

**Tax Exempt Entity Declaration and Signature for E-file**

For calendar year 2024, or tax year beginning 07/01, 2024, and ending 06/30, 20 25

**2024**

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](http://www.irs.gov/Form8453TE) for the latest information.

Name of filer

EIN or SSN

VALLEY OF THE SUN UNITED WAY

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	73,525,775
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 2024 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.

Sign Here *Cala Wangoo* 3/24/2026 CEO  
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.

<b>ERO's Use Only</b>	ERO's signature	<u><i>Steven Ritt</i></u>	Date	<u>03/23/2026</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN	<u>P00775456</u>	
	Firm's name (or yours if self-employed), address, and ZIP code	<u>ERNST &amp; YOUNG US LLP 101 E WASHINGTON ST, PHOENIX, AZ 85004</u>						EIN	<u>34-6565596</u>
								Phone no.	<u>(602) 322-3000</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.

<b>Paid Preparer Use Only</b>	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.			

Return of Organization Exempt From Income Tax

2024

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.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 2025

B Check if applicable: [X] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending
C Name of organization VALLEY OF THE SUN UNITED WAY
D Employer identification number 86-0104419
E Telephone number (602) 631-4800
G Gross receipts \$ 89,446,431
H(a) Is this a group return for subordinates? [ ] Yes [X] No
H(b) Are all subordinates included? [ ] Yes [ ] No
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

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement; 2. Discontinued operations; 3-7a. Governance and revenue metrics; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets or fund balances.

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 CARLA VARGAS JASA, CEO; Date; Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name STEVEN T. RUTTI; Preparer's signature; Date 03/23/2026; Check [ ] if self-employed; PTIN P00775456; Firm's name ERNST & YOUNG US LLP; Firm's EIN 34-6565596; Firm's address 101 E WASHINGTON ST, PHOENIX, AZ 85004; Phone no. (602) 322-3000

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.

**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 \$ 55,804,395 including grants of \$ 55,804,395 ) (Revenue \$ 382,680 )  
GRANTS, ALLOCATIONS, AND DISTRIBUTIONS TO HEALTH AND HUMAN SERVICE PROGRAMS, AND VSUW COMMUNITY OBJECTIVES. SEE SCHEDULE O FOR FURTHER DETAIL.

**4b** (Code: ) (Expenses \$ 6,691,789 including grants of \$ 6,691,789 ) (Revenue \$ 0 )  
DESIGNATIONS TO VARIOUS COMMUNITY NON-PROFIT ORGANIZATIONS. SEE SCHEDULE O FOR FURTHER DETAIL.

**4c** (Code: ) (Expenses \$ 6,520,666 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 69,016,850

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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"/>
<b>5</b> 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"/>
<b>6</b> 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"/>
<b>7</b> 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"/>
<b>8</b> 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"/>
<b>9</b> 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"/>
<b>10</b> 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"/>
<b>11</b> 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.		
<b>a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>d</b> 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"/>
<b>e</b> 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"/>
<b>f</b> 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"/>
<b>12a</b> 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>b</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"/>
<b>13</b> 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"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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"/>
<b>15</b> 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"/>
<b>16</b> 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"/>
<b>17</b> 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"/>
<b>18</b> 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"/>
<b>19</b> 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"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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"/>
<b>21</b> 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
<b>22</b> 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> . . . . .		✓
<b>23</b> 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> . . . . .	✓	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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> . . . . .		✓
<b>26</b> 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> . . . . .		✓
<b>27</b> 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> . . . . .		✓
<b>28</b> 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).		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>c</b> 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> . . . . .		✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b> 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> . . . . .		✓
<b>33</b> 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> . . . . .	✓	
<b>34</b> 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> . . . . .		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</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> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>37</b> 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> . . . . .		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	✓	

<b>Part V</b> Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	106		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		✓	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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
<b>1a</b>	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.		
	<b>1a</b> 41		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 41		
<b>2</b>	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? . . . . .		✓
<b>3</b>	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? . . . . .		✓
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		✓
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		✓
<b>6</b>	Did the organization have members or stockholders? . . . . .		✓
<b>7a</b>	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? . . . . .		✓
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		✓
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	✓	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	✓	
<b>9</b>	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 . . . . .		✓

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

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

**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.  
KAVITA PATEL, 3115 N 3RD AVENUE, SUITE G-130, PHOENIX, AZ 85013, (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			✓				354,191	0	19,548
(2) TANYA MUNIZ CHIEF FIN. & OPERATING OFFICER (THRU 9/2024)	50.0 0.0			✓				233,798	0	17,237
(3) LAURA KAISER CHIEF CORP RELATIONS & BRAND OFFICER	50.0 0.0					✓		184,067	0	24,091
(4) EMMA V GARCIA-LOERA CHIEF COMM DEV & ENGAGEMENT OFFICER	50.0 0.0					✓		175,859	0	24,920
(5) CHRISTINE SULLIVAN CONTR(THRU 9/24)/CFO(AT 9/24)	50.0 0.0			✓				172,652	0	22,198
(6) COLLEEN GAUTAM SVP, GENERAL COUNSEL & ADMIN	50.0 0.0					✓		156,094	0	28,588
(7) MELISSA BOYDSTON SVP, COMM DEV & ENGAGEMENT	50.0 0.0					✓		161,433	0	22,198
(8) SHELLEY GRIFFIN VP, INFORMATION TECHNOLOGY	50.0 0.0					✓		155,668	0	16,145
(9) DAVID LONG DIRECTOR/TREASURER	4.0 0.0	✓		✓				0	0	0
(10) LATASHA CAUSEY 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) ANGIE BOND-SIMPSON DIRECTOR	2.0 0.0	✓						0	0	0
(14) ANTHONY SHARETT 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) DRENA KUSARI ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) GEOFFREY BURBRIDGE ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) GREG GEIST ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) HOPE LEVIN ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) JEFF BARTON ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) JEN POKORSKI ----- DIRECTOR	2.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
<b>1b Subtotal</b> . . . . .								1,593,762	0	174,925
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0	0	0
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,593,762	0	174,925

