD ST PHOENIX, AZ 85004	94-2545356	501(C)(3)	85,008.				PROGRAM SUPPORT
(12) BANNER OLIVE BRANCH SENIOR CENTER 11250 N107TH AVE SUN CITY, AZ 85351	94-2745413	501(C)(3)	73,931.	1,048.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BE A LEADER FOUNDATION 1717 W NORTHERN AVE PHOENIX, AZ 85021	55-0850279	501(C)(3)	162,930.				PROGRAM SUPPORT
(2) BIG BROTHERS BIG SISTERS OF CENTRAL ARIZONA 4745 N 7TH ST PHOENIX, AZ 85014	86-0205254	501(C)(3)	262,467.				PROGRAM SUPPORT
(3) BOYS & GIRLS CLUBS OF THE VALLEY 4309 E. BELLEVIEW ST., PHOENIX, AZ 85008	86-0550646	501(C)(3)	602,367.	810.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(4) BOYS AND GIRLS CLUBS OF GREATER SCOTTSDALE 10533 E. LAKEVIEW DR, SCOTTSDALE, AZ 85258	86-0133718	501(C)(3)	152,091.				PROGRAM SUPPORT
(5) BOYS HOPE GIRLS HOPE OF ARIZONA 3443 N CENTRAL AVE PHOENIX, AZ 85012	86-0630295	501(C)(3)	53,443.				PROGRAM SUPPORT
(6) CANCER SUPPORT COMMUNITY ARIZONA 360 E PALM LN PHOENIX, AZ 85004	86-0897810	501(C)(3)	72,073.				PROGRAM SUPPORT
(7) CARTWRIGHT SCHOOL DISTRICT 5220 W. INDIAN SCHOOL RD, PHOENIX, AZ 85031	86-6000517	GOVERNMENT	20,000.				PROGRAM SUPPORT
(8) CATHOLIC CHARITIES COMMUNITY SERVICE 4747 N 7TH AVE PHOENIX, AZ 85013	86-0223999	501(C)(3)	219,425.	1,397.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(9) CENTER FOR THE FUTURE OF ARIZONA 541 E VAN BUREN PHOENIX, AZ 85004	82-0538372	501(C)(3)	45,000.				PROGRAM SUPPORT
(10) CENTRAL ARIZONA SHELTER SERVICES 230 S 12TH AVE PHOENIX, AZ 85007	86-0500753	501(C)(3)	625,514.				PROGRAM SUPPORT
(11) CHANDLER CHRISTIAN COMMUNITY CENTER INC 345 S CALIFORNIA ST CHANDLER, AZ 85225	86-0428780	501(C)(3)	564,059.				PROGRAM SUPPORT
(12) CHICANOS POR LA CAUSA, INC. 1112 E BUCKEYE RD PHOENIX, AZ 85034	86-0227210	501(C)(3)	102,096.	810.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

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

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Schedule I (Form 990) 2020

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILD & FAMILY RESOURCES 700 W CAMPBELL AVE PHOENIX, AZ 85013	86-0251984	501(C)(3)	1,716,905.				PROGRAM SUPPORT
(2) CHILD CRISIS ARIZONA PO BOX 4114 MESA, AZ 85211	86-0324144	501(C)(3)	583,321.	3,287.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(3) CHILDREN'S ACTION ALLIANCE 4001 N 3RD STREET PHOENIX, AZ 85012	86-0594785	501(C)(3)	12,674.				PROGRAM SUPPORT
(4) COLLEGE BOUND AZ 137 E UNIVERSITY DR MESA, AZ 85201	27-1997517	501(C)(3)	7,620.				PROGRAM SUPPORT
(5) COMMUNITY BRIDGES, INC. 1811 S. ALMA SCHOOL RD, MESA, AZ 85210	86-0823871	501(C)(3)	497,485.				PROGRAM SUPPORT
(6) COUNTY OF MARICOPA BUCKEYE ELEMENTARY 25555 W DURANGO ST BUCKEYE, AZ 85326	86-6000496	GOVERNMENT	12,500.	810.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(7) COUNTY OF MARICOPA TEMPE SCH DIST 3 3205 S RURAL RD TEMPE, AZ 85282	86-6000480	GOVERNMENT	20,000.				PROGRAM SUPPORT
(8) CREIGHTON COMMUNITY FOUNDATION, INC. 3609 N 27TH ST PHOENIX, AZ 85018	46-2275877	501(C)(3)	34,674.				PROGRAM SUPPORT
(9) DESERT MISSION, INC. 9100 N. 2ND ST. STE 301, PHOENIX, AZ 85020	86-0096941	501(C)(3)	222,550.				PROGRAM SUPPORT
(10) DUET: PARTNERS IN HEALTH & AGING 10000 N 31ST AVE PHOENIX, AZ 85051	74-2370522	501(C)(3)	60,463.				PROGRAM SUPPORT
(11) DYSART COMMUNITY CENTER 14414 N. EL MIRAGE RD, EL MIRAGE, AZ 85335	86-6031134	501(C)(3)	103,257.	810.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(12) EAST VALLEY JCC 908 N ALMA SCHOOL RD CHANDLER, AZ 85224	86-0618301	501(C)(3)	88,686.				PROGRAM SUPPORT

