

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Form header section including: A For the 2022 calendar year, or tax year beginning 07/01, 2022, and ending 06/30, 2023; B Check if applicable; 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 \$ 120,367,963; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: 501(c)(3); J Website: WWW.VSUW.ORG; K Form of organization: Corporation; 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 Briefly describe the organization's mission or most significant activities: IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY. SEE SCHEDULE O FOR FURTHER DETAIL.; 2-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 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.

Signature of officer: Tanya M. Muniz, CFOO. Date: 4/12/2024 | 11:44 AM MST.

Paid Preparer Use Only section including: Print/Type preparer's name: PATRICK SHIELDS; Preparer's signature; Date: 03/27/2024; Firm's name: ERNST & YOUNG US LLP; Firm's EIN: 34-6565596; Firm's address: 2323 VICTORY AVENUE, DALLAS, TX 75219; Phone no.: (214) 969-8000.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2022)

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 \$ 93,345,709 including grants of \$ 93,345,709) (Revenue \$ 376,258)
GRANTS, ALLOCATIONS, AND DISTRIBUTIONS TO HEALTH AND HUMAN SERVICE PROGRAMS, AND VSUW COMMUNITY
OBJECTIVES. SEE SCHEDULE O FOR FURTHER DETAIL.

4b (Code:) (Expenses \$ 5,972,865 including grants of \$ 0) (Revenue \$ 0)
PROGRAM ACTIVITIES SUPPORTING COMMUNITY INITIATIVES. SEE SCHEDULE O FOR FURTHER DETAIL.

4c (Code:) (Expenses \$ 5,228,951 including grants of \$ 5,228,951) (Revenue \$ 0)
DESIGNATIONS TO VARIOUS COMMUNITY NON-PROFIT ORGANIZATIONS. SEE SCHEDULE O FOR FURTHER DETAIL.

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

4e Total program service expenses 104,547,525

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	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	2a	128		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
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>	3b			
4a	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)?	4a			✓
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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	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.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. 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.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 40		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 40		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

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

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.
TANYA MUNIZ, 3200 EAST CAMELBACK ROAD, STE 375, PHOENIX, AZ 85018, (602) 631-4889

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			✓				322,676	0	17,537
(2) TANYA MUNIZ CHIEF FIN. & OPERATING OFFICER	50.0 0.0			✓				224,136	0	25,905
(3) ROBERT PODLOGAR CHIEF COMM DEV & ENGAGEMENT OFFICER	50.0 0.0					✓		192,451	0	16,932
(4) LAURA KAISER CHIEF CORP RELATIONS & BRAND OFFICER	50.0 0.0					✓		167,120	0	13,972
(5) COLLEEN GAUTAM SVP, GENERAL COUNSEL & ADMIN	50.0 0.0					✓		128,825	0	26,839
(6) SHELLEY GRIFFIN VP, INFORMATION TECHNOLOGY	50.0 0.0					✓		134,636	0	14,268
(7) MELISSA BOYDSTON SVP, COMM DEV & ENGAGEMENT	50.0 0.0					✓		121,731	0	20,809
(8) BRADLEY SMITH DIRECTOR/SECRETARY	4.0 0.0	✓		✓				0	0	0
(9) DAVID LONG DIRECTOR/TREASURER	4.0 0.0	✓		✓				0	0	0
(10) JOHN GRAHAM DIRECTOR/BOARD CHAIR	4.0 0.0	✓		✓				0	0	0
(11) AMANDA MUIR DIRECTOR	2.0 0.0	✓						0	0	0
(12) ANTHONY SHARETT DIRECTOR	2.0 0.0	✓						0	0	0
(13) AVEIN SAATY-TAFOYA DIRECTOR	2.0 0.0	✓						0	0	0
(14) BETH GINZINGER DIRECTOR	2.0 0.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CHRIS CAMACHO DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) CHRISTINE WILKINSON, PH.D DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) DANIEL WANI DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) DON SMITH, JR 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) ELISSA KELLY DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) GEOFFREY BURBRIDGE DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) GREG GEIST DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) HOPE LEVIN DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) JEFF BARTON DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								1,291,575	0	136,262
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,291,575	0	136,262

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE LAVIDGE COMPANY, 2777 E. CAMELBACK RD., SUITE 300, PHOENIX, AZ 85016	ADVERTISING AND P.R.	255,227
ERNST & YOUNG, 3712 SOLUTIONS CENTER, CHICAGO, IL 60677-3007	AUDIT AND TAX	155,839

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 724,065					
	b	Membership dues	1b					
	c	Fundraising events	1c 203,396					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 86,592,161					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 19,958,077					
	g	Noncash contributions included in lines 1a-1f	1g \$ 359,119					
	h	Total. Add lines 1a-1f						107,477,699
	Program Service Revenue	2a	PROCESSING FEES					Business Code 900099
b								
c								
d								
e								
f		All other program service revenue . .		0	0	0	0	
g		Total. Add lines 2a-2f		376,258				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,325,641			2,325,641	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real					
			(ii) Personal					
	6b	Less: rental expenses						
	6c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	9,916,619				
			(ii) Other					
	7b	Less: cost or other basis and sales expenses	9,695,377					
	7c	Gain or (loss)	221,242	0				
	d	Net gain or (loss)		221,242			221,242	
8a	Gross income from fundraising events (not including \$ 203,396 of contributions reported on line 1c). See Part IV, line 18	8a 34,560						
8b	Less: direct expenses	8b 69,315						
	Net income or (loss) from fundraising events		(34,755)			(34,755)		
9a	Gross income from gaming activities. See Part IV, line 19	9a						
9b	Less: direct expenses	9b						
	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances							
10b	Less: cost of goods sold	10b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	Business Code 900099	237,186	237,186			
	b							
	c							
	d	All other revenue		0	0	0	0	
	e	Total. Add lines 11a-11d		237,186				
12	Total revenue. See instructions		110,603,271	613,444	0	2,512,128		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	98,574,660	98,574,660		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	546,812	180,448	235,129	131,235
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,872,746	2,985,045	1,567,257	2,320,444
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	315,108	128,558	79,264	107,286
9	Other employee benefits	955,247	417,521	221,845	315,881
10	Payroll taxes	564,226	241,325	133,206	189,695
11	Fees for services (nonemployees):				
a	Management				
b	Legal	58,727	22,613	28,010	8,104
c	Accounting	210,839	95,000	115,839	
d	Lobbying	28,000	28,000		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	96,767		96,767	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	321,108	209,476	52,249	59,383
12	Advertising and promotion	520,704	165,609	215,793	139,302
13	Office expenses	322,096	191,378	54,005	76,713
14	Information technology	557,857	246,282	168,356	143,219
15	Royalties				
16	Occupancy	973,412	437,238	215,117	321,057
17	Travel	21,020	15,403	1,269	4,348
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,009	18,168	10,029	10,812
20	Interest				
21	Payments to affiliates	610,684	201,526	262,594	146,564
22	Depreciation, depletion, and amortization	589,735	264,822	130,395	194,518
23	Insurance	115,694	48,241	32,425	35,028
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<u>PRINTING AND PUBLICATIONS</u>	88,846	7,203	9,214	72,429
b	<u>BANKING, PAYROLL, PERMITS</u>	134,385	15,634	107,598	11,153
c	<u>SPECIAL EVENTS</u>	113,486	21,383	26,212	65,891
d	<u>ALL OTHER EXPENSES</u>	97,050	31,992	45,429	19,629
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	112,728,218	104,547,525	3,808,002	4,372,691
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	17,125,624	2	9,283,377
	3 Pledges and grants receivable, net	9,548,779	3	15,877,141
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	1,324,853	9	544,290
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,435,394		
	b Less: accumulated depreciation	10b 3,251,048	1,548,927	10c 1,184,346
	11 Investments—publicly traded securities	73,725,855	11	79,304,183
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	824,893	15	2,340,549
16 Total assets. Add lines 1 through 15 (must equal line 33)	104,098,931	16	108,533,886	
Liabilities	17 Accounts payable and accrued expenses	22,018,974	17	23,210,343
	18 Grants payable	11,376,855	18	12,282,882
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	2,000,000	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	331,462	25	2,588,413
	26 Total liabilities. Add lines 17 through 25	35,727,291	26	38,081,638
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	50,470,494	27	51,895,472
	28 Net assets with donor restrictions	17,901,146	28	18,556,776
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	68,371,640	32	70,452,248	
33 Total liabilities and net assets/fund balances	104,098,931	33	108,533,886	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	110,603,271
2	Total expenses (must equal Part IX, column (A), line 25)	2	112,728,218
3	Revenue less expenses. Subtract line 2 from line 1	3	(2,124,947)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	68,371,640
5	Net unrealized gains (losses) on investments	5	4,205,555
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	70,452,248