**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 15

	Yes	No
<b>3</b> Did the organization list any <b>former</b> 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"/>
<b>4</b> 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"/>
<b>5</b> 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.	206,882
ENVOY ADVISORY, LLC, 21 BUTLER PLACE, #3E, BROOKLYN, NY 11238	SOCIAL IMPACT ADVISEMENT	110,000

**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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 700,453				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 260,568				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 49,506,791				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 21,125,954				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 370,178				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		71,593,766			
	<b>Program Service Revenue</b>	<b>2a</b>	PROCESSING FEES ----- Business Code 900099	382,680	382,680		
<b>b</b>		-----					
<b>c</b>		-----					
<b>d</b>		-----					
<b>e</b>		-----					
<b>f</b>		All other program service revenue . . . . .		0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		382,680			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,361,764		2,354,967	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b> 0 0				
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				14,870,575			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b> 15,860,734				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b> (990,159) 0				
<b>d</b>	Net gain or (loss) . . . . .		(990,159)		(990,159)		
<b>8a</b>	Gross income from fundraising events (not including \$ 260,568 of contributions reported on line 1c). See Part IV, line 18 . . . . .						
			15,901				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b> 59,922					
<b>c</b>	Net income or (loss) from fundraising events . . . . .		(44,021)		(44,021)		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>11a</b>	MISCELLANEOUS REVENUE ----- Business Code 900099	221,745	221,745			
	<b>b</b>	-----					
	<b>c</b>	-----					
	<b>d</b>	All other revenue . . . . .		0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		221,745			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		73,525,775	604,425	6,797	1,320,787	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	62,496,184	62,496,184		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	717,713	232,539	325,842	159,332
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	7,790,915	3,554,793	2,032,911	2,203,211
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	316,270	141,671	83,096	91,503
<b>9</b>	Other employee benefits . . . . .	1,114,559	502,298	285,598	326,663
<b>10</b>	Payroll taxes . . . . .	616,012	282,902	157,324	175,786
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	19,100	5,627	9,882	3,591
<b>c</b>	Accounting . . . . .	187,100	59,000	128,100	
<b>d</b>	Lobbying . . . . .	31,500	31,500		
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .	122,327		122,327	
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	279,491	167,121	19,580	92,790
<b>12</b>	Advertising and promotion . . . . .	401,785	130,749	169,205	101,831
<b>13</b>	Office expenses . . . . .	285,014	175,610	48,433	60,971
<b>14</b>	Information technology . . . . .	534,939	231,346	178,216	125,377
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	834,915	389,502	190,704	254,709
<b>17</b>	Travel . . . . .	25,963	23,251	1,101	1,611
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings . . . . .	40,668	11,289	10,299	19,080
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .	216,496	73,609	95,258	47,629
<b>22</b>	Depreciation, depletion, and amortization . . . . .	505,547	235,279	116,209	154,059
<b>23</b>	Insurance . . . . .	124,150	53,079	35,925	35,146
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b>	<u>BANKING, PAYROLL, PERMITS</u>	195,677	24,704	154,988	15,985
<b>b</b>	<u>SPECIAL EVENTS</u>	385,679	129,652	145,190	110,837
<b>c</b>	<u>PRINTING AND PUBLICATIONS</u>	108,207	4,591	9,712	93,904
<b>d</b>	<u>ALL OTHER EXPENSES</u>	101,685	60,554	25,214	15,917
<b>e</b>	All other expenses	0	0	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	77,451,896	69,016,850	4,345,114	4,089,932
<b>26</b>	<b>Joint costs.</b> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	7,928,373	<b>2</b>	18,161,858
	<b>3</b> Pledges and grants receivable, net . . . . .	16,353,023	<b>3</b>	9,442,548
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> 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	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	462,266	<b>9</b>	469,848
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 4,838,235		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 4,302,406	779,336	<b>10c</b> 535,829
	<b>11</b> Investments—publicly traded securities . . . . .	74,611,828	<b>11</b>	71,029,490
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,601,590	<b>15</b>	783,604
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	101,736,416	<b>16</b>	100,423,177	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	13,816,983	<b>17</b>	9,378,691
	<b>18</b> Grants payable . . . . .	10,286,453	<b>18</b>	10,430,892
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	1,565,964	<b>25</b>	486,478
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	25,669,400	<b>26</b>	20,296,061
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	57,503,172	<b>27</b>	62,323,877
	<b>28</b> Net assets with donor restrictions . . . . .	18,563,844	<b>28</b>	17,803,239
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	0
<b>32</b> Total net assets or fund balances . . . . .	76,067,016	<b>32</b>	80,127,116	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	101,736,416	<b>33</b>	100,423,177	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	73,525,775
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	77,451,896
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(3,926,121)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	76,067,016
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	7,986,221
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	80,127,116

