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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization VALLEY OF THE SUN UNITED WAY		D Employer identification number 86-0104419
		Doing Business As		E Telephone number (602) 631-4800
		Number and street (or P O box if mail is not delivered to street address) 1515 East Osborn	Room/suite	G Gross receipts \$ 74,955,334
		City or town, state or country, and ZIP + 4 PHOENIX, AZ 85014		
	F Name and address of principal officer MERL WASCHLER 1515 EAST OSBORN ROAD PHOENIX, AZ 85014		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.VSUW.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1925	M State of legal domicile AZ	

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities Improve lives by mobilizing the caring power of our community		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 4	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 4	
	5	Total number of employees (Part V, line 2a)	5 11	
	6	Total number of volunteers (estimate if necessary)	6 6,52	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 58,068,269	Current Year 72,526,554
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-544,640	721,016
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	111,058	101,366
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,634,687	73,348,936
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	49,941,188
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,751,329	6,913,259
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) 4,419,026		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,867,451	3,720,401
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	60,559,968	72,671,992
19		Revenue less expenses Subtract line 18 from line 12	-2,925,281	676,944
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	44,808,703	47,051,607
	21	Total liabilities (Part X, line 26)	31,692,361	32,416,645
	22	Net assets or fund balances Subtract line 21 from line 20	13,116,342	14,634,962

Part II	Signature Block				
Sign Here	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				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2010-11-04</div> </div> <div>Date</div>	
	<div> <div></div> <div>Katherine Cecala Chief Operating Officer</div> </div> <div>Type or print name and title</div>				
Paid Preparer's Use Only	Preparer's signature	<div> <div></div> <div>BRENDA D GRIESEMER</div> </div>	Date	<div> <div></div> <div>Check if self-employed <input checked="" type="checkbox"/></div> </div>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	<div> <div></div> <div>ERNST & YOUNG US LLP</div> </div> <div>TWO NORTH CENTRAL AVENUE STE 2300</div> <div>PHOENIX, AZ 85004</div>			<div>EIN <div></div></div> <div>Phone no <div></div> (602) 322-3000</div>

Part III

Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

Improve lives by mobilizing the caring power of our community

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 exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 42,068,605 including grants of \$ 42,068,605) (Revenue \$ 0)
	Grants and Allocations to Health and Human Service Programs SCHEDULE O FOR FURTHER DETAIL

4b	(Code) (Expenses \$ 19,969,726 including grants of \$ 19,969,726) (Revenue \$ 0)
	Designations to various community non-profit organizations SCHEDULE O FOR FURTHER DETAIL

4c	(Code) (Expenses \$ 4,069,823 including grants of \$) (Revenue \$ 0)
	Program activities supporting community initiatives Schedule O FOR FURTHER DETAIL

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

4e	Total program service expenses \$ 66,108,154
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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>	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes
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>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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>	6	No
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>	7	No
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>	8	No
9	Did the organization report an amount in Part X, line 21, 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>	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	11	Yes
	◆ 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>		
	◆ 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>		
	◆ 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>		
	◆ 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>		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16	No
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</i>	17	No
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>	18	Yes
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>	19	No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	341		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	114		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			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	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			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?			6a	No
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	No	
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	No	
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	No	
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a	No	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No	
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		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	40	
b	Enter the number of voting members that 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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in 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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶AZ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Katherine Cecala 1515 East Osborn Road Phoenix, AZ 85014 (602) 631-4800

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b	Total	1,061,950	0	255,586
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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

(A) Name and business address	(B) Description of services	(C) Compensation
Off Madison Ave 80 E Rio Salado Parkway Ste 711 TEMPE, AZ 85281	Marketing Services	643,804
Charles Schwab Trust Company 4722 N 24th St Ste 120 PHOENIX, AZ 85016	Payments to Employee	429,747
Ironman Pool Fence LLC 2204 W Southern Avenue TEMPE, AZ 85282	Program Services/Poo	277,098
Mountain States Administrative Serv 7202 E Rosewood 200 TUCSON, AZ 85710	Health Insurance	260,884
American Express Company Box 0001 LOS ANGELES, CA 900960001	Credit Card Services	211,065

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	3,200,234	72,526,554		
	b	Membership dues	1b				
	c	Fundraising events	1c	289,881			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	21,262,018			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	47,774,421			
	g	Noncash contributions included in lines 1a-1f \$ 1,856,525					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			0		
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		510,014		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties		0			
6a		Gross Rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	211,002			211,002
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ 289,881 of contributions reported on line 1c) See Part IV, line 18		0			
b		Less direct expenses					
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19		0			
b		Less direct expenses					
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances .		0			
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .						
	Miscellaneous Revenue		Business Code				
11a	MISCELLANEOUS REVENUE		900,099	101,366	101,366		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			101,366			
12	Total revenue. See Instructions			73,348,936	101,366	0	721,016