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	✓	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) JENNY HOLSMAN TETREALT ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(26) JIM MACDONALD ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(27) KENNETH LEVINE ----- DIRECTOR (PART YEAR)	2.0 ----- 0.0	✓						0	0	0
(28) KEVIN COOPER ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(29) KIMBERLY THOMPSON HEINL ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(30) LATASHA CAUSEY ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(31) LEE ANN BOHN ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(32) LISA CAGNOLATTI ----- DIRECTOR (PART YEAR)	2.0 ----- 0.0	✓						0	0	0
(33) LISA RILEY ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(34) LIZ MONTANO ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(35) MATT BYRNES ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(36) MATTHEW FEENEY ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(37) MICHAEL TULLY ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(38) MONICA VILLALOBOS ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(39) MONICA WHITING ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(40) NINA MULLINS ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(41) PAT EDWARDS ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(42) PATRICK STRIECK ----- DIRECTOR (PART YEAR)	2.0 ----- 0.0	✓						0	0	0
(43) PAULA BOCA-BOMMARITO ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(44) RAY SCHEY ----- 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	Former			
(45) ROBIN REED ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(46) RUBEN ALVAREZ ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(47) SABRINA FREIBERG ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(48) STEVE EVANS ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(49) TODD SANDERS ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(50) TRACY BAME ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(51) VINCE ROIG ----- DIRECTOR (PART YEAR)	2.0 ----- 0.0	✓						0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization VALLEY OF THE SUN UNITED WAY	Employer identification number 86-0104419
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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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

Cat. No. 11285F

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	89,940,521	97,771,905	106,382,144	75,504,856	107,477,699	477,077,125
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	89,940,521	97,771,905	106,382,144	75,504,856	107,477,699	477,077,125
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						477,077,125

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	89,940,521	97,771,905	106,382,144	75,504,856	107,477,699	477,077,125
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,102,864	1,389,948	1,630,133	3,933,535	2,325,641	11,382,121
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						488,459,246
12 Gross receipts from related activities, etc. (see instructions)					12	3,228,130
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	97.67 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	97.69 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2022. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2021. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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>		
b 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>		
c 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>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990) 2022

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[x] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization VALLEY OF THE SUN UNITED WAY	Employer identification number 86-0104419
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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	----- ----- -----	\$ 83,623,299	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 5,550,749	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 2,968,862	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 2,590,769	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

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

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

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

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

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

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Cat. No. 50084S

Schedule C (Form 990) 2022

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 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"> -CHARITABLE DEDUCTIONS FOR NON ITEMIZERS -COVID-19 PUBLIC HEALTH EMERGENCY SUPPORT -ARIZONA TOGETHER FUND FOR GRANTS TO ARIZONA NONPROFITS -CRISIS CONTINGENCY AND SAFETY NET FUND -BEHAVIORIAL HEALTH FUNDING -CITY OF PHOENIX AFFORDABLE HOUSING PLAN -PHOENIX FOOD PROGRAM -EXPANSION OF THE ARIZONA PROMISE SCHOLARSHIP PROGRAM -EXPAND INCOME ELIGIBILITY CUTOFF FOR KIDSCARE <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 \$28,000 AND WAS DIRECTLY RELATED TO ACTIVITIES THAT ADVANCE THE PUBLIC POLICY ISSUES APPROVED BY THE VSUW BOARD OF DIRECTORS.</p>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows 1a-2b for questions regarding art and historical treasures collections and reporting requirements.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,796,257	58,942,436	46,642,129	49,267,254	48,643,844
b Contributions	1,029,326	1,804,410	28,326	80,708	18,326
c Net investment earnings, gains, and losses	5,219,603	(7,999,383)	14,518,489	(575,326)	2,254,344
d Grants or scholarships					
e Other expenditures for facilities and programs	2,206,464	1,951,206	2,246,508	2,130,507	1,649,260
f Administrative expenses					
g End of year balance	54,838,722	50,796,257	58,942,436	46,642,129	49,267,254

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

- a** Board designated or quasi-endowment 70.00 %
- b** Permanent endowment 30.00 %
- c** Term endowment 0.00 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,126,053	509,833	616,220
c Leasehold improvements				
d Equipment		2,267,740	1,859,280	408,460
e Other		1,041,601	881,935	159,666
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,184,346

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LT RETIREMENT LIABILITY	266,547
(3) OPERATING LEASE LIABILITY, CURRENT	943,645
(4) OPERATING LEASE LIABILITY, LESS CURRENT PORTION	1,378,221
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,588,413

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	109,522,863
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,205,555
b	Donated services and use of facilities	2b	5,000
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	34,755
e	Add lines 2a through 2d	2e	4,245,310
3	Subtract line 2e from line 1	3	105,277,553
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	96,767
b	Other (Describe in Part XIII.)	4b	5,228,951
c	Add lines 4a and 4b	4c	5,325,718
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	110,603,271

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

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

1	Total expenses and losses per audited financial statements	1	107,442,255
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,000
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	34,755
e	Add lines 2a through 2d	2e	39,755
3	Subtract line 2e from line 1	3	107,402,500
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	96,767
b	Other (Describe in Part XIII.)	4b	5,228,951
c	Add lines 4a and 4b	4c	5,325,718
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	112,728,218

Part XIII Supplemental Information.