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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	✓	
<b>c</b>	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.	✓	
<b>3a</b>	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>b</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) JENNY HOLSMAN-TETREULT ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(26) JIM MACDONALD ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(27) JOHN GRAHAM ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(28) KIMBERLEY THOMPSON-HEINL ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(29) KYLE STEINBUCH ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(30) LAUREN TOBIASSEN ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(31) LEE ANN BOHN ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(32) LISA CAGNOLATTI ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(33) MATT BYRNES ----- DIRECTOR/ VICE CHAIR	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) ROBYN ARNELL BRENDEN ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(44) RUBEN ALVAREZ ----- 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) SABRINA FREIBERG ----- DIRECTOR	2.0 ----- 0.0	✓					0	0	0
(46) TODD SANDERS ----- DIRECTOR	2.0 ----- 0.0	✓					0	0	0
(47) TRACY BAME ----- DIRECTOR	2.0 ----- 0.0	✓					0	0	0
(48) TYLER PFEIFER ----- DIRECTOR	2.0 ----- 0.0	✓					0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the organization <b>VALLEY OF THE SUN UNITED WAY</b>	Employer identification number <b>86-0104419</b>
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**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 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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)						
<b>Total</b>						

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	106,382,144	75,504,856	107,477,699	115,902,378	71,593,766	476,860,843
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	106,382,144	75,504,856	107,477,699	115,902,378	71,593,766	476,860,843
<b>5</b> 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
<b>6 Public support.</b> Subtract line 5 from line 4						476,860,843

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	106,382,144	75,504,856	107,477,699	115,902,378	71,593,766	476,860,843
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,630,133	3,933,535	2,325,641	2,246,108	2,361,657	12,497,074
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						489,357,917
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	3,136,528
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	97.45 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97.67 %
<b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2024.** 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—2023.** 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> 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.	Yes	No
<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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).		





Schedule B (Form 990)

(Rev. January 2025) 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

Table with 2 columns: Name of the organization (VALLEY OF THE SUN UNITED WAY) and Employer identification number (86-0104419)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( 3 ) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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 <b>VALLEY OF THE SUN UNITED WAY</b>	Employer identification number <b>86-0104419</b>
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**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	STATE OF ARIZONA - FIRST THINGS FIRST ----- 4000 NORTH CENTRAL AVENUE, SUITE 800 ----- PHOENIX, AZ 85012 -----	\$ 47,354,302	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FREEPORT-MCMORAN INC ----- 333 NORTH CENTRAL AVE ----- PHOENIX, AZ 85004 -----	\$ 5,933,300	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	APS ----- 400 NORTH 5TH STREET ----- PHOENIX, AZ 85004 -----	\$ 2,481,809	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STATE OF ARIZONA - ARIZONA DEPARTMENT OF EDUCATION ----- 1535 W JEFFERSON STREET ----- PHOENIX, AZ 85007 -----	\$ 2,152,489	Person <input checked="" 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.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>VALLEY OF THE SUN UNITED WAY</b>	Employer identification number <b>86-0104419</b>
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**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 <b>VALLEY OF THE SUN UNITED WAY</b>	Employer identification number <b>86-0104419</b>
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**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
-----	----- ----- -----	----- ----- -----	----- ----- -----

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

**2024**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public  
Inspection**

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 <b>VALLEY OF THE SUN UNITED WAY</b>	Employer identification number (EIN) <b>86-0104419</b>
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**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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

**Part II-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.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	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;">THEN 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:	THEN 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:	THEN 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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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.

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to 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).

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Series of horizontal dashed lines for providing supplemental information.

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"> <li>-CHARITABLE DEDUCTIONS FOR NON ITEMIZERS</li> <li>-FEDERAL FUNDING OF 211</li> <li>-FUNDING FOR THE ARIZONA HOUSING TRUST FUND</li> <li>-SUPPORT FOR HOUSING DEVELOPMENT ON RELIGIOUS OWNED PROPERTY</li> <li>-SUPPORT FOR THE AFFORDABLE CARE ACT</li> <li>-CITY OF PHOENIX HEAT RESPONSE PLAN</li> <li>-EXPANSION OF THE ARIZONA PROMISE SCHOLARSHIP PROGRAM</li> <li>-WORKFORCE DEVELOPMENT SUPPORT/FAIR CHANCE COLLABORATIVE</li> </ul> <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 \$31,500 AND WAS DIRECTLY RELATED TO ACTIVITIES THAT ADVANCE THE PUBLIC POLICY ISSUES APPROVED BY THE VSUW BOARD OF DIRECTORS.</p>

SCHEDULE D (Form 990)

(Rev. January 2025)

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

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 totals, 5-6 for questions about donor advisement.

Part II Conservation Easements

Form for conservation easements with multiple rows for details and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form for art and historical treasures with rows for reporting revenue and assets.