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	62,038,332	62,038,332		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	499,503	199,438	126,289	173,776
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	4,394,718	1,699,589	788,127	1,907,002
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	483,376	184,853	91,626	206,897
9	Other employee benefits	1,169,549	441,991	219,577	507,981
10	Payroll taxes	366,113	140,050	68,009	158,054
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	917	123	238	556
c	Accounting	94,143	12,410	81,143	590
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	386,487	245,017	26,771	114,699
12	Advertising and promotion	585,720	167,456	185,398	232,866
13	Office expenses	214,943	94,284	36,171	84,488
14	Information technology	251,424	120,317	69,916	61,191
15	Royalties	0			
16	Occupancy	180,755	70,610	31,241	78,904
17	Travel	51,079	21,635	1,399	28,045
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	111,628	49,697	23,647	38,284
20	Interest	0			
21	Payments to affiliates	500,928	152,556	170,654	177,718
22	Depreciation, depletion, and amortization	310,907	121,718	53,235	135,954
23	Insurance	43,813	17,461	7,342	19,010
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Printing and Publications	564,975	259,587	19,189	286,199
b	Other Fees - Payroll, Bank, Cr	142,192	40,698	54,359	47,135
c	Special Events	151,284	8,172	3,548	139,564
d	Misc	113,230	13,611	79,942	19,677
e	Staff Development	15,976	8,549	6,991	436
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	72,671,992	66,108,154	2,144,812	4,419,026
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			8,494,640	2	8,370,151
	3	Pledges and grants receivable, net			16,984,987	3	17,332,611
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			300,089	9	220,506
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,671,931			
	b	Less accumulated depreciation	10b	4,379,291	1,379,051	10c	1,292,640
	11	Investments—publicly traded securities			17,649,936	11	19,835,699
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			44,808,703	16	47,051,607
Liabilities	17	Accounts payable and accrued expenses			3,847,312	17	5,220,883
	18	Grants payable			27,114,848	18	26,048,405
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			730,201	25	1,147,357
	26	Total liabilities. Add lines 17 through 25			31,692,361	26	32,416,645
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			12,717,147	27	14,457,920
	28	Temporarily restricted net assets			399,195	28	177,042
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			13,116,342	33	14,634,962
	34	Total liabilities and net assets/fund balances			44,808,703	34	47,051,607

Part XI **Financial Statements and Reporting**

	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 in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 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 in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 	Yes	
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 in Schedule O and describe any steps taken to undergo such audits . .	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

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

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	53,948,539	51,947,742	55,833,793	58,042,367	72,526,554	292,298,995
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	53,948,539	51,947,742	55,833,793	58,042,367	72,526,554	292,298,995
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)						
6 Public Support. Subtract line 5 from line 4						292,298,995

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	53,948,539	1,215,385	55,833,793	58,042,367	72,526,554	292,298,995
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	896,643	1,215,385	1,411,097	1,083,061	510,014	5,116,200
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	65,179	94,414	0	111,058	101,366	372,017
11 Total support (Add lines 7 through 10)						297,787,212

12

Gross receipts from related activities, etc (See instructions)

12

13

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	98 157 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	97 779 %

- 16a 33 1/3% support test—2009. 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
- b 33 1/3% support test—2008. If the organization did not check the 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
- 17a 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 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

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
Other revenue consists primarily of funds provided to Valley of the Sun United Way from organizations to sponsor Loaned Executive salaries Loaned Executive salaries are temporary staff hired during our peak campaign season to assist in presentations and fundraising

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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 funtion 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

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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 (grass roots 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><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		24,600
j Total lines 1c through 1i				24,600
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Organization engaged in lobbying activities	Schedule C, Part II-B, LINE 1I	In the regular course of VSUW's business activities we have addressed issues affecting vulnerable populations during the past year. VSUW has been active in advocacy efforts around The Calling for 2-1-1 Act, and issues on food, emergency assistance, quality and affordable child care and homeless services. During the recent legislative session, VSUW focused on educating the community on the effects cuts to the budget would have on the vulnerable populations served by local nonprofits. Specific requests were made preserving health care for children, reinstituting child care reimbursements, tax credit reforms for charitable contributions, and ensuring sunset of a payday loan statute that presented major hardship and costs on the poor and vulnerable. VSUW has also educated the community regarding the effect of passing Proposition 302 would have on early childhood education and quality childcare options for poor families. Staff testified at legislative hearings in opposition to reallocation of funds identified by voters to fund children's health and early education programs, child care licensing fees, mental health funding, designation of 2-1-1 to a local coalition for a statewide information and referral service, implementation of a temporary sales tax and ensuring the sunset of a bill enabling payday loan businesses to operate outside of financial institution regulations.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization VALLEY OF THE SUN UNITED WAY	Employer identification number 86-0104419
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Preservation of a certified historic structure
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____
4	Number of states where property subject to conservation easement is located ► _____
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i)	Revenues included in Form 990, Part VIII, line 1 ► \$ _____
(ii)	Assets included in Form 990, Part X ► \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 ► \$ _____
b	Assets included in Form 990, Part X ► \$ _____

Part III

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

3

Using the organization's accession and other records, check any of the following that are a 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 programs

e

☐

Other

4

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

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	5,000	36,103		41,103
b Buildings		1,672,985	1,261,086	411,899
c Leasehold improvements		630,957	440,569	190,389
d Equipment		1,600,761	1,391,248	209,514
e Other		1,726,125	1,286,388	439,737
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,292,642

Schedule D (Form 990) 2009

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	73,348,936
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	72,671,992
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	676,944
4	Net unrealized gains (losses) on investments	4	-1,216,498
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	374,818
9	Total adjustments (net) Add lines 4 - 8	9	-841,680
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-164,736

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	54,596,554
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,216,498
b	Donated services and use of facilities	2b	846
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,217,344
3	Subtract line 2e from line 1	3	53,379,210
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	
b	Other (Describe in Part XIV)	4b	19,969,726
c	Add lines 4a and 4b	4c	19,969,726
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	73,348,936

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	52,703,112
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	846
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	-19,969,726
e	Add lines 2a through 2d	2e	-19,968,880
3	Subtract line 2e from line 1	3	72,671,992
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	72,671,992

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Other adjustments	Schedule D, Part XI, line 8	THIS IS THE CHANGE IN NETS ASSETS DUE TO THE UNRECOGNIZED BENEFIT PLAN COST FOR THE VSUW PENSION PLAN ACTUARY
Other	Schedule D, Part XII, line 4b and Part XIII line 2d	THIS IS THE AMOUNT OF DESIGNATED PLEDGES THAT ARE NOT RECOGNIZED ON FINANCIAL STATEMENTS AS REVENUE DUE TO GAAP

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No. 1545-0047

2009

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" to 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

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

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 activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name 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			
Total ▶						

3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Golf Tournament (event type)	Golf Tournament (event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	224,129	65,752	289,881
	2	Less Charitable contributions	224,129	65,752	289,881
	3	Gross income (line 1 minus line 2)	0	0	0
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3, column d, and line 10. ▶			
					0

Part III Gaming.