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

SEE STATEMENT

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	34,755
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	DONOR DESIGNATIONS	5,228,951
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	SPECIAL EVENTS	34,755
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	DONOR DESIGNATIONS	5,228,951

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, 2023 AND 2022.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>BREAKFAST</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	237,956			237,956
	2 Less: Contributions	203,396			203,396
	3 Gross income (line 1 minus line 2)	34,560	0	0	34,560
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	21,895			21,895
	7 Food and beverages	34,708			34,708
	8 Entertainment				0
	9 Other direct expenses	12,712			12,712
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					(34,755)

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

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

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

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

**SCHEDULE I
(Form 990)**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A NEW LEAF, INC. 868 E. UNIVERSITY DRIVE, MESA, AZ 85203	86-0256667	501(C)(3)	877,295				PROGRAM SUPPORT
(2) ADVOCACY31NINE 1820 W ELLIOT RD, GILBERT, AZ 85233	83-2281918	501(C)(3)	11,530				PROGRAM SUPPORT
(3) ALHAMBRA SCHOOL DISTRICT #68 4510 N. 37TH AVE., PHOENIX, AZ 85019	86-6000510	501(C)(3)	219,005				PROGRAM SUPPORT
(4) AMERICAN HEART ASSOCIATION 2929 SOUTH 48TH STREET, TEMPE, AZ 85282	13-5613797	501(C)(3)	76,469				PROGRAM SUPPORT
(5) ARIZONA CAREER PATHWAYS 108 N 40TH ST, STE 1146, PHOENIX, AZ 85034	27-4590173	501(C)(3)	37,500				PROGRAM SUPPORT
(6) ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD, PHOENIX, AZ 85016	86-0348306	501(C)(3)	1,187,291				PROGRAM SUPPORT
(7) ARIZONA HOUSING, INC. 209 W JACKSON ST, STE 100, PHOENIX, AZ 85003	86-0811431	501(C)(3)	153,951				PROGRAM SUPPORT
(8) ARIZONA KIDS THINK TOO 3150 N 24TH ST, STE A204, PHOENIX, AZ 85016	45-5318781	501(C)(3)	51,834				PROGRAM SUPPORT
(9) ARIZONA LATINO LEADERS IN EDUCATION 515 E GRANT ST STE 150, PHOENIX, AZ 85004	85-1652516	501(C)(3)	51,690				PROGRAM SUPPORT
(10) AZ TECHNOLOGY COUNCIL FOUNDATION 1438 W BROADWAY RD, TEMPE, AZ 85282	20-1185167	501(C)(3)	52,500				PROGRAM SUPPORT
(11) AROUET FOUNDATION 4636 E UNIVERSITY DR, PHOENIX, AZ 85035	45-3456191	501(C)(3)	92,500				PROGRAM SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1,466