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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
<b>1a</b> Beginning of year balance	61,611,999	54,838,722	50,796,257	58,942,436	46,642,129
<b>b</b> Contributions	1,768,716	1,939,735	1,029,326	1,804,410	28,326
<b>c</b> Net investment earnings, gains, and losses	8,235,210	7,178,866	5,219,603	(7,999,383)	14,518,489
<b>d</b> Grants or scholarships		0	0	0	0
<b>e</b> Other expenditures for facilities and programs	2,669,613	2,345,324	2,206,464	1,951,206	2,246,508
<b>f</b> Administrative expenses		0	0	0	0
<b>g</b> End of year balance	68,946,312	61,611,999	54,838,722	50,796,257	58,942,436

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

- a** Board designated or quasi-endowment 76.00 %
- b** Permanent endowment 24.00 %
- 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
<b>(i)</b> Unrelated organizations?		✓
<b>(ii)</b> Related organizations?		✓
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		1,216,619	1,061,788	154,831
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		2,551,515	2,253,104	298,411
<b>e</b> Other		1,070,101	987,514	82,587
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				535,829

**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) _____		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	84,240
(3) OPERATING LEASE LIABILITY, CURRENT	402,238
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	486,478

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 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	44,021
	<b>TOTAL</b>	<b>44,021</b>
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	DONOR DESIGNATIONS	6,691,789
	<b>TOTAL</b>	<b>6,691,789</b>
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	SPECIAL EVENT	44,021
	<b>TOTAL</b>	<b>44,021</b>
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	DONOR DESIGNATIONS	6,691,789
	<b>TOTAL</b>	<b>6,691,789</b>

**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, 2025 AND 2024.



**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 <u>LUNCHEON</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	276,469			276,469
	<b>2</b> Less: Contributions . . . . .	260,568			260,568
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	15,901	0	0	15,901
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .	15,021			15,021
	<b>7</b> Food and beverages . . . . .	15,901			15,901
	<b>8</b> Entertainment . . . . .				0
	<b>9</b> Other direct expenses . . . . .	29,000			29,000
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				59,922
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				(44,021)	

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> 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: \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

VALLEY OF THE SUN UNITED WAY

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

86-0104419

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) A NEW LEAF (HOMEWARD BOUND) 2302 W. COLTER STREET, PHOENIX, AZ, 85015	86-0660875	501C3	131,758				PROGRAM SUPPORT
(2) A NEW LEAF, INC. 868 E. UNIVERSITY DRIVE, MESA, AZ, 85203	86-0256667	501C3	762,435				PROGRAM SUPPORT
(3) AZ CAREER PATHWAYS 108 N 40TH ST, PHOENIX, AZ, 85034, US	27-4590173	501C3	30,207				PROGRAM SUPPORT
(4) ARIZONA HOUSING, INC. 209 W JACKSON ST STE 100, PHOENIX, AZ, 85003	86-0811431	501C3	122,620				PROGRAM SUPPORT
(5) AZ TECH COUNCIL FDN. 1438 W BRDWAY RD, TEMPE, AZ, 85282	20-1185167	501C3	31,500				PROGRAM SUPPORT
(6) AROUJET FOUND. 4340 E INDIAN SCHOOL RD, PHOENIX, AZ, 85018	45-3456191	501C3	74,538				PROGRAM SUPPORT
(7) ASTER AGING, INC. 45 W UNIVERSITY DR, STE A, MESA, AZ, 85201	94-2596075	501C3	42,523				PROGRAM SUPPORT
(8) AZCEND PO BOX 591, CHANDLER, AZ, 85244-0000	86-0428780	501C3	106,192				PROGRAM SUPPORT
(9) BANNER OLIVE BR. SENIOR CTR. 11250 N 107TH AVE, SUN CITY, AZ, 85351	94-2745413	501C3	29,499				PROGRAM SUPPORT
(10) BE A LEADER FOUNDATION 1717 W NTHRN AVE STE 116, PHOENIX, AZ, 85021	55-0850279	501C3	121,758				PROGRAM SUPPORT
(11) BIG BROS. BIG SISTERS OF CENTRAL AZ 1615 E OSBORN RD, PHOENIX, AZ, 85016	86-0205254	501C3	147,116				PROGRAM SUPPORT
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1,795
- 3** Enter total number of other organizations listed in the line 1 table 433

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)