Complete if the organization answered "Yes" to 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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated 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?	15a	
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		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY OF THE SUN UNITED WAY

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
86-0104419

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

2468

3

Enter total number of other organizations

597

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

Cat No 50055P

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Software ID:

Software Version:

EIN: 86-0104419

Name: VALLEY OF THE SUN UNITED WAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
1n10 Inc4121 N 7th Avenue Phoenix, AZ 85013	86-0728990	501c3	42,090				Program Support
A & A Cottages IncPO Box 2992 Mesa, AZ 85214	86-0820084	501c3	10,588	2,400	FMV		PROGRAM SUPPORT
A New Leaf Inc868 East University Drive Mesa, AZ 85203	86-0256667	501c3	530,494	11,250	FMV		PROGRAM SUPPORT
Aid to Adoption of Special Kids2320 North 20th Street Phoenix, AZ 85006	86-0611935	501c3	138,019	8,050	FMV		PROGRAM SUPPORT
Alzheimer's Assoc Desert SW Chapter1028 East McDowell Road SUITE 126 Phoenix, AZ 85006	86-0402582	501c3	180,363				PROGRAM SUPPORT
American Cancer Society Great W Div4550 E Bell Rd 126 Phoenix, AZ 85032	84-1316555	501c3	731,546				PROGRAM SUPPORT
American Heart Association 2929 South 48th Street Tempe, AZ 85282	13-5613797	501c3	416,991				PROGRAM SUPPORT
American Red Cross Grand Canyon Chap6135 N Blk Canyon Hwy Phoenix, AZ 85015	86-0098906	501c3	886,856				PROGRAM SUPPORT
Arizona Bridge to Independent Living5025 E Wash St 200 Phoenix, AZ 850342005	86-0486447	501c3	114,720				PROGRAM SUPPORT
AZ Cntr for Blind & Visually Impaired3100 E Roosevelt St 200 Phoenix, AZ 85008	86-0133392	501c3	216,182				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Arizona Foundation for the Handicapped3146 East Windsor Avenue Phoenix, AZ 85008	86-0180419	501c3	122,612				PROGRAM SUPPORT
Arizona Housing Inc230 South 12th Avenue Phoenix, AZ 85007	86-0811431	501c3	39,018				PROGRAM SUPPORT
AZ Literacy & Learning Center14001 N t St F-112 Phoenix, AZ 85022	86-1032912	501c3	151,385	500	FMV		Program Support
Arizona Quest for Kids1430 E MO Ave Ste B-205 Phoenix, AZ 85014	86-0989377	501c3	31,761				PROGRAM SUPPORT
Arizona's Children Association2833 North Third Street SUITE B-205 Phoenix, AZ 85004	86-0096772	501c3	336,810	13,725	FMV		PROGRAM SUPPORT
Association for Supportive Child Care3910 S Rural Rd Ste E Tempe, AZ 85282	86-0332919	501c3	1,313,598	350	FMV		PROGRAM SUPPORT
Association of Arizona Food Banks2100 N Central Ave Ste 230 Phoenix, AZ 85004	86-0507679	501c3	220,889				PROGRAM SUPPORT
Back To School Clothing Drive Assoc6610 North 47th Avenue Glendale, AZ 85301	74-2382265	501c3	9,155				PROGRAM SUPPORT
Banner Olive Branch Senior Center11250 North 107th Avenue Sun City, AZ 85351	45-0233470	501c3	63,092	10,875	FMV		PROGRAM SUPPORT
Banner Poison Control Center1111 East McDowell Road Phoenix, AZ 85006	45-0233470	501c3	91,474	965	FMV		PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Barness Family Jewish Community Center908 North Alma School Chandler,AZ 85224	86-0618301	501c3	25,954				PROGRAM SUPPORT
Big Brothers Big Sisters of Cen AZ1010 E McDowell Rd 400 Phoenix,AZ 85006	86-0205254	501c3	469,508	1,750	FMV		PROGRAM SUPPORT
Boy Scouts of America Grand Canyon2969 N Greenfield Rd Phoenix,AZ 85016	86-1010295	501c3	510,728				PROGRAM SUPPORT
Boys & Girls Clubs of Greater Scottsdale10515 E Lakeview Dr Scottsdale,AZ 85258	86-0133718	501c3	304,130	3,175	FMV		PROGRAM SUPPORT
Boys & Girls Clubs of Metro Phoenix2645 North 24th Street Phoenix,AZ 85008	86-0107639	501c3	1,022,522	36,330	FMV		PROGRAM SUPPORT
Boys & Girls Clubs of the East Valley1405 E Guadalupe Rd 4 Tempe,AZ 852833971	86-0550646	501c3	444,522	965	FMV		PROGRAM SUPPORT
Camp Fire USA Greater Arizona Council2345 E Thomas Rd 400 Phoenix,AZ 850167862	86-0104417	501c3	245,483	9,225	FMV		PROGRAM SUPPORT
Catholic Charities Community Services4747 North 7th Avenue Phoenix,AZ 85013	86-0239999	501c3	423,835				PROGRAM SUPPORT
Central Arizona Shelter Services215 West Lodge Drive Tempe,AZ 852833652	86-0500753	501c3	895,219	100	FMV		PROGRAM SUPPORT