3 Enter total number of other organizations listed in the line 1 table 518

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

Cat. No. 50055P

Schedule I (Form 990) 2022

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

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

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

(SEE STATEMENT)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) ASTER AGING, INC 45 W UNIVERSITY DR STE A, MESA, AZ 85201	94-2596075	501(C)(3)	21,160				PROGRAM SUPPORT
(13) AUTISM LIFE AND LIVING 2511 W BLUE SKY DR, PHOENIX, AZ 85085	87-1724709	501(C)(3)	10,000				PROGRAM SUPPORT
(14) AVONDALE SCHOOL DISTRICT 295 W. WESTERN AVE., AVONDALE, AZ 85323	86-6000500	501(C)(3)	32,500				PROGRAM SUPPORT
(15) AZ ASSOC. FOR THE ED. OF YOUNG CHILDREN 23914 S ALMA SCHOOL RD, CHANDLER, AZ 85248	61-1448603	501(C)(3)	10,000				PROGRAM SUPPORT
(16) AZ CTR. FOR AFTERSCHOOL EXCELLENCE 77 E. WELDON AVE SUITE 210, PHOENIX, AZ 85012	86-1009220	501(C)(3)	25,000				PROGRAM SUPPORT
(17) AZCEND PO BOX 591, CHANDLER, AZ 85244	86-0428780	501(C)(3)	123,645				PROGRAM SUPPORT
(18) BACKPACKS 4 KIDS AZ 6819 N 21ST AVE, STE N, PHOENIX, AZ 85015	81-3669879	501(C)(3)	8,000				PROGRAM SUPPORT
(19) BANNER OLIVE BRANCH 11250 N. 107TH AVENUE, SUN CITY, AZ 85351	94-2745413	501(C)(3)	26,882				PROGRAM SUPPORT
(20) BE A LEADER FOUNDATION 1717 W NORTHERN AVE STE 116, PHOENIX, AZ 85021	55-0850279	501(C)(3)	140,037				PROGRAM SUPPORT
(21) BIG BROTHERS BIG SISTERS OF CENTRAL ARIZONA 1615 E OSBORN RD, PHOENIX, AZ 85016	86-0205254	501(C)(3)	183,104				PROGRAM SUPPORT
(22) BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE 10533 EAST LAKEVIEW DRIVE, SCOTTSDALE, AZ 85258	86-0767778	501(C)(3)	175,544				PROGRAM SUPPORT
(23) BOYS & GIRLS CLUBS OF THE VALLEY 4309 E. BELLEVIEW ST., BLDG. 14, PHOENIX, AZ 85008	86-0550646	501(C)(3)	438,093				PROGRAM SUPPORT
(24) BOYS HOPE GIRLS HOPE OF ARIZONA 3443 N CENTRAL AVE, ARCADE 7, PHOENIX, AZ 85012	86-0630295	501(C)(3)	30,332				PROGRAM SUPPORT
(25) CAMP CATANESE FOUNDATION 1 W CAMPBELL AVE #2110, PHOENIX, AZ 85013	81-3263828	501(C)(3)	18,750				PROGRAM SUPPORT
(26) CANDELEN 777 E THOMAS RD STE 200, PHOENIX, AZ 85014	86-0332919	501(C)(3)	7,950,713				PROGRAM SUPPORT
(27) CATHOLIC CHARITIES COMMUNITY SERVICES INC 5151 N 19TH AVE, PHOENIX, AZ 85015	86-0223999	501(C)(3)	129,578				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) CENTER FOR THE FUTURE OF ARIZONA 541 E. VAN BUREN, SUITE B-5, PHOENIX, AZ 85004	82-0538372	501(C)(3)	105,000				PROGRAM SUPPORT
(29) CENTRAL ARIZONA SHELTER SERVICES PO BOX 18250, PHOENIX, AZ 85074	86-0500753	501(C)(3)	146,913				PROGRAM SUPPORT
(30) CHANDLER EDUCATION FOUNDATION 1525 W FRYE RD, CHANDLER, AZ 85224	86-0589677	501(C)(3)	101,215				PROGRAM SUPPORT
(31) CHICANOS POR LA CAUSA, INC. 1112 EAST BUCKEYE ROAD, PHOENIX, AZ 85034	86-0227210	501(C)(3)	410,871				PROGRAM SUPPORT
(32) CHILD & FAMILY RESOURCES 2800 EAST BROADWAY, TUCSON, AZ 85716	86-0251984	501(C)(3)	3,124,431				PROGRAM SUPPORT
(33) CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DR, MESA, AZ 85201	86-0324144	501(C)(3)	182,881				PROGRAM SUPPORT
(34) CITY OF PHOENIX 200 W WASHINGTON ST, PHOENIX, AZ 85003	86-6000256	GOVERNMENT	26,098				PROGRAM SUPPORT
(35) CITY OF TEMPE 3500 SOUTH RURAL ROAD, TEMPE, AZ 85282	86-6000262	GOVERNMENT	369,712				PROGRAM SUPPORT
(36) COLLEGE BOUND AZ 4222 E BROWN RD, #33, MESA, AZ 85205	27-1997517	501(C)(3)	33,125				PROGRAM SUPPORT
(37) COMMUNITY BRIDGES, INC. 1855 W BASELINE RD, STE 101, MESA, AZ 85202	94-2880847	501(C)(3)	104,310				PROGRAM SUPPORT
(38) COMPREHENSIVE LITERACY-VARIOUS PARTNERS 3200 E. CAMELBACK RD. , SUITE 375, PHOENIX, AZ 85018			14,886				PROGRAM SUPPORT
(39) CREIGHTON COMMUNITY FOUNDATION, INC. 3219 E CAMELBACK RD, STE 376, PHOENIX, AZ 85018	46-2275877	501(C)(3)	50,000				PROGRAM SUPPORT
(40) DESERT MISSION 9225 N 3RD ST STE 200, PHOENIX, AZ 85020	86-0096941	501(C)(3)	26,039				PROGRAM SUPPORT
(41) DIRECT DESIGNATIONS TO VARIOUS AGENCIES 3200 E. CAMELBACK RD. , SUITE 375, PHOENIX, AZ 85018		501(C)(3)	4,008,478				PROGRAM SUPPORT
(42) DYSART COMMUNITY CENTER P. O. BOX 716, EL MIRAGE, AZ 85335	86-6031134	501(C)(3)	58,379				PROGRAM SUPPORT
(43) EASTER SEALS BLAKE FOUNDATION 401 E. JEFFERSON STREET, PHOENIX, AZ 85004	86-0093224	501(C)(3)	2,470,751				PROGRAM SUPPORT
(44) ELAINE 1075 W JACKSON ST, PHOENIX, AZ 85007	81-1989463	501(C)(3)	19,700				PROGRAM SUPPORT
(45) ELEVATE PHOENIX 3750 W. INDIAN SCHOOL ROAD, PHOENIX, AZ 85019	90-0451740	501(C)(3)	30,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(46) EMPACT-SUICIDE PREVENTION CENTER 618 S. MADISON DRIVE, TEMPE, AZ 85281	74-2562293	501(C)(3)	81,728				PROGRAM SUPPORT
(47) FAMILY OF GOD MINISTRY 6920 S 50TH DR, LAWEEN, AZ 85339	47-1257506	501(C)(3)	10,000				PROGRAM SUPPORT
(48) FATHER MATTERS INC 3146 E WIER AVE, RM 28, PHOENIX, AZ 85040	91-1846806	501(C)(3)	10,000				PROGRAM SUPPORT
(49) FREE ARTS FOR ABUSED CHILDREN OF ARIZONA 352 E CAMELBACK RD STE 101, PHOENIX, AZ 85012	86-0739613	501(C)(3)	79,722				PROGRAM SUPPORT
(50) FRESH START WOMEN'S FOUNDATION 1130 E MCDOWELL RD, PHOENIX, AZ 85006	86-0762610	501(C)(3)	119,450				PROGRAM SUPPORT
(51) FRIENDLY HOUSE, INC. 113 W SHERMAN ST, PHOENIX, AZ 85003	86-0120506	501(C)(3)	165,209				PROGRAM SUPPORT
(52) FTF QUALITY FIRST SCHOLARSHIPS TO PROVIDERS 3200 E. CAMELBACK RD. , SUITE 375, PHOENIX, AZ 85018			60,914,994				PROGRAM SUPPORT
(53) GATEWAY TO FREEDOM 4525 N 12TH ST, PHOENIX, AZ 85014	85-0782168	501(C)(3)	10,000				PROGRAM SUPPORT
(54) GIRL SCOUTS AZ CACTUS PINE COUNCIL INC., 119 E CORONADO RD, PHOENIX, AZ 85004	86-0133397	501(C)(3)	58,850				PROGRAM SUPPORT
(55) GREATER PHOENIX CHAMBER OF COMMERCE 2575 E CAMELBACK RD, STE 410, PHOENIX, AZ 85073	81-1367313	GOVERNMENT	104,500				PROGRAM SUPPORT
(56) HAITIAN AMERICAN CENTER FOR SOCIAL ECONOMIC DEVELOPMENT-ARIZONA 132 E BROWN RD, STE 3047, MESA, AZ 85201	87-1559467	501(C)(3)	10,000				PROGRAM SUPPORT
(57) HARMONY PROJECT PHOENIX 2 N CENTRAL AVE, STE 1800, PHOENIX, AZ 85004	85-3131216	501(C)(3)	9,600				PROGRAM SUPPORT
(58) HELPING FAMILIES IN NEED 3010 S 92ND DR, TOLLESON, AZ 85353	80-0744034	501(C)(3)	13,351				PROGRAM SUPPORT
(59) HELPING HANDS FOR SINGLE MOMS 360 E CORONADO RD, STE 150, PHOENIX, AZ 85004	68-0489835	501(C)(3)	70,616				PROGRAM SUPPORT
(60) HOMELESS YOUTH CONNECTION INC 9950 W VAN BUREN ST STE 114, AVONDALE, AZ 85323	27-3182999	501(C)(3)	195,853				PROGRAM SUPPORT
(61) HOMEWARD BOUND 2302 W. COLTER STREET, PHOENIX, AZ 85015	86-0660875	501(C)(3)	333,020				PROGRAM SUPPORT
(62) HUMAN SERVICES CAMPUS LLC 301 W. JEFFERSON STREET, SUITE 3200, PHOENIX, AZ 85003	46-3333160	GOVERNMENT	240,902				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) HUSHABYE NURSERY 3003 E MCDOWELL RD, PHOENIX, AZ 85008	82-2737849	501(C)(3)	52,719				PROGRAM SUPPORT
(64) ICAN POSITIVE PROGRAMS FOR YOUTH 650 E MORELOS ST, CHANDLER, AZ 85225	86-0761030	501(C)(3)	65,063				PROGRAM SUPPORT
(65) JEWISH FAMILY & CHILDREN'S SERVICE, INC. 4747 N 7TH STREET, STE 100, PHOENIX, AZ 85014	86-0096781	501(C)(3)	76,310				PROGRAM SUPPORT