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

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EASTER SEALS BLAKE FOUNDATION 401 E JEFFERSON ST PHOENIX, AZ 85004	86-0093224	501(C)(3)	1,841,154.				PROGRAM SUPPORT
(2) EDUCARE ARIZONA 1300 N 48TH ST PHOENIX, AZ 85008	26-1778287	501(C)(3)	32,676.				PROGRAM SUPPORT
(3) ELEVATE PHOENIX 3750 W INDIAN SCHOOL RD PHOENIX, AZ 85019	90-0451740	501(C)(3)	40,000.				PROGRAM SUPPORT
(4) EMPACT...SUICIDE PREVENTION CENTER 618 S MADISON DR TEMPE, AZ 85281	74-2562293	501(C)(3)	92,933.				PROGRAM SUPPORT
(5) ESPERANCA INC. 1911 W EARLL DR PHOENIX, AZ 85015	23-7087997	501(C)(3)	18,500.				PROGRAM SUPPORT
(6) EXPECT MORE ARIZONA 4747 N 32ND ST PHOENIX, AZ 85018	45-3681012	501(C)(3)	10,000.				PROGRAM SUPPORT
(7) FATHER MATTERS INC. 3146 E WIER AVE PHOENIX, AZ 85040	91-1846806	501(C)(3)	16,250.				PROGRAM SUPPORT
(8) FLORENCE CRITTENTON SERVICES OF ARIZONA 715 W MARIPOSA ST PHOENIX, AZ 85013	86-0103282	501(C)(3)	66,089.				PROGRAM SUPPORT
(9) FOSTER ARIZONA PO BOX 20787 MESA, AZ 85277	46-3920514	501(C)(3)	45,000.				PROGRAM SUPPORT
(10) FOUNDATION FOR BLIND CHILDREN 1234 E NORTHERN AVE PHOENIX, AZ 85020	86-0129981	501(C)(3)	171,977.				PROGRAM SUPPORT
(11) FREE ARTS FOR ABUSED CHILDREN OF ARIZONA 352 E CAMELBACK RD, PHOENIX, AZ 85012	86-0739613	501(C)(3)	214,996.				PROGRAM SUPPORT
(12) FRIENDLY HOUSE, INC. 113 W SHERMAN ST PHOENIX, AZ 85003	86-0120506	501(C)(3)	495,817.				PROGRAM SUPPORT

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FRIENDS OF THE AVONDALE LIBRARIES 11465 W CIVIC CENTER DR AVONDALE, AZ 85323	90-0490683	501(C)(3)	20,651.				PROGRAM SUPPORT
(2) FUTURE FOR KIDS 1425 W SOUTHERN AVE TEMPE, AZ 85284	86-1011434	501(C)(3)	93,502.	810.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(3) FUTURE STARS, INC 12127 W WINDROSE DR, EL MIRAGE, AZ 85335	26-1502209	501(C)(3)	35,035.				PROGRAM SUPPORT
(4) GIRL SCOUTS ARIZONA CACTUS PINE COUNCIL INC 119 E CORONADO RD PHOENIX, AZ 85004	86-0133397	501(C)(3)	187,938.				PROGRAM SUPPORT
(5) HELPING FAMILIES IN NEED 3010 S 92ND DR TOLLESON, AZ 85353	80-0744034	501(C)(3)	50,000.				PROGRAM SUPPORT
(6) HOMELESS YOUTH CONNECTION INC 9950 W VAN BUREN ST, AVONDALE, AZ 85323	27-3182999	501(C)(3)	101,983.				PROGRAM SUPPORT
(7) HOMEWARD BOUND 2302 W COLTER ST PHOENIX, AZ 85015	86-0660875	501(C)(3)	160,451.				PROGRAM SUPPORT
(8) HUMAN SERVICES CAMPUS LLC 204 S 12TH AVE PHOENIX, AZ 85007	46-3333160	501(C)(3)	740,291.	17,066.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(9) HUSHABYE NURSERY 3003 E MCDOWELL RD PHOENIX, AZ 85008	82-2737849	501(C)(3)	35,000.				PROGRAM SUPPORT
(10) ICAN - POSITIVE PROGRAMS FOR YOUTH 650 E MORELOS ST CHANDLER, AZ 85225	86-0761030	501(C)(3)	136,102.				PROGRAM SUPPORT
(11) INTERNATIONAL RESCUE COMMITTEE 4425 W OLIVE AVE GLENDALE, AZ 85302	13-5660870	501(C)(3)	10,573.				PROGRAM SUPPORT
(12) JOBS FOR ARIZONA GRADUATES 3320 W CHERYL DR PHOENIX, AZ 85051	86-0669709	501(C)(3)	163,433.				PROGRAM SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JUNIOR ACHIEVEMENT OF ARIZONA 636 W SOUTHERN AVE TEMPE, AZ 85282	86-0184349	501(C)(3)	16,397.				PROGRAM SUPPORT
(2) JUSTA CENTER 1001 W JEFFERSON PHOENIX, AZ 85007	47-2389424	501(C)(3)	46,063.				PROGRAM SUPPORT
(3) LAPTOPS 4 LEARNING 2320 E BASELINE RD PHOENIX, AZ 85042	81-2833038	501(C)(3)	25,000.				PROGRAM SUPPORT
(4) LAVEEN ELEMENTARY SCHOOL DISTRICT 5001 W DOBBINS RD LAVEEN, AZ 85339	86-6000584	GOVERNMENT	10,000.				PROGRAM SUPPORT
(5) LIGHTS CAMERA DISCOVER 325 E SOUTHERN AVE STE 115, TEMPE, AZ 85282	46-5004833	501(C)(3)	7,500.				PROGRAM SUPPORT
(6) LITTLETON ELEMENTARY SCHOOL DISTRICT PO BOX 280 CASHION, AZ 85329	86-6000508	GOVERNMENT	137,820.	810.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(7) LIVE AND LEARN PROGRAM 326 E CORONADO PHOENIX, AZ 85004	47-2086218	501(C)(3)	20,000.				PROGRAM SUPPORT
(8) LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST 2502 E UNIVERSITY DR, PHOENIX, AZ 85034	86-0252302	501(C)(3)	114,127.				PROGRAM SUPPORT
(9) MAGGIE'S PLACE, INC. 4001 N 30TH ST PHOENIX, AZ 85016	86-0972675	501(C)(3)	137,193.				PROGRAM SUPPORT
(10) MARICOPA COUNTY OSBORN SCHOOL DISTRICT #8 1226 W OSBORN RD PHOENIX, AZ 85013	86-6000486	GOVERNMENT	66,496.				PROGRAM SUPPORT
(11) MERCY HOUSE LIVING CENTERS PO BOX 1905 SANTA ANNA, CA 92702	33-0315864	501(C)(3)	80,000.				PROGRAM SUPPORT
(12) MURPHY ELEMENTARY SCHOOL DISTRICT #21 2615 W BUCKEYE ROAD PHOENIX, AZ 85009	86-6000491	GOVERNMENT	10,000.	3,134.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT

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

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATIVE AMERICAN CONNECTIONS 4520 N CENTRAL AVE, PHOENIX, AZ 85012	86-0293585	501(C)(3)	400,043.	1,033.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(2) NEIGHBORHOOD MINISTRIES 1918 W VAN BUREN ST PHOENIX, AZ 85009	86-0809052	501(C)(3)	85,626.				PROGRAM SUPPORT
(3) NEW PATHWAYS FOR YOUTH, INC. 1001 E PIERCE ST PHOENIX, AZ 85006	86-0615007	501(C)(3)	227,763.				PROGRAM SUPPORT
(4) NOT MY KID, INC. 5230 E SHEA BLVD SCOTTSDALE, AZ 85253	86-0988329	501(C)(3)	51,784.				PROGRAM SUPPORT
(5) PENDERGAST ELEMENTARY COMMUNITY FOUNDATION 9515 W CAMELBACK RD PHOENIX, AZ 85037	26-3207544	501(C)(3)	74,720.				PROGRAM SUPPORT
(6) PHOENIX COMMUNITY TOOLBANK 3801 E ILINI ST PHOENIX, AZ 85040	46-2561905	501(C)(3)	15,300.	121,778.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(7) PHOENIX INDIAN CENTER, INC. 4520 N. CENTRAL AVE, PHOENIX, AZ 85012	86-6006566	501(C)(3)	66,770.				PROGRAM SUPPORT
(8) PHOENIX PUBLIC LIBRARY FOUNDATION PO BOX 3735 PHOENIX, AZ 85030	86-0835463	501(C)(3)	25,097.				PROGRAM SUPPORT
(9) RAISING SPECIAL KIDS 5025 E WASHINGTON ST, PHOENIX, AZ 85034	86-0517082	501(C)(3)	50,650.				PROGRAM SUPPORT
(10) READ BETTER BE BETTER 715 E MONTECITO AVE PHOENIX, AZ 85014	47-4003520	501(C)(3)	109,770.				PROGRAM SUPPORT
(11) RESILIENTME, INC. 2875 W RAY RD CHANDLER, AZ 85224	46-2674538	501(C)(3)	24,804.				PROGRAM SUPPORT
(12) SAVE THE FAMILY FOUNDATION OF ARIZONA 125 E UNIVERSITY DR MESA, AZ 85201	86-0665712	501(C)(3)	326,697.				PROGRAM SUPPORT

