

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for E-file

OMB No. 1545-0047

For calendar year 2023, or tax year beginning 07/01, 2023, and ending 06/30, 20 24

2023

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to www.irs.gov/Form8453TE for the latest information.

Name of filer

VALLEY OF THE SUN UNITED WAY

EIN or SSN

86-0104419

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	119,496,515
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Signed by: Cristine Sullivan Date: 4/4/2025 Title: CFO
 Signature of officer or person subject to tax _____ Date _____ Title, if applicable _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature <u>Rachel Skille</u>	Date <u>04/08/2025</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P01508556</u>
	Firm's name (or yours if self-employed), address, and ZIP code <u>ERNST & YOUNG US LLP</u>				EIN <u>34-6565596</u>
					Phone no. <u>(214) 969-8000</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A For the 2023 calendar year, or tax year beginning 07/01, 2023, and ending 06/30, 2024

B Check if applicable: [] Address change [] Name change [] Initial return [] Final return/terminated [] Amended return [] Application pending
C Name of organization VALLEY OF THE SUN UNITED WAY
Doing business as
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
D Employer identification number 86-0104419
E Telephone number (602) 631-4800
G Gross receipts \$ 133,477,537
H(a) Is this a group return for subordinates? [] Yes [x] No
H(b) Are all subordinates included? [] Yes [] No
If "No," attach a list. See instructions.
H(c) Group exemption number

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

J Website: WWW.VSUW.ORG

K Form of organization: [x] 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.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box [] if the organization discontinued its operations... 3 Number of voting members of the governing body (Part VI, line 1a) 3 42 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 42 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 117 6 Total number of volunteers (estimate if necessary) 6 2,177 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 10,395 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 8,355

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (Part VIII, line 1h) 107,477,699 115,902,378 9 Program service revenue (Part VIII, line 2g) 376,258 405,692 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,546,883 3,043,399 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 202,431 145,046 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 110,603,271 119,496,515 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 98,574,660 105,471,884 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) 9,254,139 9,302,670 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 16b Total fundraising expenses (Part IX, column (D), line 25) 3,865,159 4,899,419 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,899,419 4,327,803 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 112,728,218 119,102,357 19 Revenue less expenses. Subtract line 18 from line 12 (2,124,947) 394,158

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16) 108,533,886 101,736,416 21 Total liabilities (Part X, line 26) 38,081,638 25,669,400 22 Net assets or fund balances. Subtract line 21 from line 20 70,452,248 76,067,016

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 CHRISTINE SULLIVAN, CFO Date Type or print name and title

Paid Preparer Use Only Print/Type preparer's name PATRICK SHIELDS Preparer's signature Date 04/08/2025 Check [] if self-employed PTIN P01508556 Firm's name ERNST & YOUNG US LLP Firm's EIN 34-6565596 Firm's address 2323 VICTORY AVENUE, DALLAS, TX 75219 Phone no. (214) 969-8000

May the IRS discuss this return with the preparer shown above? See instructions [x] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2023)

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 \$ 99,167,347 including grants of \$ 99,167,347) (Revenue \$ 405,692)
GRANTS, ALLOCATIONS, AND DISTRIBUTIONS TO HEALTH AND HUMAN SERVICE PROGRAMS, AND VSUW COMMUNITY OBJECTIVES. SEE SCHEDULE O FOR FURTHER DETAIL.

4b (Code:) (Expenses \$ 6,304,537 including grants of \$ 6,304,537) (Revenue \$ 0)
DESIGNATIONS TO VARIOUS COMMUNITY NON-PROFIT ORGANIZATIONS. SEE SCHEDULE O FOR FURTHER DETAIL.

4c (Code:) (Expenses \$ 5,781,544 including grants of \$ 0) (Revenue \$ 0)
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 111,253,428

Part IV Checklist of Required Schedules

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

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>		✓
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>	✓	
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>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	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>		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
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>		✓
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	✓	
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>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>	✓	
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>		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <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>		✓
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>		✓
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

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		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

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

Yes No

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input fields (e.g., 2a, 2b, 117), and Yes/No checkboxes. Some cells are shaded grey.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 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.
CHRISTINE SULLIVAN, 3200 EAST CAMELBACK ROAD, STE 375, PHOENIX, AZ 85018, (602) 631-4847

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 (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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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	50.0 0.0			✓				337,859	0	18,362
(2) TANYA MUNIZ CHIEF FIN. & OPERATING OFFICER	50.0 0.0			✓				243,017	0	23,612
(3) LAURA KAISER CHIEF CORP RELATIONS & BRAND OFFICER	50.0 0.0					✓		180,910	0	19,710
(4) COLLEEN GAUTAM SVP, GENERAL COUNSEL & ADMIN	50.0 0.0					✓		142,153	0	27,460
(5) SHELLEY GRIFFIN VP, INFORMATION TECHNOLOGY	50.0 0.0					✓		146,445	0	14,795
(6) MELISSA BOYDSTON SVP, COMM DEV & ENGAGEMENT	50.0 0.0					✓		137,244	0	20,809
(7) CHRISTINE SULLIVAN VP, CONTROLLER	50.0 0.0					✓		130,381	0	20,809
(8) BRADLEY SMITH DIRECTOR/SECRETARY	4.0 0.0	✓		✓				0	0	0
(9) DAVID LONG DIRECTOR/TREASURER	4.0 0.0	✓		✓				0	0	0
(10) JOHN GRAHAM DIRECTOR/BOARD CHAIR	4.0 0.0	✓		✓				0	0	0
(11) ADAM REICH DIRECTOR	2.0 0.0	✓						0	0	0
(12) AMANDA MUIR DIRECTOR	2.0 0.0	✓						0	0	0
(13) ANTHONY SHARETT DIRECTOR	2.0 0.0	✓						0	0	0
(14) BETH GINZINGER DIRECTOR	2.0 0.0	✓						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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CHAD GESTSON, ED.D ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) CHRIS CAMACHO ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) CHRISTINE WILKINSON, PH.D ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) DANIEL WANI ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) DON SMITH, JR ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) DRENA KUSARI ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) ELISSA KELLY ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) GEOFFREY BURBRIDGE ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) GREG GEIST ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) HOPE LEVIN ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT) -----										
1b Subtotal								1,318,009	0	145,557
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,318,009	0	145,557

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 13

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
THE LAVIDGE COMPANY, 2777 E. CAMELBACK RD., SUITE 300, PHOENIX, AZ 85016	ADVERTISING AND P.R.	305,486
ERNST & YOUNG, 3712 SOLUTIONS CENTER, CHICAGO, IL 60677-3007	AUDIT AND TAX	215,685

