Form	990
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SCANNED JUN 28 2021

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CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Inten	nal Reven	ue Service	▶ Go to www.irs.gov/Form990 for instructions and the late		Inspection
ΑI	For the	2020 calend	dar year, or tax year beginning JUL 1, 2020 and ending	SEP 30, 202	0
	Check if applicable		of organization	D Employer iden	tification number
	Addres	S VALL	EYLIFE FOUNDATION		
	Name Change	Doing b	ousiness as	86-0702	2413 ~
	Initial	Number	r and street (or P O box if mail is not delivered to street address) Room/su	lite E Telephone num	ber
Ē	Final return/		W HATCHER RD.	602-371	L-0806
_	termin- ated	City or 1	town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,612,362.
Г	Amend		NIX, AZ 85021	H(a) is this a grou	p return
F	Applica		and address of principal officer KATY WHITE	for subordina	· — —
_	Deugini		AS C ABOVE	H(b) Are all subordinal	
$\overline{}$	Тау-еуе			77	h a list. See instructions
_		e: ► N/A	30 (10)(0	H(c) Group exemp	
			X Corporation Trust Association Other		2 M State of legal domicile AZ
	TH	Summary		our or formation	THE STATE OF TOPICS
7-7	T .		be the organization's mission or most significant activities TO EXPANI) TMPROVE A	ND MAINTAIN
9	' ;	VALLEYL		,	
Governance	2	Check this bo		ire than 25% of its net	assets ———
\	3 1		ting members of the governing body (Part VI, line 1a)		3 4
ó	4 1		dependent voting members of the governing body (Part VI, line 1b)		4 2
				→ / / / /	5 0
jes	5		of individuals employed in calendar year 2020 (Part V, line 2a)	<u> </u>	6 4
Activities &	6		of volunteers (estimate if necessary)	Ť	*
Ac	'a	_	d business revenue from Part VIII, column (C), line 12		
_	bi	Net unrelated	business taxable income from Form 990-T, Part I, line 13		
				Prior Year	Current Year
9			and grants (Part VIII, line 1h)	15,411	
Revenue	1	•	ice revenue (Part VIII, line 2g)	43,824	
₹ 6			come (Part VIII, column (A), lines 3, 4, and 7d)	-53,221	/
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,448	
_	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A) line 12)	42,462	
	13 (Grants and sii	milar amounts paid (Part IX, column (A), lines 13)	15,132	
	14 E	Benefits paid	to or for members (Part IX, column (A), line 4)		0.
S	15 5	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		78,517.
Expenses	16a F	Professional f	undraising fees (Part IX, column (A), line 11e)	(0.
9	ь 1	Total fundrais	ing expenses (Part IX, column (D), line 25) 78,601.		
ú	17 (Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	51,014	9,393.
	18 7	Total expense	es Add lines 13-17 (must equal Part IX, column (A), line 25)	66,146	97,360.
	19 F	Revenue less	expenses Subtract line 18 from line 12	-23,684	137,166.
Ρě				Beginning of Current Ye	ar End of Year
Net Assets or	20 1	Total assets (F	Part X, line 16)	2,555,247	
ASS	21 1	Total liabilities	(Part X, line 26)	221,958	
E SE	22 1	Net assets or	fund balances Subtract line 21 from line 20	2,333,289	
R		Signature			
		·	I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of	my knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which prepa		· ·
		<u> </u>	, , , , , , , , , , , , , , , , , , , ,	,	
Sıgı	,	Signature	e of officer	Date	
Her		► КАТУ	WHITE, PRESIDENT		
	~		orint name and title		
—		Print/Type prej		Date Check	PTIN
Paid				04/14/21 if self en	□ ;
			EIDE BAILLY LLP	Firm's EIN	
up		Firm's name		[i iiii 2 CIN]	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address 2355 E CAMELBACK RD, STE 900

PHOENIX, AZ 85016-9065

X Yes No Form 990 (2020)

Phone no. 480 - 315 - 1040

Forn	n 990 (2020) VALLEYLIFE FOUNDATION	86-0702413	Page 2
₽ã	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission TO EXPAND, IMPROVE AND MAINTAIN VALLEYLIFE.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported	s, the total expenses, ar	
4a	(Code)(Expenses \$ 12,228. including grants of \$ 9,450.) (Revenu	ie\$ 10,	956.
	A		
4b	(Code) (Expenses \$	e\$)
			