Chandler Christian Community Center230 South 12th Avenue Phoenix,AZ 85007	86-0428780	501c3	47,971				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ChandlerGilbert ARC3250 N San Marcos Pl Chandler,AZ 85225	86-0446774	501c3	80,882	1,315	FMV		PROGRAM SUPPORT
Chicanos Por La Causa Inc1112 East Buckeye Road Phoenix,AZ 85034	86-0227210	501c3	620,782	2,638	FMV		PROGRAM SUPPORT
Child Crisis Center604 West Ninth Street Mesa,AZ 85201	86-0407090	501c3	233,691	965	FMV		PROGRAM SUPPORT
Chrysalis1010 E McDowell Rd 301 Phoenix,AZ 85006	86-0447620	501c3	176,438				PROGRAM SUPPORT
Clinica Adelante Inc16551 N Dysart Rd 104 Surprise,AZ 85374	86-0377821	501c3	81,684	965	FMV		PROGRAM SUPPORT
Communities In Schools of Arizona333 E VA Ave Ste 208 Phoenix,AZ 85004	86-0776545	501c3	97,659	1,930	FMV		PROGRAM SUPPORT
Community Bridges Inc1811 S Alma School Rd Ste 160 Mesa,AZ 85210	86-0823871	501c3	79,289				PROGRAM SUPPORT
Community Legal Services Inc305 South 2nd Avenue Phoenix,AZ 85003	86-0166615	501c3	205,075	3,225	FMV		PROGRAM SUPPORT
Community Services of Arizona650 North Arizona Avenue Chandler,AZ 85225	23-7181540	501c3	429,264				PROGRAM SUPPORT
Concerned Citizens for Community Health7700 East Roosevelt Scottsdale,AZ 85251	95-3416943	501c3	81,187				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Crisis Nursery Inc2334 East Polk Street Phoenix, AZ 85006	86-0324144	501c3	157,556	5,975	FMV		PROGRAM SUPPORT
Desert Mission9201 North 5th Street SUITE 160 Phoenix, AZ 85020	86-0096941	501c3	131,033				PROGRAM SUPPORT
Dysart Community Center14414 N El Mirage Rd El Mirage, AZ 85335	86-6031134	501c3	97,039				PROGRAM SUPPORT
East Valley Senior Services Inc305 S 2ND AVE Phoenix, AZ 85003	94-2596075	501c3	72,447				PROGRAM SUPPORT
EMPACT-SPC1232 E Broadway Rd 120 Tempe, AZ 85282	74-2562293	501c3	136,365				PROGRAM SUPPORT
Family Service Agency2400 N Cent Ave Ste 400 Phoenix, AZ 85004	86-0096792	501c3	224,709	5,000	FMV		PROGRAM SUPPORT
Florence Crittenton Services of AZ715 W Mariposa St Phoenix, AZ 850132426	86-0103282	501c3	120,093	900	FMV		PROGRAM SUPPORT
Foundation for Blind Children1235 E Harmont Dr Phoenix, AZ 850203864	86-0129981	501c3	452,819				PROGRAM SUPPORT
Foundation for Senior Living1201 E Thomas Rd Phoenix, AZ 850145734	86-0411904	501c3	126,463				PROGRAM SUPPORT
Free Arts of Arizona103 W Highland Ave 200 Phoenix, AZ 85013	86-0739613	501c3	114,939				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Friendly House802 South First Avenue Phoenix, AZ 85003	86-0120506	501c3	1,009,180	12,188	FMV		PROGRAM SUPPORT
Gabriel's Angels1550 E Maryland Ave 1 Phoenix, AZ 85014	86-0991198	501c3	54,523				PROGRAM SUPPORT
Girl Scouts - AZ Cactus-Pine Council119 East Coronado Road Phoenix, AZ 85004	86-0133397	501c3	303,441	28,300	FMV		PROGRAM SUPPORT
Greater Phoenix Urban League1402 S 7 Ave Phoenix, AZ 850073902	86-0124189	501c3	238,667	3,575	FMV		PROGRAM SUPPORT
Greater Phoenix Youth at Risk Fdn1001 E Pierce St Phoenix, AZ 85006	86-0615007	501c3	96,251	3,215	FMV		PROGRAM SUPPORT
Hemophilia Association Inc818 E Osborn Rd 105 Phoenix, AZ 85014	86-0209257	501c3	118,166				PROGRAM SUPPORT
Homeward Bound2302 West Colter Street Phoenix, AZ 85015	86-0660875	501c3	466,900	1,600	FMV		PROGRAM SUPPORT
ICAN-Improving Chandler Area Neighborhoods201 S Wash St Chandler, AZ 85225	86-0761030	501c3	50,943	1,659	FMV		PROGRAM SUPPORT
Jewish Family and Children's Service (JFCS)4747 North 7th Street Phoenix, AZ 85014	86-0096781	501c3	433,155				PROGRAM SUPPORT
Jobs for Arizona's Graduates PO Box 10937 Scottsdale, AZ 852710937	86-0669709	501c3	398,340				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Labor's Community Service Agency5818 N 7 St 100 Phoenix, AZ 85014	86-0300832	501c3	357,799	965	FMV		PROGRAM SUPPORT
Lodestar Day Resource Center1125 West Jackson Street Phoenix, AZ 85007	26-0235106	501c3	251,619	1,284	FMV		PROGRAM SUPPORT
Mental Health America of Arizona6411 East Thomas Road Scottsdale, AZ 85251	86-0129976	501c3	86,385				PROGRAM SUPPORT
Mercy Services Corporation401 W Baseline Rd 105 Tempe, AZ 85283	47-0646706	501c3	37,557				PROGRAM SUPPORT
Natl Council AlcoholismDrug Dependence4201 N 16 St 140 Phoenix, AZ 85016	86-0208873	501c3	100,608				PROGRAM SUPPORT