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

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 785,132				
	b	Membership dues	1b				
	c	Fundraising events	1c 284,079				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 93,507,019				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 21,326,148				
	g	Noncash contributions included in lines 1a-1f	1g \$ 34,781				
	h	Total. Add lines 1a-1f		115,902,378			
	Program Service Revenue	2a	PROCESSING FEES ----- Business Code 900099	405,692	405,692		
b		-----					
c		-----					
d		-----					
e		-----					
f		All other program service revenue . .		0	0	0	
g		Total. Add lines 2a-2f		405,692			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,246,108		10,395	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c 0	0			
	d	Net rental income or (loss)		0	0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				14,712,452			
	b	Less: cost or other basis and sales expenses	7b 13,915,161				
	c	Gain or (loss)	7c 797,291	0			
	d	Net gain or (loss)		797,291		797,291	
	8a	Gross income from fundraising events (not including \$ 284,079 of contributions reported on line 1c). See Part IV, line 18	8a 19,639				
	b	Less: direct expenses	8b 65,861				
c	Net income or (loss) from fundraising events		(46,222)		(46,222)		
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE ----- Business Code 900099	191,268	191,268			
	b	-----					
	c	-----					
	d	All other revenue		0	0	0	
	e	Total. Add lines 11a-11d		191,268			
12	Total revenue. See instructions		119,496,515	596,960	10,395	2,986,782	

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	105,471,884	105,471,884		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	580,876	188,204	263,718	128,954
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,186,323	3,210,716	1,807,266	2,168,341
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	300,560	123,524	83,276	93,760
9	Other employee benefits	671,225	295,286	172,919	203,020
10	Payroll taxes	563,686	246,945	147,608	169,133
11	Fees for services (nonemployees):				
a	Management				
b	Legal	14,117	2,595	9,864	1,658
c	Accounting	240,685	120,000	120,685	
d	Lobbying	42,000	42,000		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	78,729		78,729	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	361,596	195,476	41,507	124,613
12	Advertising and promotion	422,637	128,901	180,621	113,115
13	Office expenses	246,712	118,118	63,280	65,314
14	Information technology	563,617	249,677	178,259	135,681
15	Royalties				
16	Occupancy	795,727	357,265	193,470	244,992
17	Travel	33,430	28,575	621	4,234
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	54,898	18,874	19,944	16,080
20	Interest				
21	Payments to affiliates	205,974	66,736	93,512	45,726
22	Depreciation, depletion, and amortization	545,820	245,146	132,617	168,057
23	Insurance	122,698	51,622	36,240	34,836
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	<u>BANKING, PAYROLL, PERMITS</u>	299,673	16,952	271,418	11,303
b	<u>SPECIAL EVENTS</u>	129,539	33,243	41,421	54,875
c	<u>PRINTING AND PUBLICATIONS</u>	103,091	11,723	18,728	72,640
d	<u>ALL OTHER EXPENSES</u>	66,860	29,966	28,067	8,827
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	119,102,357	111,253,428	3,983,770	3,865,159
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)				

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	9,283,377	2	7,928,373
	3 Pledges and grants receivable, net	15,877,141	3	16,353,023
	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	544,290	9	462,266
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,576,196		
	b Less: accumulated depreciation	10b 3,796,860	1,184,346	10c 779,336
	11 Investments—publicly traded securities	79,304,183	11	74,611,828
	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	2,340,549	15	1,601,590
16 Total assets. Add lines 1 through 15 (must equal line 33)	108,533,886	16	101,736,416	
Liabilities	17 Accounts payable and accrued expenses	23,210,343	17	13,816,983
	18 Grants payable	12,282,882	18	10,286,453
	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	2,588,413	25	1,565,964
	26 Total liabilities. Add lines 17 through 25	38,081,638	26	25,669,400
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	51,895,472	27	57,503,172
	28 Net assets with donor restrictions	18,556,776	28	18,563,844
	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	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	70,452,248	32	76,067,016	
33 Total liabilities and net assets/fund balances	108,533,886	33	101,736,416	

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	119,496,515
2	Total expenses (must equal Part IX, column (A), line 25)	2	119,102,357
3	Revenue less expenses. Subtract line 2 from line 1	3	394,158
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,452,248
5	Net unrealized gains (losses) on investments	5	5,220,610
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain 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	76,067,016

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
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.	✓	

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 (Check all that apply)						(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			
(25) JEFF BARTON ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(26) JIM MACDONALD ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(27) KIMBERLY THOMPSON HEINL ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(28) LATASHA CAUSEY ----- DIRECTOR/VICE CHAIR	2.0 ----- 0.0	✓						0	0	0
(29) LAUREN TOBIASSEN ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(30) LEE ANN BOHN ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(31) LISA RILEY ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(32) LIZ MONTANO ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(33) MATT BYRNES ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(34) MATTHEW FEENEY ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(35) MONICA VILLALOBOS ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(36) MONICA WHITING ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(37) NEIL GIULIANO ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(38) PAT EDWARDS ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(39) PAUL FANNIN ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(40) PAULA BOCA-BOMMARITO ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(41) RAY SCHEY ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(42) REBECCA BURLEIGH ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(43) ROBIN REED ----- DIRECTOR (PART YEAR)	2.0 ----- 0.0	✓						0	0	0
(44) ROBYN ARNELL BRENDEN ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)					(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			
(45) RUBEN ALVAREZ ----- DIRECTOR	2.0 ----- 0.0	✓					0	0	0
(46) SABRINA FREIBERG ----- DIRECTOR	2.0 ----- 0.0	✓					0	0	0
(47) STEVE EVANS ----- DIRECTOR	2.0 ----- 0.0	✓					0	0	0
(48) TODD SANDERS ----- DIRECTOR	2.0 ----- 0.0	✓					0	0	0
(49) TRACY BAME ----- DIRECTOR	2.0 ----- 0.0	✓					0	0	0
(50) TYLER PFEIFER ----- DIRECTOR	2.0 ----- 0.0	✓					0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2023

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).)
- 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)(vii)**. (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 33¹/₃% 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 33¹/₃% 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 on 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	97,771,905	106,382,144	75,504,856	107,477,699	115,902,378	503,038,982
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	97,771,905	106,382,144	75,504,856	107,477,699	115,902,378	503,038,982
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						503,038,982

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	97,771,905	106,382,144	75,504,856	107,477,699	115,902,378	503,038,982
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,389,948	1,630,133	3,933,535	2,325,641	2,246,108	11,525,365
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	0	0	0	0	0
11 Total support. Add lines 7 through 10						514,564,347
12 Gross receipts from related activities, etc. (see instructions)					12	3,246,850
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 2023 (line 6, column (f), divided by line 11, column (f))	14	97.76 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.67 %
16a 33 1/3% support test—2023. 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—2022. 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—2023. 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—2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2023. 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—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	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?		
5c	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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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>		
9b	Did one or more disqualified persons (as defined on 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>		
9c	Did a disqualified person (as defined on 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>		
10b	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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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)? 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).		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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.		
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? 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.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
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? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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>):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

Area with horizontal dashed lines for supplemental information.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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 [x] 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

- [x] 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), 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), 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).