(66) JOBS FOR ARIZONA'S GRADUATES 3320 W CHERYL DR STE B220, PHOENIX, AZ 85051	86-0669709	501(C)(3)	181,861				PROGRAM SUPPORT
(67) JUNIOR ACHIEVEMENT OF ARIZONA 636 WEST SOUTHERN AVENUE, TEMPE, AZ 85282	86-0184349	501(C)(3)	64,138				PROGRAM SUPPORT
(68) LIVE AND LEARN PROGRAM 326 E CORONADO RD, SUITE 201, PHOENIX, AZ 85004	47-2086218	501(C)(3)	69,577				PROGRAM SUPPORT
(69) LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST 2502 E UNIVERSITY DR STE 125, PHOENIX, AZ 85034	86-0252302	501(C)(3)	227,448				PROGRAM SUPPORT
(70) MAGGIE'S PLACE, INC. 4001 N 30TH ST, PHOENIX, AZ 85016	86-0972675	501(C)(3)	100,266				PROGRAM SUPPORT
(71) MAKE WAY FOR BOOKS 700 N STONE AVE, TUCSON, AZ 85705	31-1583036	501(C)(3)	627,899				PROGRAM SUPPORT
(72) MENTORKIDS USA 1776 N SCOTTSDALE RD #1148, SCOTTSDALE, AZ 85252	86-0865368	501(C)(3)	18,500				PROGRAM SUPPORT
(73) MERCY HOUSE LIVING CENTERS 203 N GOLDEN CIR, SANTA ANA, CA 92701	33-0315864	501(C)(3)	74,000				PROGRAM SUPPORT
(74) NATIVE AMERICAN CONNECTIONS 4520 NORTH CENTRAL AVENUE, 6TH FLOOR SUITE 600, PHOENIX, AZ 85012	86-0293585	501(C)(3)	136,175				PROGRAM SUPPORT
(75) NEIGHBORHOOD MINISTRIES INC 1918 WEST VAN BUREN STREET, PHOENIX, AZ 85009	86-0809052	501(C)(3)	242,074				PROGRAM SUPPORT
(76) NEW LIFE CENTER P.O. BOX 5005, GOODYEAR, AZ 85338	86-0635950	501(C)(3)	152,408				PROGRAM SUPPORT
(77) NEW PATHWAYS FOR YOUTH, INC. 1001 E. PIERCE STREET, PHOENIX, AZ 85006	86-0615007	501(C)(3)	109,426				PROGRAM SUPPORT
(78) NOTMYKID, INC. 5230 E. SHEA BLVD., SUITE 100, SCOTTSDALE, AZ 85253	86-0988329	501(C)(3)	63,882				PROGRAM SUPPORT
(79) OPPORTUNITY THROUGH ENTREPRENEURSHIP FOUNDATION 14401 S 24TH WAY, PHOENIX, AZ 85048	20-3779020	501(C)(3)	10,000				PROGRAM SUPPORT
(80) OUR SISTER OUR BROTHER 4828 N 27TH AVE, UNIT 56304, PHOENIX, AZ 85017	86-2028848	501(C)(3)	10,000				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
(81) PANTRY PACKS-VARIOUS PARTNERS 3200 E. CAMELBACK RD. , SUITE 375, PHOENIX, AZ 85018			44,225				PROGRAM SUPPORT
(82) PARTNERSHIP FOR ECONOMIC INNOVATION 2055 E WARNER RD, STE 101, TEMPE, AZ 85284	47-4623504	501(C)(3)	11,000				PROGRAM SUPPORT
(83) PER SCHOLAS 804 E 138TH ST FLR 2, BRONX, NY 10454	04-3252955	501(C)(3)	18,750				PROGRAM SUPPORT
(84) PHOENIX CANCER SUPPORT NETWORK 8390 E VIA DE VENTURA, STE F110, SCOTTSDALE, AZ 85258	81-5480370	501(C)(3)	10,000				PROGRAM SUPPORT
(85) PHOENIX CHILDREN'S HOSPITAL FOUNDATION 2929 E CAMELBACK RD #122, PHOENIX, AZ 85016	74-2421549	501(C)(3)	269,095				PROGRAM SUPPORT
(86) PHOENIX COMMUNITY TOOLBANK 3531 E CORONA AVE, PHOENIX, AZ 85040	46-2561905	501(C)(3)	16,080	359,119	FMV	VARIOUS IN-KIND	PROGRAM SUPPORT
(87) PHOENIX LEGAL ACTION NETWORK PO BOX 24673, TEMPE, AZ 85285	82-0711172	501(C)(3)	10,500				PROGRAM SUPPORT
(88) PHOENIX PUBLIC LIBRARY FOUNDATION P.O. BOX 3735, PHOENIX, AZ 85030	86-0835463	501(C)(3)	19,387				PROGRAM SUPPORT
(89) READ BETTER BE BETTER 715 E. MONTECITO AVE, PHOENIX, AZ 85014	47-4003520	501(C)(3)	76,800				PROGRAM SUPPORT
(90) RISING YOUTH THEATRE PO BOX 34565, PHOENIX, AZ 85067	45-4324350	501(C)(3)	10,000				PROGRAM SUPPORT
(91) SAGE FOUNDATION FOR HEALTH 2140 E BROADWAY RD, TEMPE, AZ 85282	86-1026436	501(C)(3)	6,000				PROGRAM SUPPORT
(92) SALVATION ARMY P.O. BOX 52177, PHOENIX, AZ 85072	94-1156347	501(C)(3)	162,261				PROGRAM SUPPORT
(93) SER-KALLAI INC 2946 W LA SALLE ST, PHOENIX, AZ 85041	84-1829957	501(C)(3)	10,000				PROGRAM SUPPORT
(94) SI SE PUEDE FOUNDATION 3225 N WASHINGTON ST, CHANDLER, AZ 85225	86-0922834	501(C)(3)	10,000				PROGRAM SUPPORT
(95) SOCIETY OF ST. VINCENT DE PAUL 420 WEST WATKINS STREET, PHOENIX, AZ 85002	86-0096789	501(C)(3)	140,082				PROGRAM SUPPORT
(96) SOJOURNER CENTER P.O. BOX 20156, PHOENIX, AZ 85036	86-0809052	501(C)(3)	129,108				PROGRAM SUPPORT
(97) SOLARI 1275 W WASHINGTON ST STE 210, TEMPE, AZ 85281	26-0446321	501(C)(3)	100,091				PROGRAM SUPPORT
(98) SOUNDS ACADEMY PO BOX 44497, PHOENIX, AZ 85064	46-3932746	GOVERNMENT	30,900				PROGRAM SUPPORT
(99) SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER 300 N. 18TH STREET, PHOENIX, AZ 85006	31-1496646	501(C)(3)	84,781				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
(100) SOUTHWEST HUMAN DEVELOPMENT 2850 N. 24TH STREET, PHOENIX, AZ 85008	26-3207544	501(C)(3)	6,741,541				PROGRAM SUPPORT
(101) SOUTHWEST LENDING CLOSET, INC. 218 N CENTRAL AVE, AVONDALE, AZ 85323	86-1007574	501(C)(3)	6,227				PROGRAM SUPPORT
(102) STARDUST BUILDING SUPPLIES, INC. 1720 W. BROADWAY, SUITE 101, MESA, AZ 85202	86-0517082	501(C)(3)	100,000				PROGRAM SUPPORT
(103) STEPPING UP FOR SENIORS 21001 N TATUM BLVD, STE 1630-230, PHOENIX, AZ 85050	46-5155596	501(C)(3)	10,000				PROGRAM SUPPORT
(104) TELEVERDE FOUNDATION 2800 N CENTRAL AVE STE 500, 5TH FLOOR, PHOENIX, AZ 85004		501(C)(3)	46,250				PROGRAM SUPPORT
(105) TEMPE COMMUNITY ACTION AGENCY 2146 E. APACHE BLVD, TEMPE, AZ 85281	46-2674538	501(C)(3)	222,321				PROGRAM SUPPORT
(106) THE ARC OF TEMPE P.O. BOX 26014, TEMPE, AZ 85285	94-2778658	501(C)(3)	10,000				PROGRAM SUPPORT
(107) THE ZION INSTITUTE 5644 S 16TH ST, PHOENIX, AZ 85040	82-3762263	501(C)(3)	52,100				PROGRAM SUPPORT
(108) UMOM NEW DAY CENTERS, INC. 3307 NE VAN BUREN ST, PHOENIX, AZ 85008	26-0446321	501(C)(3)	308,403				PROGRAM SUPPORT
(109) UNION ELEMENTARY SCHOOL DISTRICT 3834 S. 91ST AVE., TOLLESON, AZ 85353	86-6000506	GOVERNMENT	112,500				PROGRAM SUPPORT
(110) UNITE FOR LITERACY 123 N. COLLEGE AVE, SUITE 204, FORT COLLINS, CO 80524	46-1225221	501(C)(3)	64,050				PROGRAM SUPPORT
(111) UNITED FOOD BANK 245 S NINA DR, MESA, AZ 85210	31-1496646	501(C)(3)	147,044				PROGRAM SUPPORT
(112) UNITED WAY OF TUCSON AND SOUTHERN ARIZONA 330 N COMMERCE PARK LOOP STE 200, TUCSON, AZ 85745		501(C)(3)	356,206				PROGRAM SUPPORT
(113) UNLIMITED POTENTIAL 3146 E WIER AVENUE, PHOENIX, AZ 85040	74-2383678	501(C)(3)	45,000				PROGRAM SUPPORT
(114) UPWARD FOR CHILDREN AND FAMILIES 6306 N. 7TH STREET, PHOENIX, AZ 85014	86-0600437	501(C)(3)	62,114				PROGRAM SUPPORT
(115) VALLEY OF THE SUN EARLY CHILDHOOD ASSOCIATION 25150 N PIMA RD, SCOTTSDALE, AZ 85255	23-7066420	501(C)(3)	10,000				PROGRAM SUPPORT
(116) VALLEY OF THE SUN YMCA EXECUTIVE OFFICES, 350 N 1ST AVE, PHOENIX, AZ 85003	86-0868376	501(C)(3)	133,717				PROGRAM SUPPORT
(117) WASTE NOT, INC. 1700 N. GRANITE REEF, SCOTTSDALE, AZ 85257	86-0254820	501(C)(3)	62,913				PROGRAM SUPPORT
(118) WESLEY COMMUNITY CENTER 1300 SOUTH 10TH STREET, PHOENIX, AZ 85034	83-1160123	501(C)(3)	74,654				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
(119) WEST VALLEY HEALTH EQUITY 4338 W THOMAS RD STE 173, PHOENIX, AZ 85031	88-2354847	501(C)(3)	28,125				PROGRAM SUPPORT
(120) WORLD HUNGER ECUMENICAL ARIZONA TASK FORCE DBA WHEAT 4000 N. 7TH STREET, SUITE 118, PHOENIX, AZ 85014	74-2386488	501(C)(3)	66,585				PROGRAM SUPPORT
(121) YEAR UP, INC 45 MILK ST, 9TH FL, BOSTON, MA 02109	83-0370609	501(C)(3)	147,000				PROGRAM SUPPORT
(122) YWCA METROPOLITAN PHOENIX 2999 N. 44TH STREET, SUITE 250, PHOENIX, AZ 85018		501(C)(3)	77,500				PROGRAM SUPPORT