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

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SCHOOL CONNECT INC 14240 N 43RD AVE GLENDALE, AZ 85306	82-3762263	501(C)(3)	24,890.				PROGRAM SUPPORT
(2) SOCIETY OF ST. VINCENT DE PAUL 420 W WATKINS RD PHOENIX, AZ 85003	86-0096789	501(C)(3)	232,993.				PROGRAM SUPPORT
(3) SOJOURNER CENTER PO BOX 20156 PHOENIX, AZ 85036	94-2465081	501(C)(3)	70,021.				PROGRAM SUPPORT
(4) SOLARI, INC. 1275 W WASHINGTON ST TEMPE, AZ 85281	26-0446321	501(C)(3)	175,000.				PROGRAM SUPPORT
(5) SOUNDS ACADEMY 1202 N 3RD ST PHOENIX, AZ 85004	46-3932746	501(C)(3)	29,295.				PROGRAM SUPPORT
(6) SOUTHWEST AUTISM RESEARCH & RESOURCE CENTER 300 N 18TH ST PHOENIX, AZ 85006	31-1496646	501(C)(3)	174,417.				PROGRAM SUPPORT
(7) SOUTHWEST HUMAN DEVELOPMENT 2850 N 24TH ST PHOENIX, AZ 85008	86-0407179	501(C)(3)	5,511,335.	349.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(8) ST. JOSEPH THE WORKER 1125 W JACKSON ST PHOENIX, AZ 85007	86-0600437	501(C)(3)	99,341.				PROGRAM SUPPORT
(9) STAND FOR CHILDREN ARIZONA 649 N 4TH AVE PHOENIX, AZ 85003	52-1957214	501(C)(3)	99,214.	810.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(10) STARDUST BUILDING SUPPLIES, INC. 1720 WEST BROADWAY ROAD, MESA, AZ 85202	86-0868376	501(C)(3)	100,000.				PROGRAM SUPPORT
(11) TEACH FOR AMERICA ARIZONA 4747 N 32ND ST PHOENIX, AZ 85018	13-3541913	501(C)(3)	39,515.				PROGRAM SUPPORT
(12) TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA 2929 N CENTRAL AVE PHOENIX, AZ 85012	86-0975231	501(C)(3)	10,000.				PROGRAM SUPPORT

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

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TEMPE COMMUNITY ACTION AGENCY 2146 E APACHE BLVD TEMPE, AZ 85281	86-0254820	501(C)(3)	392,303.				PROGRAM SUPPORT
(2) THE MIGRANT INSTITUTE LANGUAGE/COMPUTER LIT 132 E BROWN RD MESA, AZ 85201	83-1160123	501(C)(3)	7,500.				PROGRAM SUPPORT
(3) THE SALVATION ARMY 2707 E VAN BUREN ST PHOENIX, AZ 85008	94-1156347	501(C)(3)	461,190.	3,589.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(4) THE ZION INSTITUTE 5644 S 16TH ST PHOENIX, AZ 85040	83-0370609	501(C)(3)	48,000.				PROGRAM SUPPORT
(5) TIGERMOUNTAIN FOUNDATION 3146 E WIER AVE PHOENIX, AZ 85040	27-0806147	501(C)(3)	37,430.				PROGRAM SUPPORT
(6) TOLLESON ELEMENTARY SCHOOL DISTRICT #17 9261 W VAN BUREN ST TOLLESON, AZ 85353	86-6000490	GOVERNMENT	342,517.				PROGRAM SUPPORT
(7) UOMOM NEW DAY CENTERS, INC. 3333 E VAN BUREN ST PHOENIX, AZ 85008	86-0521062	501(C)(3)	583,537.				PROGRAM SUPPORT
(8) UNION ELEMENTARY SCHOOL DISTRICT 3834 S 91ST AVE TOLLESON, AZ 85353	86-6000506	GOVERNMENT	108,747.				PROGRAM SUPPORT
(9) UNITED CEREBRAL PALSY OF CENTRAL ARIZONA 1802 W PARKSIDE LN PHOENIX, AZ 85027	86-0110967	501(C)(3)	118,825.				PROGRAM SUPPORT
(10) UNITED FOOD BANK 358 E JAVELINA AVE MESA, AZ 85210	86-0505273	501(C)(3)	208,798.				PROGRAM SUPPORT
(11) UNLIMITED POTENTIAL 3146 E WIER AVE PHOENIX, AZ 85040	74-2383678	501(C)(3)	43,750.				PROGRAM SUPPORT
(12) UPWARD FOR CHILDREN AND FAMILIES 6306 N 7TH ST PHOENIX, AZ 85014	86-0221195	501(C)(3)	149,072.				PROGRAM SUPPORT