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	----- ----- -----	\$ 90,177,111	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 5,747,557	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 3,329,908	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 2,403,964	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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(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)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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.

Cat. No. 50084S

Schedule C (Form 990) 2023

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%; border-collapse: collapse;"> <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) 2020	(b) 2021	(c) 2022	(d) 2023	(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)).

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	✓		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?	✓		12,600
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		4,200
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		4,200
i Other activities?	✓		21,000
j Total. Add lines 1c through 1i			42,000
2a Did the activities in line 1 cause the organization to not be 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).

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
<p>SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY</p>	<p>SCH 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.</p> <p>SPECIFICALLY FOCUSING ON POLICIES IMPACTING:</p> <ul style="list-style-type: none"> -CHARITABLE DEDUCTIONS FOR NON ITEMIZERS -ARIZONA TOGETHER FUND FOR GRANTS TO ARIZONA NONPROFITS -CRISIS CONTINGENCY AND SAFETY NET FUND -BEHAVIORIAL HEALTH FUNDING -CITY OF PHOENIX AFFORDABLE HOUSING PLAN -PHOENIX FOOD PROGRAM -EXPANSION OF THE ARIZONA PROMISE SCHOLARSHIP PROGRAM -EXPAND INCOME ELIGIBILITY CUTOFF FOR KIDSCARE -WORKFORCE DEVELOPMENT SUPPORT/FAIR CHANCE COLLABORATIVE <p>VSUW UTILIZES A CONSULTANT, WHICH FOCUSES ON RESEARCHING AND ADVOCATING LEGISLATIVE ACTIVITIES THAT DIRECTLY ALIGN WITH THE MISSION OF VSUW. CONSULTING EXPENSES INCURRED WERE \$42,000 AND WAS DIRECTLY RELATED TO ACTIVITIES THAT ADVANCE THE PUBLIC POLICY ISSUES APPROVED BY THE VSUW BOARD OF DIRECTORS.</p>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2023

Open to Public Inspection

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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

Form with rows 1a-2b for reporting on art and historical treasures, including revenue and asset amounts.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	54,838,722	50,796,257	58,942,436	46,642,129	49,267,254
b Contributions	1,939,735	1,029,326	1,804,410	28,326	80,708
c Net investment earnings, gains, and losses	7,178,866	5,219,603	(7,999,383)	14,518,489	(575,326)
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	2,345,324	2,206,464	1,951,206	2,246,508	2,130,507
f Administrative expenses	0	0	0	0	0
g End of year balance	61,611,999	54,838,722	50,796,257	58,942,436	46,642,129

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

- a** Board designated or quasi-endowment 73.00 %
- b** Permanent endowment 27.00 %
- c** Term endowment 0.00 %

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

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

	Yes	No
(i) Unrelated organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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		1,126,053	790,262	335,791
c Leasehold improvements				
d Equipment		2,408,542	2,067,221	341,321
e Other		1,041,601	939,377	102,224
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				779,336

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, line 12, col. (B)) . . .		

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, line 13, col. (B)) . . .		

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, line 15, col. (B))	

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) LT RETIREMENT LIABILITY	187,744
(3) OPERATING LEASE LIABILITY, CURRENT	975,982
(4) OPERATING LEASE LIABILITY, LESS CURRENT PORTION	402,238
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,565,964

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 118,422,590 on line 1, adjusted to 119,496,515 on line 5.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 112,807,822 on line 1, adjusted to 119,102,357 on line 5.

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 STATEMENT

Series of horizontal dashed lines provided for entering supplemental information.

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	SPECIAL EVENT	46,222
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	DONOR DESIGNATIONS	6,304,537
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	SPECIAL EVENT	46,222
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	DONOR DESIGNATIONS	6,304,537

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	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 - FIN 48 (ASC 740) FOOTNOTE	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, 2024 AND 2023.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LUNCHEON (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	303,718			303,718
	2 Less: Contributions	284,079			284,079
	3 Gross income (line 1 minus line 2)	19,639	0	0	19,639
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	19,859			19,859
	7 Food and beverages	19,639			19,639
	8 Entertainment				0
	9 Other direct expenses	26,363			26,363
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					(46,222)

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1 Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year _____ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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 noncash 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 DRIVE, MESA, AZ 85203	86-0256667	501(C)(3)	929,358				PROGRAM SUPPORT
(2) ADVOCACY31NINE 1820 W ELLIOT RD, GILBERT, AZ 85233	83-2281918	501(C)(3)	7,324				PROGRAM SUPPORT
(3) AZ ASSOC. FOR THE ED. OF YOUNG CHDN. 23914 S ALMA SCHOOL RD, CHANDLER, AZ 85248	61-1448603	501(C)(3)	5,500				PROGRAM SUPPORT
(4) ARIZONA CAREER PATHWAYS 108 N 40TH ST, STE 1146, PHOENIX, AZ 85034	27-4590173	501(C)(3)	37,500				PROGRAM SUPPORT
(5) ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD, 405B, PHOENIX, AZ 85016	86-0348306	501(C)(3)	334,185				PROGRAM SUPPORT
(6) ARIZONA FAITH NETWORK PO BOX 60953, PHOENIX, AZ 85082-0953	86-0170212	501(C)(3)	5,500				PROGRAM SUPPORT
(7) ARIZONA HOUSING, INC. 209 W JACKSON ST STE 100, PHOENIX, AZ 85003	86-0811431	501(C)(3)	153,217				PROGRAM SUPPORT
(8) ARIZONA KIDS THINK TOO 3150 N 24TH ST, STE A204, PHOENIX, AZ 85016	45-5318781	501(C)(3)	7,597				PROGRAM SUPPORT
(9) ARIZONA LATINO LEADERS IN EDUCATION 515 E GRANT ST STE 150, PHOENIX, AZ 85004	85-1652516	501(C)(3)	10,260				PROGRAM SUPPORT
(10) SCITECH INSTITUTE 1438 W BROADWAY RD, TEMPE, AZ 85282	20-1185167	501(C)(3)	26,250				PROGRAM SUPPORT
(11) AROUET FOUNDATION 4636 E UNIVERSITY DR., PHOENIX, AZ 85035	45-3456191	501(C)(3)	97,500				PROGRAM SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1,285

3 Enter total number of other organizations listed in the line 1 table 671

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

Cat. No. 50055P

Schedule I (Form 990) 2023

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

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

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

(SEE STATEMENT)