Part IV

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

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>VALLEY OF THE SUN UNITED WAY (VSUW) MONITORS THE USE OF GRANTS IN SEVERAL WAYS. AGENCIES MUST PROVIDE TO VSUW PROJECTED AND ACTUAL FINANCIAL INFORMATION, CLIENT BENEFICIARY DATA AND SERVICE STATISTICS INCLUDING SPECIFIED PERIODIC OUTCOME MEASUREMENT DATA IN VSUW'S REQUIRED FORMAT FOR ALL VSUW-FUNDED PROGRAMS UPON REQUEST. IN SOME SITUATIONS, PROVIDING OUTCOME DATA WILL INCLUDE COOPERATION AND COLLABORATION WITH AN OUTSIDE EVALUATOR APPOINTED BY VSUW. ON-GOING FUNDING LEVELS MAY BE IMPACTED BY THE PROGRAM(S) ABILITY TO DEMONSTRATE APPROPRIATE OUTCOME ACHIEVEMENT. VSUW ENSURES ALL AGENCIES RECEIVING FUNDS ARE IN COMPLIANCE WITH THE U.S. PATRIOT ACT.</p> <p>VALLEY OF THE SUN UNITED WAY PROCESSES A VARIETY OF DONOR DESIGNATIONS. FUNDS ARE DIRECTED TO THE ORGANIZATIONS AS REQUESTED BY THE DONOR AFTER VERIFYING THEY ARE LEGITIMATE 501(C)(3) ORGANIZATIONS AND THEY COMPLY WITH THE PATRIOT ACT. IN FISCAL YEAR 2023, VSUW DIRECTED THESE FUNDS TO NEARLY 1,200 AGENCIES. VALLEY OF THE SUN UNITED WAY DOES NOT HAVE DISCRETION TO AWARD THESE DESIGNATIONS, BUT MUST FOLLOW THE REQUEST OF THE DONOR. IF THE DESIGNEE DOES NOT QUALIFY UNDER THE 501(C)(3) OR PATRIOT ACT REQUIREMENTS THE DONOR IS CONTACTED TO REDIRECT THE DONATION.</p>
<p>SCHEDULE I, PART II -</p>	<p>FIRST THINGS FIRST QUALITY FIRST SCHOLARSHIPS: EARLY CARE AND EDUCATION PROGRAMS ENROLLED IN QUALITY FIRST MAY BE ELIGIBLE TO OFFER SCHOLARSHIPS, WHICH PROVIDE ELIGIBLE LOW-INCOME FAMILIES WITH CHILDREN BIRTH TO AGE 5 ACCESS TO HIGH-QUALITY, CULTURALLY RESPONSIVE EARLY CARE AND EDUCATION.</p> <p>PROJECT C.A.L.L. (COLLABORATING TO ACCELERATE LITERACY AND LEARNING): TO MITIGATE THE IMPACT OF THE PANDEMIC ON EARLY LEARNING AND LITERACY, THIS PROGRAM ACCELERATES LITERACY AND LEARNING OUTCOMES IN HIGH NEED SCHOOLS AND COMMUNITIES SERVING ARIZONA'S MOST-DISADVANTAGED STUDENTS THROUGH A COLLABORATIVE AND COORDINATED APPROACH. THE COLLABORATING PARTNERS INCLUDE: ARIZONA COMMUNITY FOUNDATION (READ ON ARIZONA), CHANDLER EDUCATION FOUNDATION (READ ON CHANDLER), CITY OF PHOENIX (READ ON PHOENIX), CITY OF TEMPE (READ ON TEMPE), VALLEY OF THE SUN UNITED WAY (READ ON SOUTHWEST VALLEY), AND UNITED WAY OF TUCSON AND SOUTHERN AZ (READ ON PIMA).</p>

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I 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.