Neighbors Who Care10450 E Riggs Rd 113 Chandler, AZ 85248	86-0966061	501c3	26,910				PROGRAM SUPPORT
New Life CenterPO Box 5005 Goodyear, AZ 85338	86-0635950	501c3	146,487				PROGRAM SUPPORT
One Step Beyond Inc9299 W Olive Ave 311 Peoria, AZ 85345	86-1036448	501c3	30,857				PROGRAM SUPPORT
Phoenix Birthing Project301 West Roosevelt Street Phoenix, CO 85003	86-0713665	501c3	40,928				PROGRAM SUPPORT
Phoenix Day Child and Family Learning Center115 East Tonto Street Phoenix, AZ 85004	86-0096782	501c3	418,445	12,392	FMV		PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Phoenix Indian Center4520 N Ctrl Ave 250 Phoenix,AZ 85012	86-6006566	501c3	139,307	3,425	FMV		PROGRAM SUPPORT
Phoenix Rescue MissionPO Box 5005 Goodyear,AZ 85338	86-6057771	501c3	50,000				PROGRAM SUPPORT
Phoenix Shanti Group Inc 2345 West Glendale Avenue Phoenix,AZ 85021	86-0592079	501c3	73,740				PROGRAM SUPPORT
Save the Family Foundation of AZ450 West 4th Place Mesa,AZ 85201	86-0665712	501c3	112,521				PROGRAM SUPPORT
Senior Services of Fountain Hills AZ Inc7902 East Wood Drive Scottsdale,AZ 85260	86-0720528	501c3	15,950				PROGRAM SUPPORT
Shoebox Ministry247 North McDonald Street Mesa,AZ 85201	86-0690847	501c3	19,634				PROGRAM SUPPORT
Sirrine Adult Day Care of Mesa Inc115 E TONTO ST Phoenix,AZ 85004	86-0575242	501c3	17,486				PROGRAM SUPPORT
Sojourner CenterPO Box 20156 Phoenix,AZ 85036	94-2465081	501c3	251,216	8,115	FMV		PROGRAM SUPPORT
SW Autism Research and Resource Center300 North 18th Street Phoenix,AZ 85006	31-1496646	501c3	137,220	600	FMV		PROGRAM SUPPORT
Southwest Center for HIVAIDS1144 E McDowell Rd 200 Phoenix,AZ 85006	86-0695862	501c3	164,584				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
St Joseph the Worker1125 West Jackson Street Phoenix,AZ 85007	86-0600437	501c3	132,203	708	FMV		PROGRAM SUPPORT
St Mary's Food Bank Alliance2831 North 31st Avenue Phoenix,AZ 85009	23-7353532	501c3	857,099	1,340,197	FMV		PROGRAM SUPPORT
STARSScottsdale Training7507 East Osborn Road Scottsdale,AZ 852516425	23-7395103	501c3	120,811				PROGRAM SUPPORT
Sun Cities Area Transit (SCAT)9445 North 99th Avenue Peoria,AZ 85345	86-0433347	501c3	49,594				PROGRAM SUPPORT
Tempe Community Action Agency2150 E Orange St Tempe,AZ 85281	86-0254820	501c3	248,820	775	FMV		PROGRAM SUPPORT
Tempe Community Council34 E 7 St Bdg A Tempe,AZ 85281	51-0189790	501c3	116,035				PROGRAM SUPPORT
The Centers for HabilitationTCH300 N 18TH ST Phoenix,AZ 85006	86-0217033	501c3	79,974	2,265	FMV		PROGRAM SUPPORT
The Respite Shelter for Homeless Men Inc7000 N Central Ave Bdg F Phoenix,AZ 85020	86-0714904	501c3	24,332				PROGRAM SUPPORT
The Salvation Army2707 E Van Buren Ave Phoenix,AZ 85008	94-1156347	501c3	964,901	250	FMV		PROGRAM SUPPORT
The Society of St Vincent de Paul420 West Watkins Road Phoenix,AZ 85003	86-0096789	501c3	314,444				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
The Wellness Community (TWC)360 East Palm Lane Phoenix, AZ 85004	86-0897810	501c3	57,597				PROGRAM SUPPORT
Tumbleweed Center for Youth Development1419 N 3 St 102 Phoenix, AZ 85004	23-7284153	501c3	207,382	1,284	FMV		PROGRAM SUPPORT
UMOM New Day Centers Inc 3320 E Van Buren St Phoenix, AZ 85008	86-0521062	501c3	384,258	11,615	FMV		PROGRAM SUPPORT
United Food Bank358 East Javelina Avenue Mesa, AZ 85210	86-0505273	501c3	175,609	500	FMV		PROGRAM SUPPORT
Upward Foundation6306 North 7th Street Phoenix, AZ 85014	86-0221195	501c3	431,776	5,675	FMV		PROGRAM SUPPORT
Valle del Sol Inc3807 North 7th Street Phoenix, AZ 85014	86-0251255	501c3	277,762	1,000	FMV		PROGRAM SUPPORT
Valley of the Sun Jewish Community Center12701 N Scottsdale Rd Scottsdale, AZ 85254	86-0622258	501c3	71,653				PROGRAM SUPPORT
Valley of the Sun YMCA350 North 1st Avenue Phoenix, AZ 85003	86-0096799	501c3	488,937				PROGRAM SUPPORT
VALLEYLIFE1142 West Hatcher Road Phoenix, AZ 85021	86-0135640	501c3	303,094				PROGRAM SUPPORT
Waste Not Inc1700 North Granite Reef Road Scottsdale, AZ 85257	86-0650514	501c3	29,746				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Wesley Community Center 1300 South 10th Street Phoenix, AZ 85034	86-0133770	501c3	142,666				PROGRAM SUPPORT
West Valley Child Crisis Center PO Box 850 Glendale, AZ 85311	86-0589516	501c3	41,492				PROGRAM SUPPORT
YWCA of Maricopa County 755 E Willetta St Phoenix, AZ 850062796	86-0098936	501c3	111,397				PROGRAM SUPPORT