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) ASTER AGING, INC 45 W UNIVERSITY DR., MESA, AZ 85201	94-2596075	501(C)(3)	20,260				PROGRAM SUPPORT
(13) AUTISM LIFE AND LIVING 2511 W BLUE SKY DR, PHOENIX, AZ 85085	87-1724709	501(C)(3)	7,500				PROGRAM SUPPORT
(14) AVONDALE SCHOOL DISTRICT 295 W. WESTERN AVE., AVONDALE, AZ 85323	86-6000500	501(C)(3)	71,446				PROGRAM SUPPORT
(15) AZCEND PO BOX 591, CHANDLER, AZ 85244-0000	86-0428780	501(C)(3)	106,716				PROGRAM SUPPORT
(16) BACKPACKS 4 KIDS AZ 6819 N 21ST AVE, STE N, PHOENIX, AZ 85015	81-3669879	501(C)(3)	9,000				PROGRAM SUPPORT
(17) BANNER OLIVE BRANCH 11250 N. 107TH AVENUE, O, SUN CITY, AZ 85351	94-2745413	501(C)(3)	28,870				PROGRAM SUPPORT
(18) BE A LEADER FOUNDATION 1717 W NORTHERN AVE STE 116, PHOENIX, AZ 85021	55-0850279	501(C)(3)	140,540				PROGRAM SUPPORT
(19) BIG BROTHERS BIG SISTERS OF CENTRAL ARIZONA 1615 E OSBORN RD, PHOENIX, AZ 85016	86-0205254	501(C)(3)	182,924				PROGRAM SUPPORT
(20) BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE 10533 EAST LAKEVIEW DRIVE, SCOTTSDALE, AZ 85258-0000	86-0133718	501(C)(3)	173,698				PROGRAM SUPPORT
(21) BOYS & GIRLS CLUBS OF THE VALLEY 4309 E. BELLEVIEW ST., BLDG. 14, PHOENIX, AZ 85008	86-0550646	501(C)(3)	434,812				PROGRAM SUPPORT
(22) BOYS HOPE GIRLS HOPE OF ARIZONA 3443 N CENTRAL AVE, ARCADE 7, PHOENIX, AZ 85012	86-0630295	501(C)(3)	22,147				PROGRAM SUPPORT
(23) BOYS TO MEN GREATER PHOENIX 2452 E INDIGO BRUSH RD, PHOENIX, AZ 85048	47-3518202	501(C)(3)	7,500				PROGRAM SUPPORT
(24) CAMP CATANESE FOUNDATION 1 W CAMPBELL AVE #2110, PHOENIX, AZ 85013	81-3263828	501(C)(3)	18,750				PROGRAM SUPPORT
(25) CANDELEN 777 E THOMAS RD STE 200, PHOENIX, AZ 85014	86-0332919	501(C)(3)	25,450				PROGRAM SUPPORT
(26) CATHOLIC CHARITIES COMMUNITY SERVICES INC 5151 N 19TH AVE, PHOENIX, AZ 85015	86-0223999	501(C)(3)	117,474				PROGRAM SUPPORT
(27) CENTER FOR THE FUTURE OF ARIZONA 541 E. VAN BUREN, SUITE B-5, PHOENIX, AZ 85004	82-0538372	501(C)(3)	85,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) CENTRAL ARIZONA SHELTER SERVICES PO BOX 18250, PHOENIX, AZ 85074	86-0500753	501(C)(3)	109,671				PROGRAM SUPPORT
(29) CHANDLER EDUCATION FOUNDATION 1525 W FRYE RD, CHANDLER, AZ 85224	86-0589677	501(C)(3)	51,394				PROGRAM SUPPORT
(30) CHICANOS POR LA CAUSA, INC. 1112 EAST BUCKEYE ROAD, PHOENIX, AZ 85034-4043	86-0227210	501(C)(3)	559,844				PROGRAM SUPPORT
(31) CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DR, MESA, AZ 85201	86-0324144	501(C)(3)	154,840				PROGRAM SUPPORT
(32) CITY OF PHOENIX 200 W WASHINGTON ST, PHOENIX, AZ 85003	86-6000256	GOVERNMENT	251,653				PROGRAM SUPPORT
(33) CITY OF TEMPE 3500 SOUTH RURAL ROAD, TEMPE, AZ 85282	86-6000262	GOVERNMENT	1,045,631				PROGRAM SUPPORT
(34) COLLEGE BOUND AZ 4222 E BROWN RD, #33, MESA, AZ 85205	27-1997517	501(C)(3)	23,125				PROGRAM SUPPORT
(35) COMMUNITY BRIDGES, INC. 1855 W BASELINE RD, STE 101, MESA, AZ 85202	94-2880847	501(C)(3)	87,370				PROGRAM SUPPORT
(36) COMPREHENSIVE LITERACY-VARIOUS PARTNERS 3200 E. CAMELBACK RD. , STE 375, PHOENIX, AZ 85018			218,083				PROGRAM SUPPORT
(37) CREIGHTON COMMUNITY FOUNDATION, INC. 3219 E CAMELBACK RD, STE 376, PHOENIX, AZ 85018	46-2275877	501(C)(3)	50,000				PROGRAM SUPPORT
(38) DESERT MISSION 9225 N 3RD ST STE 200, PHOENIX, AZ 85020	86-0096941	501(C)(3)	23,127				PROGRAM SUPPORT
(39) DIRECT DESIGNATIONS TO VARIOUS AGENCIES 3200 E. CAMELBACK RD. , STE 375, PHOENIX, AZ 85018		501(C)(3)	5,167,663				
(40) DYSART COMMUNITY CENTER P. O. BOX 716, EL MIRAGE, AZ 85335-0000	86-6031134	501(C)(3)	30,726				PROGRAM SUPPORT
(41) ELAINE 1075 W JACKSON ST, PHOENIX, AZ 85007	81-1989463	501(C)(3)	42,400				PROGRAM SUPPORT
(42) ELEVATE PHOENIX 3750 W. INDIAN SCHOOL ROAD, PHOENIX, AZ 85019	90-0451740	501(C)(3)	30,000				PROGRAM SUPPORT
(43) EMPACT-SUICIDE PREVENTION CENTER 618 S. MADISON DRIVE, TEMPE, AZ 85281	74-2562293	501(C)(3)	80,078				PROGRAM SUPPORT
(44) EQUALITY HEALTH FOUNDATION 521 S 3RD ST, STE 200, PHOENIX, AZ 85004	83-0778650	501(C)(3)	125,000				PROGRAM SUPPORT
(45) FAMILY OF GOD MINISTRY 6920 S 50TH DR, LAVEEN, AZ 85339	47-1257506	501(C)(3)	9,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(46) FATHER MATTERS INC 3146 E WIER AVE, RM 28, PHOENIX, AZ 85040	91-1846806	501(C)(3)	7,500				PROGRAM SUPPORT
(47) FREE ARTS FOR ABUSED CHILDREN OF ARIZONA 352 E CAMELBACK RD STE 101, PHOENIX, AZ 85012	86-0739613	501(C)(3)	86,309				PROGRAM SUPPORT
(48) FRESH START WOMEN'S FOUNDATION 1130 E MCDOWELL RD, PHOENIX, AZ 85006	86-0762610	501(C)(3)	115,540				PROGRAM SUPPORT
(49) FRIENDLY HOUSE, INC. 113 W SHERMAN ST, PHOENIX, AZ 85003	86-0120506	501(C)(3)	132,910				PROGRAM SUPPORT
(50) FTF QUALITY FIRST SCHOLARSHIPS TO PROVIDERS 3200 E. CAMELBACK RD. , STE 375, PHOENIX, AZ 85018			87,195,345				
(51) FUERTE ART COLLECTIVE 110 N 9TH AVE, #912, PHOENIX, AZ 85007	87-1857404	501(C)(3)	5,500				PROGRAM SUPPORT
(52) GATEWAY TO FREEDOM 4525 N 12TH ST, PHOENIX, AZ 85014	85-0782168	501(C)(3)	9,000				PROGRAM SUPPORT
(53) GREATER PHOENIX CHAMBER OF COMMERCE 2575 E CAMELBACK RD, STE 410, PHOENIX, AZ 85073	81-1367313	GOVERNMENT	27,400				PROGRAM SUPPORT
(54) HARMONY PROJECT PHOENIX 2 N CENTRAL AVE, STE 1800, PHOENIX, AZ 85004	85-3131216	501(C)(3)	7,500				PROGRAM SUPPORT
(55) HELPING FAMILIES IN NEED 3010 S 92ND DR, TOLLESON, AZ 85353	80-0744034	501(C)(3)	15,347				PROGRAM SUPPORT
(56) HELPING HANDS FOR SINGLE MOMS 360 E CORONADO RD, STE 150, PHOENIX, AZ 85004	68-0489835	501(C)(3)	71,166				PROGRAM SUPPORT
(57) HOMELESS YOUTH CONNECTION INC 9950 W VAN BUREN ST STE 114, AVONDALE, AZ 85323	27-3182999	501(C)(3)	121,419				PROGRAM SUPPORT
(58) HOMEWARD BOUND 2302 W. COLTER STREET, PHOENIX, AZ 85015	86-0660875	501(C)(3)	190,558				PROGRAM SUPPORT
(59) HUMAN SERVICES CAMPUS LLC 301 W. JEFFERSON STREET, SUITE 3200, PHOENIX, AZ 85003	46-3333160	GOVERNMENT	230,222				PROGRAM SUPPORT
(60) HUSHABYE NURSERY 3003 E MCDOWELL RD, PHOENIX, AZ 85008	86-0975231	501(C)(3)	52,950				PROGRAM SUPPORT
(61) ICAN POSITIVE PROGRAMS FOR YOUTH 650 E MORELOS ST, CHANDLER, AZ 85225	86-0761030	501(C)(3)	74,755				PROGRAM SUPPORT
(62) JEWISH FAMILY & CHILDREN'S SERVICE, INC. 4747 N 7TH STREET, STE 100, PHOENIX, AZ 85014	86-0096781	501(C)(3)	65,773				PROGRAM SUPPORT
(63) JOBS FOR ARIZONA'S GRADUATES 3320 W CHERYL DR STE B220, PHOENIX, AZ 85051	86-0669709	501(C)(3)	182,185				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(64) JUNIOR ACHIEVEMENT OF ARIZONA 636 WEST SOUTHERN AVENUE, TEMPE, AZ 85282	86-0184349	501(C)(3)	34,867				PROGRAM SUPPORT
(65) LIVE AND LEARN PROGRAM 326 E CORONADO RD, SUITE 201, PHOENIX, AZ 85004	47-2086218	501(C)(3)	69,587				PROGRAM SUPPORT
(66) LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST 2502 E UNIVERSITY DR STE 125, PHOENIX, AZ 85034	86-0252302	501(C)(3)	114,658				PROGRAM SUPPORT
(67) MAGGIE'S PLACE, INC. 4001 N 30TH ST, PHOENIX, AZ 85016	86-0972675	501(C)(3)	55,107				PROGRAM SUPPORT
(68) MAKE WAY FOR BOOKS 700 N STONE AVE, TUCSON, AZ 85705	31-1583036	501(C)(3)	1,028,585				PROGRAM SUPPORT
(69) MENTORKIDS USA 1776 N SCOTTSDALE RD #1148, SCOTTSDALE, AZ 85252	86-0865368	501(C)(3)	18,500				PROGRAM SUPPORT