- First-class or charter travel
Travel for companions
Tax indemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
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.

Table with 3 columns: Question ID, Yes, No. Row 1b: Yes checked.

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?

Table with 3 columns: Question ID, Yes, No. Row 2: Yes checked.

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.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
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:

- 4a Receive a severance payment or change-of-control payment?
4b Participate in or receive payment from a supplemental nonqualified retirement plan?
4c Participate in or receive payment from an equity-based compensation arrangement?

Table with 3 columns: Question ID, Yes, No. Rows 4a, 4b, 4c: No checked.

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:

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

Table with 3 columns: Question ID, Yes, No. Rows 5a, 5b: No checked.

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:

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

Table with 3 columns: Question ID, Yes, No. Rows 6a, 6b: No checked.

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.

Table with 3 columns: Question ID, Yes, No. Row 7: No checked.

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.

Table with 3 columns: Question ID, Yes, No. Row 8: No checked.

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

Table with 3 columns: Question ID, Yes, No. Row 9: No checked.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	CARLA VARGAS JASA PRESIDENT AND CEO	(i) 321,188	768	720	9,389	8,148	340,213	0
	(ii) 0	0	0	0	0	0	0	0
2	TANYA MUNIZ CHIEF FIN. & OPERATING OFFICER	(i) 222,652	768	716	9,252	16,653	250,041	0
	(ii) 0	0	0	0	0	0	0	0
3	ROBERT PODLOGAR CHIEF COMM DEV & ENGAGEMENT OFFICER	(i) 185,011	5,761	1,679	8,550	8,382	209,383	0
	(ii) 0	0	0	0	0	0	0	0
4	LAURA KAISER CHIEF CORP RELATIONS & BRAND OFFICER	(i) 166,011	761	348	5,590	8,382	181,092	0
	(ii) 0	0	0	0	0	0	0	0
5	COLLEEN GAUTAM SVP, GENERAL COUNSEL & ADMIN	(i) 127,771	812	242	6,030	20,809	155,664	0
	(ii) 0	0	0	0	0	0	0	0
6		(i)						
	(ii)							
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	A NOMINAL HOLIDAY BONUS PLUS A GROSS UP FOR TAXES IS PAID TO EMPLOYEES. THE AMOUNTS ARE TAXABLE IN THE CURRENT YEAR AND, AS SUCH, ARE INCLUDED IN REPORTABLE COMPENSATION IN PART VII AND SCHEDULE J, PART II.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number
86-0104419

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		30,738	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (PPE)	✓	50,000	328,381	FMV
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	OTHER - PPE THE ORGANIZATION REPORTS, IN SCHEDULE M, PART I, COLUMN (B), THE NUMBER OF ITEMS RECIEVED, NOT THE NUMBER OF CONTRIBUTIONS.