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

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VALLEY OF THE SUN JEWISH COMMUNITY CENTER 12701 N SCOTTSDALE RD SCOTTSDALE, AZ 85254	86-0622258	501(C)(3)	82,871.				PROGRAM SUPPORT
(2) VALLEY OF THE SUN YMCA 350 N 1ST AVE PHOENIX, AZ 85003	86-0096799	501(C)(3)	255,822.				PROGRAM SUPPORT
(3) WASTE NOT, INC. 1700 N GRANITE REEF RD SCOTTSDALE, AZ 85257	86-0650514	501(C)(3)	94,433.				PROGRAM SUPPORT
(4) WESLEY COMMUNITY CENTER 1300 S 10TH ST PHOENIX, AZ 85034	86-0133770	501(C)(3)	180,471.				PROGRAM SUPPORT
(5) WILSON ELEMENTARY SCHOOL DISTRICT #7 3025 E FILLMORE PHOENIX, AZ 85008	86-6000485	GOVERNMENT	10,000.				PROGRAM SUPPORT
(6) WORLD HUNGER ECUMENICAL ARIZONA TASK FORCE 4000 N 7TH ST PHOENIX, AZ 85014	74-2386488	501(C)(3)	62,593.				PROGRAM SUPPORT
(7) FTF QUALITY FIRST SCHOLARSHIPS TO PROVIDERS 3200 E CAMELBACK RD PHOENIX, AZ 85018			39,341,727.				PROGRAM SUPPORT
(8) DIRECT DESIGNATIONS TO VARIOUS AGENCIES 3200 E CAMELBACK RD PHOENIX, AZ 85018		501(C)(3)	6,230,560.				PROGRAM SUPPORT
(9) MARICOPA CNTY BURIAL SUPPORT-VARIOUS PTNRS 3200 E CAMELBACK RD PHOENIX, AZ 85018			769,335.				PROGRAM SUPPORT
(10) CMTY INITIATIVE FUNDING-VARIOUS PARTNERS 3200 E CAMELBACK RD PHOENIX, AZ 85018		501(C)(3)	66,828.	49,099.	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(11) SCHOOL READINESS KITS-VARIOUS PARTNERS 3200 E CAMELBACK RD PHOENIX, AZ 85018			207,920.				PROGRAM SUPPORT
(12) PANTRY PACKS-VARIOUS PARTNERS 3200 E CAMELBACK RD PHOENIX, AZ 85018			36,343.				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1,679.

3 Enter total number of other organizations listed in the line 1 table ▶ 592.

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Schedule I (Form 990) 2020

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

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

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

SCHEDULE I, PART I, LINE 2

VALLEY OF THE SUN UNITED WAY (VSUW) MONITORS THE USE OF GRANTS IN SEVERAL WAYS. AGENCIES MUST PROVIDE TO VSUW PROJECTED AND ACTUAL FINANCIAL INFORMATION, CLIENT BENEFICIARY DATA AND SERVICE STATISTICS INCLUDING SPECIFIED PERIODIC OUTCOME MEASUREMENT DATA IN VSUW'S REQUIRED FORMAT FOR ALL VSUW-FUNDED PROGRAMS UPON REQUEST. IN SOME SITUATIONS, PROVIDING OUTCOME DATA WILL INCLUDE COOPERATION AND COLLABORATION WITH AN OUTSIDE EVALUATOR APPOINTED BY VSUW. ON-GOING FUNDING LEVELS MAY BE IMPACTED BY THE PROGRAM(S) ABILITY TO DEMONSTRATE APPROPRIATE OUTCOME ACHIEVEMENT. VSUW ENSURES ALL AGENCIES RECEIVING FUNDS ARE IN COMPLIANCE WITH THE U.S.

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

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

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

PATRIOT ACT.

VALLEY OF THE SUN UNITED WAY PROCESSES A VARIETY OF DONOR DESIGNATIONS. FUNDS ARE DIRECTED TO THE ORGANIZATIONS AS REQUESTED BY THE DONOR AFTER VERIFYING THEY ARE LEGITIMATE 501(C)(3) ORGANIZATIONS AND THEY COMPLY WITH THE PATRIOT ACT. IN FISCAL YEAR 2021, VSUW DIRECTED THESE FUNDS TO NEARLY 1,500 AGENCIES. VALLEY OF THE SUN UNITED WAY DOES NOT HAVE DISCRETION TO AWARD THESE DESIGNATIONS, BUT MUST FOLLOW THE REQUEST OF THE DONOR. IF THE DESIGNEE DOES NOT QUALIFY UNDER THE 501(C)(3) OR PATRIOT ACT REQUIREMENTS THE DONOR IS CONTACTED TO REDIRECT THE DONATION.

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

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

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

SCHEDULE I, PART II

FIRST THINGS FIRST - QUALITY FIRST SCHOLARSHIPS TO ELIGIBLE PROVIDERS:
MANY WORKING, LOW-INCOME FAMILIES STRUGGLE TO PAY FOR QUALITY CHILD CARE.
SOME MUST CHOOSE BETWEEN A JOB OR LEAVING THEIR CHILDREN IN CARE THAT IS
NOT THEIR FIRST CHOICE. EARLY CARE AND EDUCATION PROVIDERS ENROLLED IN
QUALITY FIRST MAY BE ELIGIBLE TO OFFER QUALITY FIRST SCHOLARSHIPS, WHICH
HELP LOW-INCOME FAMILIES WITH CHILDREN BIRTH TO AGE 5 AFFORD QUALITY
CHILD CARE. QUALITY FIRST SCHOLARSHIPS HELP EARLY CARE AND EDUCATION
PROVIDERS FILL PAID SLOTS IN THEIR PROGRAM AND REIMBURSE THEM FOR SOME OF
THE EXPENSES OF PROVIDING QUALITY (HIGHER WAGES FOR MORE EXPERIENCED AND