(70) MERCY HOUSE LIVING CENTERS 203 N GOLDEN CIR, SANTA ANA, CA 92701	33-0315864	501(C)(3)	74,000				PROGRAM SUPPORT
(71) NATIVE AMERICAN CONNECTIONS 4520 NORTH CENTRAL AVENUE, 6TH FLOOR SUITE 600, PHOENIX, AZ 85012	86-0293585	501(C)(3)	136,574				PROGRAM SUPPORT
(72) NEIGHBORHOOD MINISTRIES INC 1918 WEST VAN BUREN STREET, PHOENIX, AZ 85009	86-0809052	501(C)(3)	196,096				PROGRAM SUPPORT
(73) NEW LIFE CENTER P.O. BOX 5005, GOODYEAR, AZ 85338	86-0635950	501(C)(3)	56,296				PROGRAM SUPPORT
(74) NEW PATHWAYS FOR YOUTH, INC. 1001 E. PIERCE STREET, PHOENIX, AZ 85006	86-0615007	501(C)(3)	110,027				PROGRAM SUPPORT
(75) NOTMYKID, INC. 5230 E. SHEA BLVD., SUITE 100, SCOTTSDALE, AZ 85253	86-0988329	501(C)(3)	57,961				PROGRAM SUPPORT
(76) OPPORTUNITY THROUGH ENTREPRENEURSHIP FOUNDATION 14401 S 24TH WAY, PHOENIX, AZ 85048	20-3779020	501(C)(3)	7,500				PROGRAM SUPPORT
(77) OTHER COMMUNITY INITIATIVES - VARIOUS PARTNERS 3200 E. CAMELBACK RD. , STE 375, PHOENIX, AZ 85018			218,637	6,099	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(78) OUR SISTER OUR BROTHER 4828 N 27TH AVE, UNIT 56304, PHOENIX, AZ 85017	86-2028848	501(C)(3)	7,500				PROGRAM SUPPORT
(79) PANTRY PACKS-VARIOUS PARTNERS 3200 E. CAMELBACK RD. , STE 375, PHOENIX, AZ 85018			119,902				PROGRAM SUPPORT
(80) PARTNERSHIP FOR ECONOMIC INNOVATION 2055 E WARNER RD, STE 101, TEMPE, AZ 85284	47-4623504	501(C)(3)	6,000				PROGRAM SUPPORT
(81) PER SCHOLAS 804 E 138TH ST FLR 2, BRONX, NY 10454	43-0252955	501(C)(3)	18,750				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(82) PHOENIX CANCER SUPPORT NETWORK 8390 E VIA DE VENTURA, STE F110, SCOTTSDALE, AZ 85258	81-5480370	501(C)(3)	5,500				PROGRAM SUPPORT
(83) PHOENIX CHILDREN'S HOSPITAL FOUNDATION 2929 E CAMELBACK RD #122, PHOENIX, AZ 85016	74-2421549	501(C)(3)	285,664				PROGRAM SUPPORT
(84) PHOENIX COMMUNITY TOOLBANK 3531 E CORONA AVE, PHOENIX, AZ 85040	46-2561905	501(C)(3)	16,200				PROGRAM SUPPORT
(85) PHOENIX LEGAL ACTION NETWORK PO BOX 24673, TEMPE, AZ 85285	82-0711172	501(C)(3)	6,925				PROGRAM SUPPORT
(86) PHOENIX PUBLIC LIBRARY FOUNDATION P.O. BOX 3735, PHOENIX, AZ 85030	86-0835463	501(C)(3)	17,820				PROGRAM SUPPORT
(87) PROJECT ROOTS INC 7000 N 16TH ST, #326, PHOENIX, AZ 85306	84-3977259	501(C)(3)	9,000				PROGRAM SUPPORT
(88) READ BETTER BE BETTER 715 E. MONTECITO AVE, PHOENIX, AZ 85014	47-4003520	501(C)(3)	79,246				PROGRAM SUPPORT
(89) RISING YOUTH THEATRE PO BOX 34565, PHOENIX, AZ 85067	45-4324350	501(C)(3)	5,500				PROGRAM SUPPORT
(90) SAGE FOUNDATION FOR HEALTH 2140 E BROADWAY RD, TEMPE, AZ 85282	86-1026436	501(C)(3)	7,500				PROGRAM SUPPORT
(91) SALVATION ARMY P.O. BOX 52177, PHOENIX, AZ 85072-0000	94-1156347	501(C)(3)	71,207				PROGRAM SUPPORT
(92) SAVE THE FAMILY FOUNDATION OF AZ 125 E UNIVERSITY DR., MESA, AZ 85201	86-0665712	501(C)(3)	50,000				PROGRAM SUPPORT
(93) SER-KALLAI INC 2946 W LA SALLE ST, PHOENIX, AZ 85041	84-1829957	501(C)(3)	9,000				PROGRAM SUPPORT
(94) SI SE PUEDE FOUNDATION 3225 N WASHINGTON ST, CHANDLER, AZ 85225	86-0922834	501(C)(3)	5,500				PROGRAM SUPPORT
(95) SKYE'S THE LIMIT FOUNDATION PO BOX 266, PHOENIX, AZ 85001	83-3321892	501(C)(3)	7,500				PROGRAM SUPPORT
(96) SOCIETY OF ST. VINCENT DE PAUL 420 WEST WATKINS STREET, PHOENIX, AZ 85002-0000	86-0096789	501(C)(3)	310,102				PROGRAM SUPPORT
(97) SOJOURNER CENTER P.O. BOX 20156, PHOENIX, AZ 85036	86-0809052	501(C)(3)	75,558				PROGRAM SUPPORT
(98) SOLARI 1275 W WASHINGTON ST STE 210, TEMPE, AZ 85281	26-0446321	501(C)(3)	125,000				PROGRAM SUPPORT
(99) SOUNDS ACADEMY PO BOX 44497, PHOENIX, AZ 85064	46-3932746	GOVERNMENT	29,650				PROGRAM SUPPORT
(100) SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER 300 N. 18TH STREET, PHOENIX, AZ 85006	31-1496646	501(C)(3)	64,454				PROGRAM SUPPORT
(101) SOUTHWEST HUMAN DEVELOPMENT 2850 N. 24TH STREET, PHOENIX, AZ 85008	86-0407179	501(C)(3)	203,035				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(102) SOUTHWEST LENDING CLOSET, INC. 218 N CENTRAL AVE, AVONDALE, AZ 85323	86-1007574	501(C)(3)	10,374				PROGRAM SUPPORT
(103) ST. JOSEPH THE WORKER PO BOX 13503, PHOENIX, AZ 85002	86-0600437	501(C)(3)	50,000				PROGRAM SUPPORT
(104) STAND FOR CHILDREN LEADERSHIP CENTER 2121 SW BROADWAY, #111, PORTLAND , OR 97201	52-1957214	501(C)(3)	25,092				PROGRAM SUPPORT
(105) STARDUST BUILDING SUPPLIES, INC. 1720 W. BROADWAY, SUITE 101, MESA, AZ 85202	86-0868376	501(C)(3)	100,000				PROGRAM SUPPORT
(106) STEPPING UP FOR SENIORS 21001 N TATUM BLVD, STE 1630-230, PHOENIX, AZ 85050	46-5155596	501(C)(3)	9,000				PROGRAM SUPPORT
(107) TELEVERDE FOUNDATION 2800 N CENTRAL AVE STE 500, 5TH FLOOR, PHOENIX, AZ 85004	85-0535332	501(C)(3)	46,250				PROGRAM SUPPORT
(108) TEMPE COMMUNITY ACTION AGENCY 2146 E. APACHE BLVD, TEMPE, AZ 85281	86-0254820	501(C)(3)	144,832				PROGRAM SUPPORT
(109) THE ARC OF TEMPE P.O. BOX 26014, TEMPE, AZ 85285-6014	94-2778658	501(C)(3)	9,000				PROGRAM SUPPORT
(110) THE ZION INSTITUTE 5644 S 16TH ST, PHOENIX, AZ 85040	83-0370609	501(C)(3)	93,540				PROGRAM SUPPORT
(111) UMOM NEW DAY CENTERS, INC. 3307 NE VAN BUREN ST, PHOENIX, AZ 85008	86-0521062	501(C)(3)	221,248				PROGRAM SUPPORT
(112) UNION ELEMENTARY SCHOOL DISTRICT 3834 S. 91ST AVE., TOLLESON, AZ 85353	86-6000506	GOVERNMENT	75,191				PROGRAM SUPPORT
(113) UNITE FOR LITERACY 123 N. COLLEGE AVE, SUITE 204, FORT COLLINS, CO 80524	46-1225221	501(C)(3)	11,850				PROGRAM SUPPORT
(114) UNITED FOOD BANK 245 S NINA DR, MESA, AZ 85210	86-0505273	501(C)(3)	151,908				PROGRAM SUPPORT
(115) UNITED WAY OF TUCSON AND SOUTHERN ARIZONA 330 N COMMERCE PARK LOOP STE 200, TUCSON, AZ 85745	86-0098932	501(C)(3)	339,795				PROGRAM SUPPORT
(116) UNLIMITED POTENTIAL 3146 E WIER AVENUE, PHOENIX, AZ 85040	74-2383678	501(C)(3)	45,000				PROGRAM SUPPORT
(117) UPWARD FOR CHILDREN AND FAMILIES 6306 N. 7TH STREET, PHOENIX, AZ 85014	86-0221195	501(C)(3)	81,463				PROGRAM SUPPORT
(118) VALLEY OF THE SUN EARLY CHILDHOOD ASSOCIATION 25150 N PIMA RD, SCOTTSDALE, AZ 85255	23-7066420	501(C)(3)	9,000				PROGRAM SUPPORT
(119) VALLEY OF THE SUN YMCA EXECUTIVE OFFICES, 350 N 1ST AVE, PHOENIX, AZ 85003-0000	86-0096799	501(C)(3)	113,114				PROGRAM SUPPORT
(120) VILLAGE 360 325 E SOUTHERN AVE, STE 117, TEMPE, AZ 85282	83-3024303	501(C)(3)	9,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(121) WASTE NOT, INC. 1700 N. GRANITE REEF, SCOTTSDALE, AZ 85257	86-0650514	501(C)(3)	60,950				PROGRAM SUPPORT
(122) WESLEY COMMUNITY CENTER 1300 SOUTH 10TH STREET, PHOENIX, AZ 85034-0000	86-0133770	501(C)(3)	92,695				PROGRAM SUPPORT
(123) WEST VALLEY HEALTH EQUITY 4338 W THOMAS RD STE 173, PHOENIX, AZ 85031	88-2354847	501(C)(3)	14,063				PROGRAM SUPPORT
(124) WORLD HUNGER ECUMENICAL ARIZONA TASK FORCE DBA WHEAT 4000 N. 7TH STREET, SUITE 118, PHOENIX, AZ 85014	74-2386488	501(C)(3)	56,250				PROGRAM SUPPORT
(125) YEAR UP, INC 45 MILK ST, 9TH FL, BOSTON, MA 02109	43-0534407	501(C)(3)	129,000				PROGRAM SUPPORT
(126) YWCA METROPOLITAN PHOENIX 2999 N. 44TH STREET, SUITE 250, PHOENIX, AZ 85018	86-0098936	501(C)(3)	50,000				PROGRAM SUPPORT