**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) BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE 10533 E LAKEVIEW DR., SCOTTSDALE, AZ, 85258-0000	86-01133718	501C3	80,896				PROGRAM SUPPORT
(13) BOYS & GIRLS CLUBS OF THE VALLEY 4309 E. BELLEVIEW ST., BLDG. 14, PHOENIX, AZ, 85008	86-05506646	501C3	373,284				PROGRAM SUPPORT
(14) BOYS HOPE GIRLS HOPE OF ARIZONA 3443 N CENTRAL AVE, ARCADE 7, PHOENIX, AZ, 85012	86-0630295	501C3	14,000				PROGRAM SUPPORT
(15) CAMP CATANESE FOUNDATION 1 W CAMPBELL AVE #2110, PHOENIX, AZ, 85013	81-3263828	501C3	15,000				PROGRAM SUPPORT
(16) CANDELEN 777 E THOMAS RD STE 200, PHOENIX, AZ, 85014	86-0332919	501C3	21,175				PROGRAM SUPPORT
(17) CATHOLIC CHARITIES COMMUNITY SERVICES INC ATTENTION PATRICIA BOOTH, 5151 N 19TH AVE, PHOENIX, AZ, 85015	86-0223999	501C3	90,048				PROGRAM SUPPORT
(18) CENTRAL ARIZONA SHELTER SERVICES (CASS) PO BOX 118250, PHOENIX, AZ, 85074	86-0500753	501C3	87,643				PROGRAM SUPPORT
(19) CHICANOS POR LA CAUSA, INC. 1112 EAST BUCKEYE ROAD, PHOENIX, AZ, 85034-4043	86-0227210	501C3	642,895				PROGRAM SUPPORT
(20) CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DR, MESA, AZ, 85201	86-0324144	501C3	147,652				PROGRAM SUPPORT
(21) COLLEGE BOUND AZ 4222 E BROWN RD, #33, MESA, AZ, 85205	27-1997517	501C3	19,344				PROGRAM SUPPORT
(22) CREIGHTON COMMUNITY FOUNDATION, INC. 3219 E CAMELBACK RD, STE 376, PHOENIX, AZ, 85018	46-2275877	501C3	48,096				PROGRAM SUPPORT
(23) DESERT MISSION 9225 N 3RD ST STE 200, PHOENIX, AZ, 85020	86-0096941	501C3	32,177				PROGRAM SUPPORT
(24) DUET PARTNERS IN AGING 10000 N 31ST AVE STE D200, PHOENIX, AZ, 85051	74-2370522	501C3	71,324				PROGRAM SUPPORT
(25) DYSART COMMUNITY CENTER P. O. BOX 716, EL MIRAGE, AZ, 85335-0000	86-6031134	501C3	15,491				PROGRAM SUPPORT
(26) ELAINE 1075 W JACKSON ST, PHOENIX, AZ, 85007	81-1989463	501C3	10,000				PROGRAM SUPPORT
(27) ELEVATE PHOENIX 3750 W. INDIAN SCHOOL ROAD, PHOENIX, AZ, 85019	90-0451740	501C3	24,000				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) IMPACT-SUICIDE PREVENTION CENTER (IMPACT-SPC) 618 S. MADISON DRIVE, TEMPE, AZ, 85281	74-2562293	501C3	66,805				PROGRAM SUPPORT
(29) FREE ARTS FOR ABUSED CHILDREN OF ARIZONA 352 E CAMELBACK RD STE 100, PHOENIX, AZ, 85006	86-0739613	501C3	78,729				PROGRAM SUPPORT
(30) FRESH START WOMEN'S FOUNDATION 1130 E MCDOWELL RD, PHOENIX, AZ, 85006	86-0762610	501C3	107,671				PROGRAM SUPPORT
(31) FRIENDLY HOUSE 113 W SHERMAN ST, PHOENIX, AZ, 85003	86-0120506	501C3	71,695				PROGRAM SUPPORT
(32) GERVONNI CARES INC 10332 W CROWN KING RD, TOLLESON, AZ, 85353	85-2229689	501C3	35,000				PROGRAM SUPPORT
(33) HELPING FAMILIES IN NEED 3010 S.92ND DR, TOLLESON, AZ, 85353	80-0744034	501C3	16,517				PROGRAM SUPPORT
(34) HELPING HANDS FOR SINGLE MOMS 360 E CORONADO RD, STE 150, PHOENIX, AZ, 85004	68-0489835	501C3	58,486				PROGRAM SUPPORT
(35) HOMELESS YOUTH CONNECTION INC 9950 W VAN BUREN ST STE 114, AVONDALE, AZ, 85323	27-3182999	501C3	91,643				PROGRAM SUPPORT
(36) HUSHABYE NURSERY 3003 E MCDOWELL RD, PHOENIX, AZ, 85008	86-0975231	501C3	42,310				PROGRAM SUPPORT
(37) ICAN 650 E MORELOS ST, CHANDLER, AZ, 85225	86-0761030	501C3	69,619				PROGRAM SUPPORT
(38) INNOVATION FOR JUSTICE AT THE UNIVERSITY OF ARIZONA JAMES E ROGERS COLLEGE OF LAW, LAW COLLEGE ASSOC 1201 E SPEEDWAY BLVD, TUCSON, AZ, 85721	86-6037148	501C3	60,000				PROGRAM SUPPORT
(39) JEWISH FAMILY & CHILDREN'S SERVICE, INC. (JFCS) 4747 N 7TH STREET, STE 100, PHOENIX, AZ, 85014	86-0096781	501C3	97,870				PROGRAM SUPPORT
(40) JOBS FOR ARIZONA'S GRADUATES 10201 S 51ST ST STE 125, PHOENIX, AZ, 85044	86-0669709	501C3	86,977				PROGRAM SUPPORT