FireStar - Pool Fence Smoke Alarm Program 1515 East Osborn Phoenix, AZ 85014	86-0374813	501c3	253,876				PROGRAM SUPPORT
Community Information & Referral 2200 N Central Ave 601 Phoenix, AZ 85004		501c3	292,965				PROGRAM SUPPORT
Rodel 6720 N Scottsdale Rd Paradise Valley, AZ 85253	86-0941890	501c3	50,000				PROGRAM SUPPORT
AZ Women's Education & Employment (AWEE) 640 North 1st Avenue Phoenix, AZ 85003	86-0412509	501c3	282,924	1,284	FMV		PROGRAM SUPPORT
AZ Lost Boys Center 1918 West Van Buren Phoenix, AZ 85009	33-1061192	501c3	25,000				PROGRAM SUPPORT
Helping Hands for Single Moms PO Box 7737 Goodyear, AZ 85338	68-0489835	501c3	91,250				PROGRAM SUPPORT
House of Refuge 9835 N 7th Street Phoenix, AZ 85020	86-1026266	501c3	29,300				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Neighborhood Ministries Inc 1918 West Van Buren Phoenix,AZ 85009	86-0809052	501c3	30,000				PROGRAM SUPPORT
United States Veteran's Initiative PO BOX 850 GLENDALE,AZ 85311	74-2386488	501c3	55,000				PROGRAM SUPPORT
World Hunger Ecumenical Arizona Task Force dba WHE PO BOX 1310 SUN CITY,AZ 85372	95-4382752	501c3	25,000				PROGRAM SUPPORT
ASU Foundation 300 East University Drive Phoenix,AZ 85281	86-6051042	501c3	64,000				PROGRAM SUPPORT
The Arizona Republic Charities PO Box 1950 Phoenix,AZ 85001	86-0348306	501c3	10,000				PROGRAM SUPPORT
Central AZ College-Quality 1st Program 8470 N Overfield Road SUITE 601 Coolidge,AZ 85228	86-0180838	501c3	351,835				PROGRAM SUPPORT
SW Human Development- Quality First Program 2850 North 24th Street Phoenix,AZ 85008	86-0407179	501c3	906,674				PROGRAM SUPPORT
Scholarship Granted to Various Day Care Agencies- Various Various,AZ 85003			16,723,263				PROGRAM SUPPORT
Cmty Initiative Funding to Various Agencies Various Various,AZ 85009			119,850	289,956	FMV		PROGRAM SUPPORT
Direct Designations to Various Agencies VARIOUS Various,AZ 85338		501C3	15,467,430				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Stipend to day care providers-FTF rewardsvarious various, AZ 85020			294,655				PROGRAM SUPPORT
PROFESSIONAL DEVELOPMENT PROGRAMS FOR EARLYVARIOUS VARIOUS, AZ 85009			67,837				PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Merl Waschler	(i)	258,933	0	30,192	41,400	31,469	361,994	0
	(ii)	0	0	0	0	0	0	0
Katherine Cecala	(i)	186,642	0	6,449	27,374	26,024	246,489	0
	(ii)	0	0	0	0	0	0	0
John Hogg	(i)	137,440	0	497	14,857	0	152,794	0
	(ii)	0	0	0	0	0	0	0
Marcia Mintz thru 10909	(i)	160,502	0	6,509	16,766	43,626	227,403	0
	(ii)	0	0	0	0	0	0	0
Brian Spicker	(i)	163,067	0	10,514	24,547	15,593	213,721	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
Health Club Dues	Schedule J, Part I, line 1a	VSUW offers health club memberships at a reduced rate, to the YMCA and JCC, to all employees. VSUW employees that choose to take advantage of this benefit are required to pay a portion of the monthly dues which are then deducted directly from their payroll. VSUW pays the remaining portion of the dues.
Tax gross-up payments	Schedule J, Part I, line 1A	The Compensation Committee identified key senior level employees whose skills and services were deemed critically important to the future success of the organization. A compensation plan was established by the Compensation Committee for those key employees to help ensure the organization achieves its current strategic priorities. Participants in the plan receive \$10,000, plus a gross-up for taxes, to be invested by the participant in a retirement savings vehicle. The amounts are taxable in the current year and, as such, are included in reportable compensation in Part VII. The identified employees and their current year participation are as follows: Merl Waschler - \$10,000 contribution, plus \$7,424 tax gross-up; Marcia Mintz - \$10,000 contribution, plus \$5,911 tax gross-up; Brian Spicker - \$10,000 contribution, plus \$5,911 tax gross-up; Katherine Cecala - \$10,000 contribution, plus \$5,911 tax gross-up.
Supplemental compensation information	Part VII	NANCY DEAN WAS HIRED AS SENIOR VICE PRESIDENT RESOURCE DEVELOPMENT IN JANUARY 2010 TO REPLACE MARCIA MINTZ. SHE IS CONSIDERED A KEY EMPLOYEE, BUT DID NOT HAVE REPORTABLE INCOME ON A 2009 W2 ISSUED FROM VALLEY OF THE SUN UNITED WAY. THEREFORE, NO AMOUNT IS REPORTED IN THE COMPENSATION COLUMNS IN PART VII OF THE 990.