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>VALLEY OF THE SUN UNITED WAY (VSUW) MONITORS THE USE OF GRANTS IN SEVERAL WAYS. AGENCIES MUST PROVIDE TO VSUW PROJECTED AND ACTUAL FINANCIAL INFORMATION, CLIENT BENEFICIARY DATA AND SERVICE STATISTICS INCLUDING SPECIFIED PERIODIC OUTCOME MEASUREMENT DATA IN VSUW'S REQUIRED FORMAT FOR ALL VSUW-FUNDED PROGRAMS UPON REQUEST. IN SOME SITUATIONS, PROVIDING OUTCOME DATA WILL INCLUDE COOPERATION AND COLLABORATION WITH AN OUTSIDE EVALUATOR APPOINTED BY VSUW. ON-GOING FUNDING LEVELS MAY BE IMPACTED BY THE PROGRAM(S) ABILITY TO DEMONSTRATE APPROPRIATE OUTCOME ACHIEVEMENT. VSUW ENSURES ALL AGENCIES RECEIVING FUNDS ARE IN COMPLIANCE WITH THE U.S. PATRIOT ACT.</p> <p>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 2024, VSUW DIRECTED THESE FUNDS TO NEARLY 750 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.</p>
<p>SCHEDULE I, PART II -</p>	<p>FIRST THINGS FIRST QUALITY FIRST SCHOLARSHIPS: EARLY CARE AND EDUCATION PROGRAMS ENROLLED IN QUALITY FIRST MAY BE ELIGIBLE TO OFFER SCHOLARSHIPS, WHICH PROVIDE ELIGIBLE LOW-INCOME FAMILIES WITH CHILDREN BIRTH TO AGE 5 ACCESS TO HIGH-QUALITY, CULTURALLY RESPONSIVE EARLY CARE AND EDUCATION.</p> <p>PROJECT C.A.L.L. (COLLABORATING TO ACCELERATE LITERACY AND LEARNING): TO MITIGATE THE IMPACT OF THE PANDEMIC ON EARLY LEARNING AND LITERACY, THIS PROGRAM ACCELERATES LITERACY AND LEARNING OUTCOMES IN HIGH NEED SCHOOLS AND COMMUNITIES SERVING ARIZONA'S MOST-DISADVANTAGED STUDENTS THROUGH A COLLABORATIVE AND COORDINATED APPROACH. THE COLLABORATING PARTNERS INCLUDE: ARIZONA COMMUNITY FOUNDATION (READ ON ARIZONA), CHANDLER EDUCATION FOUNDATION (READ ON CHANDLER), CITY OF PHOENIX (READ ON PHOENIX), CITY OF TEMPE (READ ON TEMPE), VALLEY OF THE SUN UNITED WAY (READ ON SOUTHWEST VALLEY), AND UNITED WAY OF TUCSON AND SOUTHERN AZ (READ ON PIMA).</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