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

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

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

EDUCATED PROFESSIONALS, LOW STAFF-TO-CHILD RATIOS AND SMALL GROUP SIZES, ETC.). THE NUMBER OF SCHOLARSHIPS ASSIGNED TO EACH SITE AND THE REIMBURSEMENT RATE ARE BASED ON THE SIZE OF THE PROGRAM AND ITS QUALITY FIRST STAR RATING. PROGRAMS WITH STAR RATINGS IN THE QUALITY LEVELS RECEIVE MORE SCHOLARSHIPS AND HIGHER REIMBURSEMENTS FOR EACH SCHOLARSHIP.

MARICOPA COUNTY'S BURIAL SUPPORT PROGRAM: MARICOPA COUNTY PARTNERED WITH THE VALLEY OF THE SUN UNITED WAY (VSUW) AND CONTRACTED FOR ADMINISTRATIVE SERVICES RELATED TO MARICOPA COUNTY'S BURIAL SUPPORT PROGRAM. THROUGH THIS PROGRAM, MARICOPA COUNTY RESIDENTS MAY ACCESS FINANCIAL ASSISTANCE

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

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

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

FOR BURIAL OR CREMATION SERVICES AT A PARTICIPATING LICENSED FUNERAL

HOME, DUE TO COVID-19 RELATED FINANCIAL HARDSHIP.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CARLA VARGAS JASA PRESIDENT AND CEO	(i)	291,839.	358.	748.	8,879.	8,184.	310,008.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 TANYA MUNIZ CHIEF FIN. & ADMIN OFFICER	(i)	189,005.	18,355.	379.	8,854.	16,524.	233,117.	8,308.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 TAMERA SKROVAN CHIEF CORP BRAND & DEV OFFICER	(i)	196,426.	18,358.	1,629.	8,512.	0.	224,925.	8,308.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 PENNY ALLEE TAYLOR CHIEF PUBLIC POLICY OFFICER	(i)	133,185.	379.	1,115.	6,197.	16,524.	157,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

A NOMINAL HOLIDAY BONUS PLUS A GROSS UP FOR TAXES IS PAID TO EMPLOYEES.

THE AMOUNTS ARE TAXABLE IN THE CURRENT YEAR AND, AS SUCH, ARE INCLUDED IN REPORTABLE COMPENSATION IN PART VII AND SCHEDULE J, PART II.

SCHEDULE J, PART I, LINE 4A

NANCY DEAN RECEIVED A SEVERANCE PAYMENT OF \$97,158.

SCHEDULE J, PART II

TANYA MUNIZ, TAMERA SKROVAN, AND NANCY DEAN ARE PARTICIPANTS IN A RETENTION AGREEMENT. IN 2020, \$18,000, RESPECTIVELY, WAS PAID UNDER THIS AGREEMENT, FOR COMPENSATION DEFERRED IN 2018-2020.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I Types of Property

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

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

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

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

Schedule M (Form 990) 2020

JSA

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

SCHEDULE M, PART I, COLUMN (B)

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

FORM 990, PART I, LINE 6

VALLEY OF THE SUN UNITED WAY (VSUW) HAS OVER 1,500 VOLUNTEERS WHO ASSIST THE ORGANIZATION IN A VARIETY OF CAPACITIES. VSUW'S VOLUNTEERS ARE A KEY COMPONENT TO THE SUCCESS OF THE ORGANIZATION. VSUW RELIES HEAVILY ON THE GUIDANCE OF KEY VOLUNTEERS TO APPROVE BUDGETS AND DISTRIBUTIONS TO THE COMMUNITY. VSUW HAS VOLUNTEERS IN SEVERAL POSITIONS TO INCLUDE BOARD/POLICY MAKING, CAMPAIGN, COMMUNITY IMPACT, ENDOWMENT, PUBLIC POLICY, AND A VARIETY OF DIRECT SERVICES.

FORM 990, PART I, LINE 1 AND PART III, LINES 4A-4C

VALLEY OF THE SUN UNITED WAY IS AN ARIZONA NONPROFIT ORGANIZATION WHOSE MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF ITS COMMUNITY. VALLEY OF THE SUN UNITED WAY HAS ADDRESSED MARICOPA COUNTY'S MOST IMPORTANT HEALTH AND HUMAN CARE NEEDS FOR MORE THAN 95 YEARS.