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		90,322	cost/selling price
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X		952,481	cost/selling price
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (TIX/GIFT CERTS)	X	0	317,334	COST/SELLING PRICE
26 Other ► (OFFICE EQUIPMENT)	X	0	496,388	COST/SELLING PRICE
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 IV, Donee Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

Yes

Yes

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanat ion
Partnership for gifts in kind	Schedule M, Part I, line 32b	Valley of the Sun United Way has a partnership with St Mary's Food bank, a local organization, to solicit and distribute food and furniture through a Gift-In-Kind International program VSUW incurs the full expense of the membership

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493308005340	
SCHEDULE O (Form 990)		Supplemental Information to Form 990			OMB No 1545-0047
					2009
Department of the Treasury Internal Revenue Service		Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.			Open to Public Inspection
Name of the organization VALLEY OF THE SUN UNITED WAY				Employer identification number 86-0104419	

Identifier	Return Reference	Explanation
Program Service Accomplishments	Part III, line 4	Valley of the Sun United Way (VSUW) develops and supports hundreds of health and human service programs that address our community's most pressing needs. Focusing in the areas of education, income and health, VSUW partners with valley leaders, volunteers, donors and other nonprofit organizations to find innovative solutions to address short-term individual needs and create long-term community results. Mission To improve lives by mobilizing the caring power of the community. Vision To build a caring community where all children and youth succeed, families are self-sufficient, neighborhoods are vital and safe, and all people enjoy maximum health and independence. VALLEY OF THE SUN UNITED WAY COMMUNITY OBJECTIVES - Ensuring Children and Youth Succeed -Provides children and youth with the skills to succeed in school and lead productive lives -Increasing Financial Stability -Helps families break the cycle of poverty -Ending Hunger and Homelessness -Provides food and shelter for families and individuals. OUR RESULTS Since 2005, more than 55,000 School Readiness Kits have been distributed throughout the Valley. By the end of 2010, that number will surpass 65,000. Last year alone, VSUW funded afterschool programs that served over 200,000 youth and helped provide more than 350,000 hours of mentoring. As a result of VSUWs focus on improving the financial stability of individuals and families, nearly 3,000 individuals completed a financial education or job training program and over 2,400 individuals found a job. In 2009, donor contributions to VSUW helped support the distribution of over 109 million pounds of food. June 2010 marked the two-year anniversary of Project Connect. Over those two years, 3,172 guests experiencing homelessness have been connected to over 8,000 services. In addition, 2398 volunteers contributed 12,451 hours of their time. The City of Tempe is partnering with VSUW to provide 35 units of permanent housing. As of September 2010, 29 individuals have been housed in the Tempe Pilot Project.
VOLUNTEERS	PART I, LINE 6	VALLEY OF THE SUN UNITED WAY HAS SEVERAL VOLUNTEERS THAT 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 OVER 6500 VOLUNTEERS IN SEVERAL POSITIONS TO INCLUDE BOARD/POLICY MAKING, CAMPAIGN, COMMUNITY IMPACT, ENDOWMENT, PUBLIC POLICY, AND A VARIETY OF DIRECT SERVICES. PROCESS USED TO DETERMINE COMPENSATION OF CERTAIN EMPLOYEES Part VI, QUESTION 15A & B THE COMPENSATION COMMITTEE, A SUBCOMMITTEE OF THE VSUW BOARD OF DIRECTORS, REVIEWS AND DETERMINES THE COMPENSATION OF THE PRESIDENT/CEO ON AN ANNUAL BASIS. THE COMPENSATION REVIEW CONSIDERS COMPENSATION DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT AND RELEVANT COMPENSATION SURVEYS OR STUDIES, INCLUDING COMPARISON OF IRS FORM 990 COMPENSATION INFORMATION FROM SIMILAR AREA ORGANIZATIONS. THE CEO RECOMMENDS COMPENSATION AFTER ANNUAL REVIEW TO THE COMPENSATION COMMITTEE FOR THE CHIEF OPERATING OFFICER. THE COMPENSATION COMMITTEE, A SUBCOMMITTEE OF THE VSUW BOARD OF DIRECTORS, DETERMINES THE COMPENSATION OF THE CHIEF OPERATING OFFICER ON AN ANNUAL BASIS. THE COMPENSATION REVIEW CONSIDERS COMPENSATION DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT AND RELEVANT COMPENSATION SURVEYS OR STUDIES, INCLUDING COMPARISON OF IRS FORM 990 COMPENSATION INFORMATION FROM SIMILAR AREA ORGANIZATIONS. THE COMPENSATION COMMITTEE CONSISTS OF THE VSUW BOARD CHAIR, THE VSUW FOUNDATION BOARD CHAIR, THE VSUW FINANCE & AUDIT COMMITTEE CHAIR, AND TWO OTHER MEMBERS APPOINTED BY THE VSUW BOARD CHAIR. 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. Describe the Process used by Management &/or Governing Body to Review THE FORM 990 PART VI, QUESTION 11 AFTER REVIEW BY THE CHIEF OPERATING OFFICER AND THE CHIEF EXECUTIVE OFFICER, THE DRAFT FORM 990 IS PRESENTED TO THE VSUW FINANCE COMMITTEE TO REVIEW AND APPROVE. THE FINAL DRAFT FORM990 IS PRESENTED TO THE ENTIRE BOARD AT THE BOARD MEETING THAT PRECEDES THE FINAL SUBMISSION OF THE FORM 990. THE ACCOUNTING FIRM THAT PREPARES THE FORM 990 IS PRESENT TO ASSIST WITH ANSWERING QUESTIONS. THE FORM 990 IS POSTED AS AN AGENDA ITEM TO DISCUSS AND REVIEW. UPON REVIEW AND APPROVAL THE 990 IS SIGNED AND SUBMITTED TO THE IRS. Description of Process to Monitor Transactions for Conflicts of Interest PART VI, QUESTION 12C VSUW SENDS THE CONFLICT OF INTEREST POLICY STATEMENT AND SURVEY TO THE BOARD OF DIRECTORS ON A REGULAR BASIS. A WEB-BASED SURVEY AND THE POLICY ARE SENT TO 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. THE VSUW STAFF IS ALSO TRAINED AND EDUCATED ANNUALLY ON THE CONFLICT OF INTEREST POLICY. THE STAFF IS ALSO REQUIRED TO ANNUALLY SIGN A CONFLICT OF INTEREST POLICY. AVAILABILITY OF CERTAIN DOCUMENTS TO THE GENERAL PUBLIC PART VI, QUESTION 19 THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE READILY AVAILABLE ON THE VSUW WEBSITE AT WWW.VSUW.ORG. THE FORM 990 IS ALSO AVAILABLE ON GUIDESTAR, AN EXTERNAL WEBSITE. 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.
Honorary Directors	Part VII	IN ADDITION TO VOTING DIRECTORS, WE INCLUDE HONORARY AND EX-OFFICIO MEMBERS ON THE VALLEY OF THE SUN UNITED WAY BOARD OF DIRECTORS TO HELP GUIDE THE BOARD DECISIONS AND PROVIDE VALUABLE ADVICE AND OPINIONS. THEY ARE NOT LISTED ON PART VII OF THE FORM 990 BECAUSE THEY DO NOT HAVE VOTING RIGHTS, BUT THEY ARE RECOGNIZED BY VALLEY OF THE SUN UNITED WAY AS BOARD MEMBERS. THE INDIVIDUALS INCLUDED ARE STEVE EVANS - EX-OFFICIO MEMBER KATHY HANCOCK - HONORARY MEMBER CARL LANDRUM - HONORARY MEMBER JIM MCDOWELL - HONORARY MEMBER REED MITTELSTAEDT - HONORARY MEMBER VINCE ROIG - HONORARY MEMBER DAVID SMITH - HONORARY MEMBER.