VALLEY OF THE SUN UNITED WAY

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

2023

Open to Public Inspection

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		
1b	✓	
2	✓	
3		
4a		✓
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 and/or 1099-NEC 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)	336,371	768	720	10,214	8,148	356,221	0
		(ii)	0	0	0	0	0	0	0
2	TANYA MUNIZ CHIEF FIN. & OPERATING OFFICER	(i)	241,533	768	716	10,251	13,361	266,629	0
		(ii)	0	0	0	0	0	0	0
3	LAURA KAISER CHIEF CORP RELATIONS & BRAND OFFICER	(i)	179,720	842	348	6,071	13,639	200,620	0
		(ii)	0	0	0	0	0	0	0
4	COLLEEN GAUTAM SVP, GENERAL COUNSEL & ADMIN	(i)	141,099	812	242	6,651	20,809	169,613	0
		(ii)	0	0	0	0	0	0	0
5	SHELLEY GRIFFIN VP, INFORMATION TECHNOLOGY	(i)	144,490	812	1,143	6,647	8,148	161,240	0
		(ii)	0	0	0	0	0	0	0
6	MELISSA BOYDSTON SVP, COMM DEV & ENGAGEMENT	(i)	136,050	839	355	0	20,809	158,053	0
		(ii)	0	0	0	0	0	0	0
7	CHRISTINE SULLIVAN VP, CONTROLLER	(i)	129,569	812	0	0	20,809	151,190	0
		(ii)	0	0	0	0	0	0	0
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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		34,007	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	✓	70	774	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
----	---	----	---