SINCE 1925, VALLEY OF THE SUN UNITED WAY HAS UNIFIED DIVERSE PARTNERS, DONORS, BUSINESSES, NONPROFITS, GOVERNMENT, AND FAITH-BASED COMMUNITIES TO BUILD A STRONGER VALLEY FOR US ALL. VALLEY OF THE SUN UNITED WAY BELONGS TO OUR COMMUNITY, SO WE SEEK COMMUNITY INPUT ON THE MOST PRESSING ISSUES. THEN, WE BRING PEOPLE, ORGANIZATIONS AND COMPANIES TOGETHER TO PROACTIVELY SOLVE THEM. MANY PEOPLE SEEK TRUSTWORTHY INSIGHTS AND INFORMATION AND THEY WANT TO HELP, BUT THEY DON'T KNOW HOW. VALLEY OF THE SUN UNITED WAY MAKES IT SIMPLE FOR PEOPLE AND ORGANIZATIONS TO BE PART OF THE SOLUTION; TO COME TOGETHER TO CREATE MIGHTY CHANGE. VALLEY OF THE SUN

Name of the organization VALLEY OF THE SUN UNITED WAY	Employer identification number 86-0104419
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UNITED WAY BELONGS TO OUR COMMUNITY AND OUR NUMBER ONE FOCUS IS TO NIMBLY AND EFFECTIVELY RESPOND TO, AND DEVELOP SOLUTIONS FOR, OUR VALLEY'S MOST PRESSING NEEDS. WITH THE LAUNCH OF OUR NEW FIVE-YEAR PLAN, MIGHTY CHANGE 2026 (MC2026), WE UNVEILED BOLD GOALS IN THE AREAS OF HEALTH, HOUSING AND HOMELESSNESS, EDUCATION AND WORKFORCE DEVELOPMENT. OVER THE NEXT FIVE YEARS, TOGETHER WITH NONPROFIT, COMMUNITY, REGIONAL AND CORPORATE PARTNERS, WE WILL WORK TO:

- . DECREASE FOOD INSECURITY BY 50%
- . INCREASE THE NUMBER OF INDIVIDUALS WITH ACCESS TO AFFORDABLE HEALTHCARE BY 100,000
- . REDUCE HOMELESSNESS BY 50%
- . INCREASE THIRD GRADE READING PROFICIENCY BY 25%
- . INCREASE YOUTH AGE 16-24 ENGAGED IN EDUCATION AND EMPLOYMENT OPPORTUNITIES BY 38%
- . INCREASE PREPARATION OF INDIVIDUALS FOR A LIVING WAGE JOB BY 33%
- . INCREASE ACHIEVEMENT OF HIGHER PAYING EMPLOYMENT BY 20%

IN DECEMBER 2020, VALLEY OF THE SUN UNITED WAY RECEIVED A \$25M UNRESTRICTED GRANT FROM PHILANTHROPIST, AUTHOR, AND AMAZON CO-FOUNDER MACKENZIE SCOTT (NATIONAL PHILANTHROPIC TRUST). THE TRANSFORMATIONAL GIFT WILL BE DEPLOYED DIRECTLY INTO THE COMMUNITY OVER THE NEXT FIVE YEARS, AND WILL PROVIDE MULTI-YEAR SUPPORT TO HELP STABILIZE FOUNDATIONAL COMMUNITY PROGRAMS THAT HAVE BEEN EVEN MORE STRETCHED BECAUSE OF COVID-19 - SUCH AS FOOD BANK, PANTRIES, AND EMERGENCY SHELTERS, AND TO CLOSE THE DIGITAL DIVIDE. THE GRANT WILL ALSO ALLOW VALLEY OF THE SUN UNITED WAY TO

Name of the organization VALLEY OF THE SUN UNITED WAY	Employer identification number 86-0104419
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CREATE CAPACITY TO BUILD DEEPER ENGAGEMENT OPPORTUNITIES AROUND KEY ISSUES TO INVOLVE MEMBERS OF THE COMMUNITY LIKE NEVER BEFORE, AND TO INVEST IN EXPANDING EFFORTS TO MAKE DIVERSITY, EQUITY, ACCESS AND INCLUSION FOUNDATIONAL TO ALL ITS WORK. AS A RESULT OF THIS GIFT, VALLEY OF THE SUN UNITED WAY RECOGNIZED A SUBSTANTIAL INCREASE TO NET ASSETS WITHOUT RESTRICTIONS IN THE FISCAL YEAR ENDING JUNE 30, 2021, WHICH WILL BE UTILIZED OVER FIVE YEARS AS PART OF ITS MC2026 PLAN.

FORM 990, PART VI, LINE 1A

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

FORM 990, PART VI, LINE 11B

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

Name of the organization VALLEY OF THE SUN UNITED WAY	Employer identification number 86-0104419
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FORM 990, PART VI, LINE 12C

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

FORM 990, PART VI, LINE 15A

OFFICER COMPENSATION - CEO AND CFO

THE COMPENSATION COMMITTEE, A SUBCOMMITTEE OF THE VSUW BOARD OF DIRECTORS, REVIEWS AND DETERMINES THE COMPENSATION OF THE PRESIDENT/CEO ON AN ANNUAL BASIS AND REVIEWS AND DETERMINES THE COMPENSATION OF THE CFAO EVERY THREE YEARS. THE COMPENSATION REVIEW CONSIDERS COMPENSATION DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT AND RELEVANT COMPENSATION SURVEYS OR STUDIES, INCLUDING COMPARISON OF IRS FORM 990 COMPENSATION INFORMATION FROM SIMILAR AREA ORGANIZATIONS.