<p>SCHEDULE O (Form 990)</p> <p>Department of Treasury Internal Revenue Service</p>	<p>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.</p> <p>▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.</p>	<p>OMB No. 1545-0047</p> <div style="border: 2px solid black; padding: 5px; text-align: center;"> <p style="font-size: 24pt; font-weight: bold; margin: 0;">2022</p> <p style="font-weight: bold; margin: 0;">Open to Public Inspection</p> </div>
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 1,700 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	<p>VALLEY OF THE SUN UNITED WAY IS AN ARIZONA NONPROFIT ORGANIZATION WHOSE MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF ITS COMMUNITY. VALLEY OF THE SUN UNITED WAY HAS ADDRESSED MARICOPA COUNTY'S MOST IMPORTANT HEALTH AND HUMAN CARE NEEDS FOR NEARLY 100 YEARS.</p> <p>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:</p> <ul style="list-style-type: none"> *DECREASE FOOD INSECURITY BY 50% *INCREASE THE NUMBER OF INDIVIDUALS WITH ACCESS TO AFFORDABLE HEALTHCARE BY 100,000 *REDUCE HOMELESSNESS BY 50% *INCREASE THIRD GRADE READING PROFICIENCY BY 25% *INCREASE YOUTH AGE 16-24 ENGAGED IN EDUCATION AND EMPLOYMENT OPPORTUNITIES BY 38% *INCREASE PREPARATION OF INDIVIDUALS FOR A LIVING WAGE JOB BY 33% *INCREASE ACHIEVEMENT OF HIGHER PAYING EMPLOYMENT BY 20% <p>IN FISCAL YEAR 2021, THE ORGANIZATION RECEIVED A \$25,000,000 UNRESTRICTED GRANT FROM PHILANTHROPIST, AUTHOR, AND AMAZON CO-FOUNDER MACKENZIE SCOTT (NATIONAL PHILANTHROPIC TRUST). THE TRANSFORMATIONAL GIFT IS BEING DEPLOYED DIRECTLY INTO THE COMMUNITY OVER THE FIVE YEARS BEGINNING FISCAL YEAR 2021. THE FUNDS ARE BEING USED TO EXECUTE ITS MC2026 PLAN AND WILL PROVIDE MULTIYEAR SUPPORT TO HELP STABILIZE FOUNDATIONAL COMMUNITY PROGRAMS. THE GRANT WILL ALSO ALLOW THE ORGANIZATION TO CREATE CAPACITY TO BUILD DEEPER ENGAGEMENT OPPORTUNITIES AROUND KEY ISSUES TO INVOLVE MEMBERS OF THE COMMUNITY LIKE NEVER BEFORE, AND TO INVEST IN EXPANDING EFFORTS TO MAKE DIVERSITY, EQUITY, ACCESS, AND INCLUSION FOUNDATIONAL TO ALL ITS WORK. THE ORGANIZATION'S FIVE-YEAR EXPENDITURE PLAN FOR THIS GIFT RESULTED IN THE PLANNED USE OF \$5,736,000 FOR THE YEAR ENDED JUNE 30, 2023. THE FUTURE PLANNED EXPENDITURES RELATED TO THE GRANT TOTAL \$5,079,000.</p>
FORM 990, PART VI, LINE 1A - VOTING MEMBERS	PURSUANT TO THE BYLAWS, VALLEY OF THE SUN UNITED WAY'S EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE CORPORATION AND SUCH ADDITIONAL PERSONS WHO ARE THEN SERVING ON THE BOARD, AS MAY BE APPOINTED BY THE CHAIR OF THE BOARD. IN AN EMERGENCY, AS DETERMINED BY THE PRESIDENT, THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE ALL THE POWERS OF THE BOARD, EXCEPT AS LIMITED BY LAW OR BOARD RESOLUTION. ANY EMERGENCY ACTION TAKEN SHALL BE SUBMITTED TO THE BOARD FOR RATIFICATION.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE CONTROLLER. AFTER REVIEW BY THE CHIEF FINANCIAL AND OPERATING OFFICER, THE DRAFT 990 IS PRESENTED TO THE VSUW FINANCE COMMITTEE TO REVIEW AND APPROVE. THE 990 IS POSTED AS AN AGENDA ITEM TO DISCUSS AND REVIEW. THE BOARD RECEIVES COPIES OF THE 990 AFTER THE FINANCE COMMITTEE HAS REVIEWED AND APPROVED IT. A FINAL DRAFT 990 IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO THE FINAL SUBMISSION OF THE FORM 990. UPON REVIEW, THE 990 IS SIGNED AND SUBMITTED TO THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	VSUW SENDS THE CONFLICT OF INTEREST POLICY STATEMENT AND SURVEY TO THE BOARD OF DIRECTORS ON A REGULAR BASIS. A WEB-BASED SURVEY AND THE POLICY ARE SENT TO THE INTERESTED PARTIES VIA EMAIL. THE EXECUTIVE OFFICE MONITORS AND MAKES THE EFFORT TO ENSURE ALL INTERESTED PARTIES COMPLETE THE SURVEY AND ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY. VSUW STAFF IS ALSO TRAINED AND EDUCATED ANNUALLY ON THE CONFLICT OF INTEREST POLICY, AND ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM DURING THE ONBOARDING PROCESS AND AT LEAST ONE TIME PER YEAR AFTER THAT.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE COMPENSATION COMMITTEE, A SUBCOMMITTEE OF THE VSUW BOARD OF DIRECTORS, REVIEWS AND DETERMINES THE COMPENSATION OF THE PRESIDENT/CEO ON AN ANNUAL BASIS AND REVIEWS AND DETERMINES THE COMPENSATION OF THE CFO EVERY THREE YEARS. THE COMPENSATION REVIEW CONSIDERS COMPENSATION DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT AND RELEVANT COMPENSATION SURVEYS OR STUDIES, INCLUDING COMPARISON OF IRS FORM 990 COMPENSATION INFORMATION FROM SIMILAR AREA ORGANIZATIONS.</p> <p>THE COMPENSATION COMMITTEE COMPLETES A REBUTTABLE PRESUMPTION CHECKLIST WITH REGARD TO DETERMINING CEO AND CFO COMPENSATION. THE COMPENSATION COMMITTEE CONSISTS OF THE EXECUTIVE COMMITTEE OF THE BOARD. IF A MEMBER OF THE COMPENSATION COMMITTEE RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM VSUW FOR SERVICES, THEN THAT MEMBER IS PRECLUDED FROM PARTICIPATING IN DISCUSSIONS OR VOTES PERTAINING TO THAT MEMBER'S COMPENSATION.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE READILY AVAILABLE ON THE VSUW WEBSITE AT WWW.VSUW.ORG. OTHER DOCUMENTS SUCH AS IRS DETERMINATION LETTER, CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS, AND OTHER POLICIES ARE POSTED ON THE VSUW INTRANET AND ARE SUPPLIED TO EXTERNAL PARTIES UPON REQUEST.
FORM 990, PART VII, SECTION A - BOARD OF DIRECTORS	<p>IN ADDITION TO VOTING DIRECTORS, HONORARY MEMBERS ARE INCLUDED ON THE VALLEY OF THE SUN UNITED WAY BOARD OF DIRECTORS TO HELP GUIDE THE BOARD DECISIONS AND PROVIDE VALUABLE ADVICE AND OPINIONS. IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, THEY ARE NOT LISTED ON THE PART VII OF THE 990 BECAUSE THEY ARE NONVOTING; HOWEVER, THEY ARE RECOGNIZED AS VALLEY OF THE SUN UNITED WAY BOARD MEMBERS. THE INDIVIDUALS INCLUDED ARE:</p> <p>ROBYN ARNELL BRENDEN LAURA LO BIANCO CHAD GESTSON NEIL GIULIANO MARIA HARPER MARINICK, PH.D., VICE CHAIR</p>
FORM 990, PART VIII, LINE 1E - GOVERNMENT GRANTS	THE FIRST THINGS FIRST (FTF) CONTRACTS FOR SERVICE ORIGINATE FROM A 2006 VOTER-BACKED INITIATIVE IN WHICH ARIZONA VOTERS IMPOSED AN 80-CENT PER PACK TAX INCREASE ON TOBACCO PRODUCTS. THE SUCCESSFUL PASSAGE OF THAT INITIATIVE RESULTED IN ARIZONA LEGISLATION CREATING THE FIRST THINGS FIRST STATE AGENCY AND ITS PROGRAMS TO PROMOTE A FAMILY-CENTERED, COMPREHENSIVE, COLLABORATIVE, AND HIGH-QUALITY EARLY CHILDHOOD SYSTEM THAT SUPPORTS THE DEVELOPMENT, HEALTH, AND EARLY EDUCATION OF ALL ARIZONA'S CHILDREN BIRTH THROUGH AGE FIVE. REVENUES FROM FTF ARE STATUTORILY DESIGNATED DOLLARS EARMARKED TO BENEFIT ARIZONA CHILDREN. USING THIS REVENUE, FTF HAS CONTRACTED WITH VSUW FOR OVER 10 YEARS TO LEVERAGE VSUW'S TECHNOLOGY AND RESOURCES TO ADMINISTER CERTAIN STATEWIDE PROGRAMS ON WHICH AGENCIES AND COMMUNITY STAKEHOLDERS IN ALL ARIZONA REGIONS RELY. MANAGEMENT OF THIS REVENUE IS A UNIQUE AND IMPORTANT OPPORTUNITY FOR VSUW TO COLLABORATE WITH STATE GOVERNMENT, WHICH THEN BENEFITS OTHER NONPROFITS, CHILDCARE PROVIDERS, FAMILIES, AND CHILDREN LOCATED THROUGHOUT THE STATE OF ARIZONA. THIS COLLABORATION ENABLES FTF TO FULFILL ITS VISION THAT ALL ARIZONA'S CHILDREN ARE READY TO SUCCEED IN SCHOOL AND IN LIFE. CONTRACTS FOR SERVICE WITH FTF TOTALED \$83,589,000 IN FY23 AND ARE REPORTED ON LINE E - GOVERNMENT GRANTS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

VALLEY OF THE SUN UNITED WAY

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

86-0104419

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LEARN UNITED LLC (81-4030025) 3200 EAST CAMELBACK ROAD, STE, PHOENIX, AZ 85018	VIRTUAL TOUR	DE	0	0	VSUW
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

Cat. No. 50135Y

Schedule R (Form 990) 2022

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

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

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

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

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

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

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

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

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

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

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

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