			
	-		
4c	(Code) (Expenses \$		
70	(Code) (Expenses \$ incoding grains 0.5) (Nevaid	e 2	
			
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses 12,228.		-
		Form 9	90 (2020)

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Form 990 (2020)

VALLEYLIFE FOUNDATION

86-0702413

Part IV	Checklist of	Required	Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

 If "Yes." complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C. Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part is
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III.
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?
 If "Yes." complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D.Parts VI, VIII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part XI, line 10? If "Yes," complete Schedule D,
 - b Did the organization report an amount for investments other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16° if "Yes," complete Schedule D, Part VIII
 - c Did the organization report an amount for investments program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. CarlVIII
 - d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 22.2 If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year?

 If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes." complete Schedule F. Parts III and IV
- 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? If "Yes," complete Schedule G, Part I
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

-		Yes	No
		l	
	1_	X	x
	2_		
	3		х
ct	4		х_
	5_		x
t I	6		Х
	7		х
	8		х
	9		Х
	10	HIII III III II	X
		 	#####
	11a	X	
	11b	x	
	11c		Х
	11d		X
	11e	Х	
	11f		х
	40		х
	12a		
	12b	х	
	13		Х
	14a		Х
	14b		х
	15		х_
	16		х
	17		х
	18	Х	
	19		X
	20a		Х
	20Ь	\dashv	
.,	21		Х
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Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		l	1
	Part IX, column (A), line 2 ⁹ If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
	Schedule J	23		<u> </u>
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 lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 -
	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		l
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), 501(c)(4), and 501(c)(29) 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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Fart it	26		X
27	Did the organization provide a grant or other assistance to any current or former officers director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			İ
	entity (including an employee thereof) or family member of any of these persons? If Yes, complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	"Yes," complete Schedule L, Part IV	28a		Х
ь	A family member of any individual described in line 28a? If "Yes, complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
22	Schedule N, Part II	32		
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
0.7	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
IDA-	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			ليل
4 -	Enter the number reported in Box 2 of Form 1000 February 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming.	┪		
·	(gambling) winnings to prize winners?	1c		
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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1	thin in the	Yes	No
2a	Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		11111111111
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u> X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		١.		v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
Ь	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAH)			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	0	5a	\vdash	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction to the party of the party	ction?	5b		Λ
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			х
L	any contributions that were not tax deductible as chantable contributions?	one or gifte	6a	Н	- 21
ь	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gitts	6ь		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).				
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	wees provided to the payor?	7a	X	***************************************
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	vices provided to the payor.	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it, was	as required	· ·		
·	to file Form 8282?	as required	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	L	7e	. 	X
f	Did the organization, during the year, pay premiums, directly or indirectly or a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles rdid the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	•	8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9ь		
10	Section 501(c)(7) organizations. Enter				
а	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				
а	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			
	Section,4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	Marana	
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
14a			14a		<u> X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or	ا ـ [v
	excess parachute payment(s) during the year?		15		X
46	If "Yes," see instructions and file Form 4720, Schedule N				WWW
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income /	16		X
	If "Yes," complete Form 4720, Schedule O		[A	990 ((2020)
			rorm	∪	(U2U)

032005 12-23-20

Form	990 (2020) VALLEYLIFE FOUNDATION		86-070	2413	Р	age 6
	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for	a "No" re		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	i	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O					
ь	Enter the number of voting members included on line 1a, above, who are independent	1ь		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other			
_	officer, director, trustee, or key employee?		,	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	t supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?		•	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa:	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	lders. or			
_	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hy the	e following			
	The governing body?	,	, 10.110 11.119	8a	X	
	Each committee with authority to act on behalf of the governing body?			8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section Al vino cannot be read	hed a	t the	100		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies This Section B requests information about policies not required by the Internal Re	/enile	Code)	1 -		
	(Mis Section & Tedoes/s Information about policies for required by a refinement	YGIIUO	0046./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	. affiliates.	1.00		
-	and branches to ensure their operations are consistent with the organization sexempt purposes?		,	10ь		
11a	Has the organization provided a complete copy of this Form 99 g to all mergbers of its governing body	befor	e filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		3			
	Did the organization have a written conflict of interest policy? If "No go to line 13			12a	1111111111111	Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
_	in Schedule O how this was done	oo, a	3001,20	12c		
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-,				
а	The organization's CEO, Executive Director, or top management official			15a		X
ь	Other officers or key employees of the organization		•	15b		Х
	If "Yes" to line 15a or 15b, 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 arrangem	ent wi	th a			
	taxable entity during the year?		•	16a	••••••	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (Section 501(c)	3)s only)	avaılal	ble
	for public inspection indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		•	ind financ	al	
	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and	records ►			
	LINDA MILLER - 602-371-0806					
	1142 WEST HATCHER ROAD, PHOENIX, AZ 85021					
022006	43.00 (2)			F	000	(2020)