THE COMPENSATION COMMITTEE COMPLETES A REBUTTABLE PRESUMPTION CHECKLIST WITH REGARD TO DETERMINING CEO AND CFAO COMPENSATION. THE COMPENSATION COMMITTEE CONSISTS OF THE EXECUTIVE COMMITTEE OF THE BOARD. IF A MEMBER OF THE COMPENSATION COMMITTEE RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM VSUW FOR SERVICES, THEN THAT MEMBER IS PRECLUDED FROM

Name of the organization VALLEY OF THE SUN UNITED WAY	Employer identification number 86-0104419
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PARTICIPATING IN DISCUSSIONS OR VOTES PERTAINING TO THAT MEMBER'S
COMPENSATION.

FORM 990, PART VI, LINE 19

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

FORM 990, PART VII

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

RUBEN ALVAREZ

TODD SANDERS

FORM 990, PART VIII, LINE 1E

THE FIRST THINGS FIRST (FTF) COST-REIMBURSEMENT CONTRACTS STEM FROM A
2006 VOTER-BACKED INITIATIVE IN WHICH ARIZONA VOTERS IMPOSED AN 80-CENT
PER PACK TAX INCREASE ON TOBACCO PRODUCTS, WHICH RESULTED IN ARIZONA
LEGISLATION THAT CREATED PROGRAMS TO PROMOTE A FAMILY-CENTERED,

Name of the organization VALLEY OF THE SUN UNITED WAY	Employer identification number 86-0104419
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COMPREHENSIVE, COLLABORATIVE, AND HIGH-QUALITY EARLY CHILDHOOD SYSTEM THAT SUPPORTS THE DEVELOPMENT, HEALTH AND EARLY EDUCATION OF ALL ARIZONA'S CHILDREN BIRTH THROUGH AGE 5. REVENUES FROM FTF ARE STATUTORILY DESIGNATED DOLLARS EARMARKED TO BENEFIT ARIZONA CHILDREN. USING THIS REVENUE, FTF HAS CONTRACTED WITH VSUW FOR OVER 10 YEARS TO LEVERAGE VSUW'S TECHNOLOGY AND RESOURCES TO ADMINISTER CERTAIN STATEWIDE PROGRAMS ON WHICH AGENCIES AND COMMUNITY STAKEHOLDERS IN ALL ARIZONA REGIONS RELY. MANAGEMENT OF THIS REVENUE IS A UNIQUE AND IMPORTANT OPPORTUNITY FOR VSUW TO COLLABORATE WITH STATE GOVERNMENT, WHICH THEN BENEFITS OTHER NONPROFITS, CHILDCARE PROVIDERS, FAMILIES, AND CHILDREN LOCATED THROUGHOUT THE STATE OF ARIZONA. THIS COLLABORATION ENABLES FTF TO FULFILL ITS VISION THAT ALL ARIZONA'S CHILDREN ARE READY TO SUCCEED IN SCHOOL AND IN LIFE. COST REIMBURSEMENT CONTRACTS WITH FTF TOTALED \$56,753,322 IN FY21 AND ARE REPORTED ON LINE E - GOVERNMENT GRANTS.

BEGINNING IN AUGUST 2020, MARICOPA COUNTY PARTNERED WITH VALLEY OF THE SUN UNITED WAY (VSUW) AND CONTRACTED FOR ADMINISTRATIVE SERVICES RELATED TO MARICOPA COUNTY'S BURIAL SUPPORT PROGRAM. THROUGH THIS PROGRAM, MARICOPA COUNTY RESIDENTS MAY ACCESS FINANCIAL ASSISTANCE FOR BURIAL OR CREMATION SERVICES AT A PARTICIPATING LICENSED FUNERAL HOME, DUE TO COVID-19 RELATED FINANCIAL HARDSHIP. THE CONTRACT FOR SERVICE TOTALED \$1,059,123 IN FY21, AND IS REPORTED ON LINE E - GOVERNMENT GRANTS.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LOUNGE SOFTWARE INC 1 LINCOLN PLAZA, SUITE 20M NEW YORK, NY 10023	SOFTWARE DEVELOPMENT	157,033.

Name of the organization VALLEY OF THE SUN UNITED WAY	Employer identification number 86-0104419
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ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ERNST & YOUNG 3712 SOLUTIONS CENTER CHICAGO, IL 60677-3007	AUDIT AND TAX	123,502.
THE LAVIDGE COMPANY 2777 E. CAMELBACK RD., SUITE 300 PHOENIX, AZ 85016	ADVERTISING AND P.R.	133,156.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LEARN UNITED LLC 3200 EAST CAMELBACK ROAD, STE PHOENIX, AZ 85018 81-4030025	VIRTUAL TOUR	DE	-80,988.	-497,178.	VSUW
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