(41) JUNIOR ACHIEVEMENT OF ARIZONA 636 WEST SOUTHERN AVENUE, TEMPE, AZ, 85282	86-0184349	501C3	20,366				PROGRAM SUPPORT
(42) JUSTA CENTER 1001 WEST JEFFERSON, PHOENIX, AZ, 85007	47-2389424	501C3	55,276				PROGRAM SUPPORT
(43) KEYS TO CHANGE (HUMAN SERVICES CAMPUS) 301 W. JEFFERSON STREET, SUITE 3200, PHOENIX, AZ, 85003	46-3333160	501C3	92,500	5,030	FMV		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
(44) LIVE AND LEARN PROGRAM 326 E CORONADO RD, SUITE 201, PHOENIX, AZ, 85004	47-2086218	501C3	64,202				PROGRAM SUPPORT
(45) LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST 3636 N CENTRAL AVE STE 300, PHOENIX, AZ, 85012	86-0252302	501C3	86,424				PROGRAM SUPPORT
(46) MAGGIE'S PLACE, INC. 4001 N 30TH ST, PHOENIX, AZ, 85016	86-0972675	501C3	75,712				PROGRAM SUPPORT
(47) MAKE WAY FOR BOOKS 700 N STONE AVE, TUCSON, AZ, 85705	31-1583036	501C3	373,878				PROGRAM SUPPORT
(48) MENTORKIDS USA 8960 EAST RAINTREE DRIVE, SUITE 300, SCOTTSDALE, AZ, 85260-7030	86-0865368	501C3	14,800				PROGRAM SUPPORT
(49) MERCY HOUSE LIVING CENTERS 203 N GOLDEN CIR, SANTA ANA, CA, 92701	33-0315864	501C3	89,200				PROGRAM SUPPORT
(50) NATIVE AMERICAN CONNECTIONS 4520 NORTH CENTRAL AVENUE, 6TH FLOOR SUITE 600, PHOENIX, AZ, 85012	86-0293585	501C3	124,678				PROGRAM SUPPORT
(51) NEIGHBORHOOD MINISTRIES INC 1918 WEST VAN BUREN STREET, PHOENIX, AZ, 85009	86-0809052	501C3	143,212				PROGRAM SUPPORT
(52) NEW LIFE CENTER P. O. BOX 5005, GOODYEAR, AZ, 85338	86-0635950	501C3	46,111				PROGRAM SUPPORT
(53) NEW PATHWAYS FOR YOUTH, INC. 1001 E. PIERCE STREET, PHOENIX, AZ, 85006	86-0615007	501C3	80,000				PROGRAM SUPPORT
(54) NOTMYKID, INC. 5230 E. SHEA BLVD., SUITE 100, SCOTTSDALE, AZ, 85253	86-0988329	501C3	46,811				PROGRAM SUPPORT
(55) PER SCHOLAS 804 E 138TH ST FLR 2, BRONX, NY, 10454	04-3252955	501C3	22,500				PROGRAM SUPPORT
(56) PHOENIX CHILDREN'S HOSPITAL FOUNDATION 2929 E CAMELBACK RD #122, PHOENIX, AZ, 85016	74-2421549	501C3	80,000				PROGRAM SUPPORT
(57) PHOENIX LEGAL ACTION NETWORK PO BOX 24673, TEMPE, AZ, 85285	82-0711172	501C3	87,400				PROGRAM SUPPORT
(58) READ BETTER BE BETTER 715 E. MONTECITO AVE, PHOENIX, AZ, 85014	47-4003520	501C3	83,250				PROGRAM SUPPORT
(59) SOJOURNER CENTER P. O. BOX 20156, PHOENIX, AZ, 85036	86-0809052	501C3	65,752				PROGRAM SUPPORT
(60) SOLARI, INC. 1275 W WASHINGTON ST STE 210, TEMPE, AZ, 85281	26-0446321	501C3	150,000				PROGRAM SUPPORT
(61) SOUNDS ACADEMY PO BOX 44497, PHOENIX, AZ, 85064	46-3932746	GOVERNMENT	34,268				PROGRAM SUPPORT
(62) SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER 300 N. 18TH STREET, PHOENIX, AZ, 85006	31-1496646	501C3	87,975				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
(63) SOUTHWEST HUMAN DEVELOPMENT 2850 N. 24TH STREET, PHOENIX, AZ, 85008	86-0407179	501C3	154,077				PROGRAM SUPPORT
(64) ST. JOSEPH THE WORKER P.O. BOX 13503, PHOENIX, AZ, 85002-0000	86-06000437	501C3	58,572				PROGRAM SUPPORT
(65) ST. MARY'S FOOD BANK 2831 NORTH 31ST AVENUE, PHOENIX, AZ, 85009	23-7353532	501C3	228,144				PROGRAM SUPPORT
(66) TELEVERDE FOUNDATION 2800 N CENTRAL AVE STE 500, 5TH FLOOR, PHOENIX, AZ, 85004	85-0535332	501C3	55,500				PROGRAM SUPPORT
(67) TEMPE COMMUNITY ACTION AGENCY 2146 E. APACHE BLVD, TEMPE, AZ, 85281	86-0254820	501C3	84,379				PROGRAM SUPPORT
(68) THE SALVATION ARMY P.O. BOX 52177, PHOENIX, AZ, 85072-0000	94-1156347	501C3	80,818				PROGRAM SUPPORT
(69) UMOM NEW DAY CENTERS, INC. 3307 NE VAN BUREN ST, PHOENIX, AZ, 85008	86-0521062	501C3	175,657				PROGRAM SUPPORT
(70) UNION ELEMENTARY SCHOOL DISTRICT 3834 S. 91ST AVE., TOLLESON, AZ, 85353	86-6000506	GOVERNMENT	33,539				PROGRAM SUPPORT
(71) UNITED FOOD BANK 245 S NINA DR, MESA, AZ, 85210	86-0505273	501C3	143,093				PROGRAM SUPPORT