Related Organizations and Unrelated Partnerships

2009

Open to Public Inspection

Name of the organization
VALLEY OF THE SUN UNITED WAY

Employer identification number

86-0104419

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

(a)
Name, address, and EIN 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

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

Valley of the Sun United Way Fdn

1515 East Osborn Rd

FUNDRAISING

AZ

501(c)(3)

11(a)

Phoenix, AZ 85014
86-1002212

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?	
							Yes	No		Yes	No

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
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Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV		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 (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) Valley of the Sun United Way Foundation	1C	109,951
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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.

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 86-0104419

Name: VALLEY OF THE SUN UNITED WAY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
Michael Bielecki Secretary	4 0	X		X				0	0	0
Tod Smith Treasurer	4 0	X		X				0	0	0
Mary Alexander Director	2 0	X						0	0	0
Johnny Basha Director	2 0	X						0	0	0
Michael Bender Director	2 0	X						0	0	0
John Bouma Director	2 0	X						0	0	0
Pamela Conboy Director	2 0	X						0	0	0
Diane Costantino Director	2 0	X						0	0	0
Doug Davis Director	2 0	X						0	0	0
Gonzalo de la Melena Director	2 0	X						0	0	0
Jeff England Director	2 0	X						0	0	0
Victor Flores Director	2 0	X						0	0	0
Phil Francis Director	2 0	X						0	0	0
Susan Frank Director	2 0	X						0	0	0
Thomas Franz Director	2 0	X						0	0	0
Eugene Garcia Director	2 0	X						0	0	0
Rufus Glasper PhD Director	2 0	X						0	0	0
Carlos Gonzales Director	2 0	X						0	0	0
Pete Gorraiz Director	2 0	X						0	0	0
Dave Hall Director	2 0	X						0	0	0
Derrick Hall Director	2 0	X						0	0	0
Mernoy Harrison Director	2 0	X						0	0	0
Jon Held Director	2 0	X						0	0	0
Don Henninger Director	2 0	X						0	0	0
Rick Kuhle Director	2 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
Jeff Kunkel Director	2 0	X						0	0	0
Hope Levin Director	2 0	X						0	0	0
Mike Miller Director	2 0	X						0	0	0
Steve Moak Director	2 0	X						0	0	0
Kevin Moran Director	2 0	X						0	0	0
Rick Naimark Director	2 0	X						0	0	0
William Bill Pepicello PhD Director	2 0	X						0	0	0
Kathleen Quirk Director	2 0	X						0	0	0
Jane Reddin Director	2 0	X						0	0	0
Deanna Salazar Director	2 0	X						0	0	0
Donald Smith Jr CPCU Director	2 0	X						0	0	0
Janice Todd Director	2 0	X						0	0	0
Eileen Ward Director	2 0	X						0	0	0
Steve Wheeler Director	2 0	X						0	0	0
Warren Whitney Director	2 0	X						0	0	0
Merl Waschler Chief Executive Officer/Presid	60 0			X				289,125	0	72,869
Katherine Cecala Chief Operating Officer	60 0			X				193,091	0	53,398
Douglas Parker Honorary Member, Board Chairman	4 0			X				0	0	0
Marcia Mintz thru 10909 Senior VP Resource Development	60 0				X			167,011	0	60,392
Brian Spicker Senior VP Community Impact	60 0				X			173,581	0	40,140
Nancy Dean as of 11510 Senior VP Resource Development	60 0				X			0		0
John Hogg Senior VP Marketing	60 0					X		137,937	0	14,857
Ken Brooks Chief Information Officer	50 0					X		101,205		13,930

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Printing and Publications	564,975	259,587	19,189	286,199
Other Fees - Payroll, Bank, Cr	142,192	40,698	54,359	47,135
Special Events	151,284	8,172	3,548	139,564
Misc	113,230	13,611	79,942	19,677
Staff Development	15,976	8,549	6,991	436