	Yes	No
30a		✓
31	✓	
32a		✓
33		

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	FOOD INVENTORY - THE ORGANIZATION REPORTS, IN SCHEDULE M, PART I, COLUMN (B), THE NUMBER OF ITEMS RECIEVED, NOT THE NUMBER OF CONTRIBUTIONS. CLOTHING AND HOUSEHOLD GOODS - THE ORGANIZATION REPORTS, IN SCHEDULE M, PART I, COLUMN (B), THE NUMBER OF ITEMS RECIEVED, NOT THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the Organization
VALLEY OF THE SUN UNITED WAY

Employer Identification Number
86-0104419

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 6 - VOLUNTEERS	VALLEY OF THE SUN UNITED WAY (VSUW) HAS OVER 2,000 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 III, LINE 4 - PROGRAM SERVICE DESCRIPTION	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 NEARLY 100 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 AND OUR PARTNERS ENVISION A COMMUNITY WHERE EVERY CHILD, FAMILY AND INDIVIDUAL IS HEALTHY, HAS A SAFE PLACE TO LIVE AND HAS EVERY OPPORTUNITY TO SUCCEED IN SCHOOL, LIFE AND WORK. WE BELONG 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. IN 2021, WE ANNOUNCED MIGHTY CHANGE 2026 (MC2026), OUR NEW FIVE-YEAR COMMUNITY PLAN DESIGNED TO ADDRESS THE MOST URGENT NEEDS OF THE COMMUNITY. IN IT, WE UNVEILED BOLD GOALS IN THE AREAS OF HEALTH, HOUSING AND HOMELESSNESS, EDUCATION AND WORKFORCE DEVELOPMENT. BY 2026, 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 FISCAL YEAR 2021, THE ORGANIZATION RECEIVED A \$25,000,000 UNRESTRICTED GRANT FROM PHILANTHROPIST, AUTHOR, AND AMAZON CO-FOUNDER MACKENZIE SCOTT (NATIONAL PHILANTHROPIC TRUST). THE TRANSFORMATIONAL GIFT IS BEING DEPLOYED DIRECTLY INTO THE COMMUNITY OVER THE FIVE YEARS BEGINNING FISCAL YEAR 2021. THE FUNDS ARE BEING USED TO EXECUTE ITS MC2026 PLAN AND WILL PROVIDE MULTIYEAR SUPPORT TO HELP STABILIZE FOUNDATIONAL COMMUNITY PROGRAMS. THE GRANT WILL ALSO ALLOW THE ORGANIZATION TO 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. THE ORGANIZATION'S FIVE-YEAR EXPENDITURE PLAN FOR THIS GIFT RESULTED IN THE PLANNED USE OF \$3,691,000 FOR THE YEAR ENDED JUNE 30, 2024. THE FUTURE PLANNED EXPENDITURES RELATED TO THE GRANT TOTAL \$1,388,000.
FORM 990, PART VI, LINE 1A - VOTING MEMBERS	PURSUANT TO THE BYLAWS, VALLEY OF THE SUN UNITED WAY'S EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE CORPORATION AND SUCH ADDITIONAL PERSONS WHO ARE THEN SERVING ON THE BOARD, AS MAY BE APPOINTED BY THE CHAIR OF THE BOARD. IN AN EMERGENCY, AS DETERMINED BY THE PRESIDENT, 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 - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE CHIEF FINANCIAL OFFICER. AFTER REVIEW BY THE CHIEF EXECUTIVE 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. THE BOARD RECEIVES COPIES OF THE 990 AFTER THE FINANCE COMMITTEE HAS REVIEWED AND APPROVED IT. A FINAL DRAFT 990 IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO THE FINAL SUBMISSION OF THE FORM 990. UPON REVIEW, THE 990 IS SIGNED AND SUBMITTED TO THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE COMPENSATION COMMITTEE, A SUBCOMMITTEE OF THE VSUW BOARD OF DIRECTORS, REVIEWS AND DETERMINES THE COMPENSATION OF THE PRESIDENT/CEO ON AN ANNUAL BASIS. 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.</p> <p>THE COMPENSATION COMMITTEE COMPLETES A REBUTTABLE PRESUMPTION CHECKLIST WITH REGARD TO DETERMINING CEO COMPENSATION. THE COMPENSATION COMMITTEE CONSISTS OF THE EXECUTIVE COMMITTEE OF THE BOARD. IF A MEMBER OF THE COMPENSATION COMMITTEE RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM VSUW FOR SERVICES, THEN THAT MEMBER IS PRECLUDED FROM PARTICIPATING IN DISCUSSIONS OR VOTES PERTAINING TO THAT MEMBER'S COMPENSATION.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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, SECTION A - BOARD OF DIRECTORS	<p>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:</p> <p>JENNY HOLSMAN TETREALT NINA MULLINS</p>
FORM 990, PART VIII, LINE 1E - GOVERNMENT GRANTS	THE FIRST THINGS FIRST (FTF) CONTRACTS FOR SERVICE ORIGINATE FROM A 2006 VOTER-BACKED INITIATIVE IN WHICH ARIZONA VOTERS IMPOSED AN 80-CENT PER PACK TAX INCREASE ON TOBACCO PRODUCTS. THE SUCCESSFUL PASSAGE OF THAT INITIATIVE RESULTED IN ARIZONA LEGISLATION CREATING THE FIRST THINGS FIRST STATE AGENCY AND ITS PROGRAMS TO PROMOTE A FAMILY-CENTERED, COMPREHENSIVE, COLLABORATIVE, AND HIGH-QUALITY EARLY CHILDHOOD SYSTEM THAT SUPPORTS THE DEVELOPMENT, HEALTH, AND EARLY EDUCATION OF ALL ARIZONA'S CHILDREN BIRTH THROUGH AGE FIVE. 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. CONTRACTS FOR SERVICE WITH FTF TOTALED \$90,177,000 IN FY24 AND ARE REPORTED ON LINE E - GOVERNMENT GRANTS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

VALLEY OF THE SUN UNITED WAY

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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 (81-4030025) 3200 EAST CAMELBACK ROAD, STE, PHOENIX, AZ 85018	VIRTUAL TOUR	DE	0	0	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)							

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)													