(72) UNLIMITED POTENTIAL 3146 E WIER AVENUE, PHOENIX, AZ, 85040	74-2383678	501C3	56,000				PROGRAM SUPPORT
(73) EASTERSEALS BLAKE FOUNDATION 7750 E BROADWAY BLVD, SUITE A200, TUCSON, AZ, 85710	86-0093224	501C3	51,550				PROGRAM SUPPORT
(74) VALLEY OF THE SUN YMCA EXECUTIVE OFFICES, 350 N 1ST AVE, PHOENIX, AZ, 85003-0000	86-0096799	501C3	111,641				PROGRAM SUPPORT
(75) WASTE NOT, INC. 1700 N. GRANITE REEF, SCOTTSDALE, AZ, 85257	86-0650514	501C3	58,457				PROGRAM SUPPORT
(76) WESLEY COMMUNITY CENTER 1300 SOUTH 10TH STREET, PHOENIX, AZ, 85034-0000	86-0133770	501C3	51,411				PROGRAM SUPPORT
(77) WEST VALLEY HEALTH EQUITY 735 GRAND AVE, SUITE 101, PHOENIX, AZ, 85001	88-2354847	501C3	14,000				PROGRAM SUPPORT
(78) WORLD HUNGER ECUMENICAL ARIZONA TASK FORCE DBA WHEAT 4000 N. 7TH STREET, SUITE 118, PHOENIX, AZ, 85014	74-2386488	501C3	32,000				PROGRAM SUPPORT
(79) YEAR UP 45 MILK ST., 9TH FL., BOSTON, MA, 02109	04-3534407	501C3	124,200				PROGRAM SUPPORT
(80) COMMUNITY BRIDGES, INC. 1855 W BASELINE RD, STE 101, MESA, AZ, 85202	86-0823871	501C3	331,358				PROGRAM SUPPORT
(81) UNITE FOR LITERACY 123 N. COLLEGE AVE, SUITE 204, FORT COLLINS, CO, 80524	46-1225221	501C3	31,200				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) AVONDALE SCHOOL DISTRICT 25 W WESTERN AVE, ATTN ACCOUNTS RECEIVABLE, AVONDALE, AZ, 85323	86-6000500	501C3	82,713				PROGRAM SUPPORT
(83) HUMAN SERVICES CAMPUS LLC 204 S 12TH AVE, PHOENIX, AZ, 85007	46-3333160	GOVERNMENT	55,301				PROGRAM SUPPORT
(84) STEMMLER & ASSOCIATES, LLC DBA FRAMESHIFT GROUP 24 W CAMELBACK RD, STE A-538, PHOENIX, AZ, 85013	46-5310989		102,838				PROGRAM SUPPORT
(85) ARIZONA COMMUNITY FOUNDATION DBA READ ON ARIZONA 2201 E CAMELBACK RD, STE 405B, PHOENIX, AZ, 85016	86-0348306	501C3	734,400				PROGRAM SUPPORT
(86) GREATER PHOENIX CHAMBER OF COMMERCE 201 N CENTRAL AVE, SUITE 2700, PHOENIX, AZ, 85073-	81-1367313	GOVERNMENT	45,000				PROGRAM SUPPORT
(87) DCG ENTERPRISES, LLC 7575 E INDIAN BEND RD, #1107, SCOTTSDALE, AZ, 85250	20-2659545		30,600				PROGRAM SUPPORT
(88) VITALYST HEALTH FOUNDATION 2929 N CENTRAL AVE, STE 1550, PHOENIX, AZ, 85012	86-0097240	501C3	25,000				PROGRAM SUPPORT
(89) YWCA METROPOLITAN PHOENIX 2999 N 44TH ST STE 250, PHOENIX, AZ, 85018	86-0098936	501C3	20,117				PROGRAM SUPPORT
(90) CENTER FOR THE FUTURE OF ARIZONA 541 E VAN BUREN, SUITE B-5, PHOENIX, AZ, 85004	82-0538372	501C3	10,013				PROGRAM SUPPORT
(91) PARTNERSHIP FOR ECONOMIC INNOVATION 2055 E WARNER RD, STE 101, TEMPE, AZ, 85284	47-4623504	501C3	9,777				PROGRAM SUPPORT
(92) CARTWRIGHT SCHOOL DISTRICT 5220 W INDIAN SCHOOL ROAD, PHOENIX, AZ, 85031	86-6000517	501C3	7,895				PROGRAM SUPPORT
(93) DESTINATION HOME SV 3180 NEWBERRY DR, STE 200, SAN JOSE, CA, 95118	82-3353174	501C3	5,000				PROGRAM SUPPORT
(94) CITY OF TEMPE 3500 S RURAL RD STE 202, TEMPE, AZ, 85282	86-6000262	GOVERNMENT	49,878				PROGRAM SUPPORT
(95) OTHER COMMUNITY INITIATIVES - VARIOUS PARTNERS 3115 N 3RD AVE STE G-130, PHOENIX, AZ, 85013			3,019,094	365,148	FMV		PROGRAM SUPPORT
(96) FIRST THINGS FIRST QUALITY FIRST SCHOLARSHIPS TO PROVIDERS 3115 N 3RD AVE STE G-130, PHOENIX, AZ, 85013			45,070,430				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
<sup>(97)</sup> DIRECT DESIGNATIONS TO VARIOUS AGENCIES 3115 N. 3RD AVE STE G-130, PHOENIX, AZ, 85013		501C3	5,026,755				PROGRAM SUPPORT
<sup>(98)</sup> SCHOOL READINESS KITS - VARIOUS PARTNERS 3115 N. 3RD AVE STE G-130, PHOENIX, AZ, 85013			224,973				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. IN FISCAL YEAR 2025, VSUW DIRECTED THESE FUNDS TO MORE THAN 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) 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>

**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

**Part I Questions Regarding Compensation**

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

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

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

	Yes	No
1a		
1b	✓	

**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? . . . . .

2	✓	
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**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.

4a		✓
4b		✓
4c		✓

**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.

5a		✓
5b		✓

**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.

6a		✓
6b		✓

**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 . . . . .

7		✓
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**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 . . . . .

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

9		
---	--	--

**Part I 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	352,703	768	720	10,475	9,073	373,739	0
2	TANYA MUNIZ CHIEF FIN. & OPERATING OFFICER (THRU 9/2024)	233,272	0	526	10,655	6,582	251,035	0
3	LAURA KAISER CHIEF CORP RELATIONS & BRAND OFFICER	182,916	761	390	6,199	17,892	208,158	0
4	EMMA V GARCIA-LOERA CHIEF COMM DEV & ENGAGEMENT OFFICER	174,164	812	883	2,722	22,198	200,779	0
5	CHRISTINE SULLIVAN CONTR(THRU 9/24)/CFO(AT 9/24)	171,594	812	246	0	22,198	194,850	0
6	COLLEEN GAUTAM SVP, GENERAL COUNSEL & ADMIN	144,960	10,812	322	6,390	22,198	184,682	0
7	MELISSA BOYDSTON SVP, COMM DEV & ENGAGEMENT	150,156	10,812	465	0	22,198	183,631	0
8	SHELLEY GRIFFIN VP, INFORMATION TECHNOLOGY	153,502	812	1,354	7,072	9,073	171,813	0
9								
10								
11								
12								
13								
14								
15								
16								

**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 J, PART II	<p>IN SEPTEMBER 2024, TANYA MUNIZ LEFT HER ROLE AS CHIEF FINANCIAL AND OPERATING OFFICER AT VSUW. AT THAT TIME, SHE WAS PAID OUT FOR CERTAIN ACCRUED BENEFITS TO WHICH SHE WAS ENTITLED.</p> <p>UPON TANYA MUNIZ' DEPARTURE, CHRISTINE SULLIVAN, FORMERLY CONTROLLER, WAS ALSO INTERIM CHIEF FINANCIAL OFFICER BEGINNING IN SEPTEMBER 2024 UNTIL NOVEMBER 2024 WHEN SHE WAS APPOINTED CHIEF FINANCIAL OFFICER. SCHEDULE J, PART II REFLECTS MS. SULLIVAN'S COMPENSATION FOR THE ENTIRE CALENDAR YEAR AS REQUIRED.</p>

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
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18				
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23				
24				
25				
26				
27				
28				

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 I**

**Types of Property (continued)**

Property Type	(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
OFFICE AND SUPPLIES	✓	401,453	349,818	MARKET VALUE
EVENT TICKETS	✓	480	20,360	MARKET VALUE

**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	OTHER - OFFICE AND SUPPLIES THE NUMBER OF ITEMS RECEIVED OTHER - EVENT TICKETS NUMBER OF ITEMS RECEIVED.

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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 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 WAS DEPLOYED DIRECTLY INTO THE COMMUNITY OVER THE FIVE YEARS BEGINNING FISCAL YEAR 2021. THE FUNDS WERE USED TO EXECUTE ITS MC2026 PLAN AND TO HELP STABILIZE FOUNDATIONAL COMMUNITY PROGRAMS. THE GRANT ALSO ALLOWED 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 COMPLETED THE FIVE-YEAR EXPENDITURE PLAN FOR THIS \$35 MILLION GIFT, WITH \$1,338,000 IN EXPENDITURES FOR THE YEAR ENDED JUNE 30, 2025.
FORM 990, PART VI, LINE 1A - VOTING MEMBERS	PURSUANT TO THE BYLAWS, THE EXECUTIVE COMMITTEE SHALL CONSIST 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. THE EXECUTIVE COMMITTEE SHALL SUPERVISE AND DIRECT THE ROUTINE WORK AND ADMINISTRATION OF THE CORPORATION. THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE ALL THE POWERS OF THE BOARD BETWEEN REGULARLY SCHEDULED MEETINGS SUBJECT TO SUCH LIMITATIONS AS THE LAWS OF THE STATE OF ARIZONA OR RESOLUTIONS THE BOARD MAY IMPOSE. IN THE CASE THE EXECUTIVE COMMITTEE TAKES ACTION IN THIS MANNER BETWEEN REGULARLY SCHEDULED MEETINGS, A WRITTEN SUMMARY OF ACTIONS TAKEN WILL BE PROVIDED TO THE BOARD PRIOR TO THE NEXT BOARD MEETING.
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.

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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 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	<p>THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE READILY AVAILABLE ON THE VSUW WEBSITE AT <a href="http://WWW.VSUW.ORG">WWW.VSUW.ORG</a>. 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.</p>
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 TETREULT STEVE EVANS DON SMITH BRAD SMITH</p>
FORM 990, PART VIII, LINE 1E - GOVERNMENT GRANTS	<p>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 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 \$47,354,302 IN FY25 AND ARE REPORTED ON LINE E - GOVERNMENT GRANTS.</p>

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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) TO 3115 N 3RD AVENUE, SUITE G-130, PHOENIX, AZ 85013	VIRTUAL TUTORING	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)							

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

**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
<b>1</b>	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?		
<b>a</b>	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b>	Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b>	Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b>	Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b>	Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	
<b>2</b>	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).....													