Form 990 (2)	020) VALLEYLIFE FOUNDATION	86-0702413	Page 7						
PartVII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								

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

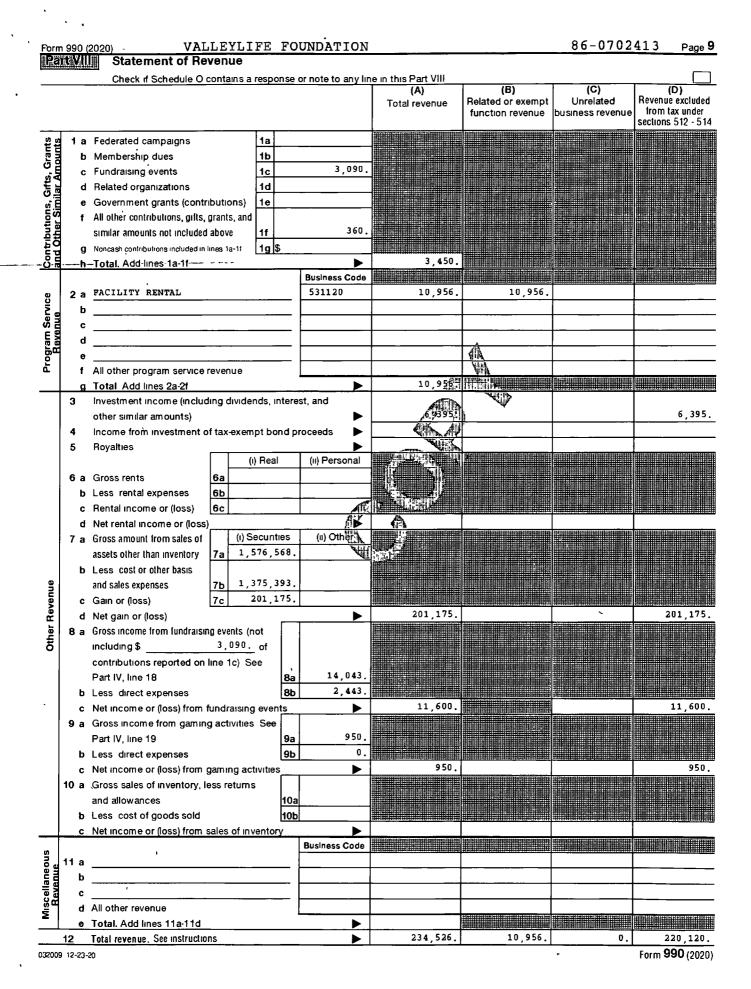
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

Check this box if neither the organization n	or any related	orga	nıza	tion	con	nper	sat	ed any current officer, of	director, or trustee	
(A)	(B)			(4	C)			(D)	(E)	(F)
Name and title	Average	(40	not c	Pos beck	HIOF	i than i	ODA	Reportable	Reportable	Estimated
	hours per	box	unle	ss pe	rson	s both	h an	compensation	compensation	amount of
·	week		cerar	nd a d	irecto	or/trus	lee)	from	from related	other
	(list any	탏					ł	the	organizations	compensation
	hours for	Ę				B		l acception	(W-2/1099-MISC)	from the
	related	88	aste			25		(W-2/1099 MISC)		organization
	organizations	indiwdual frustee or director	institutional trustee		Key employee	Highest compensated employee		(W.2/1099 MISC)		and related
	below	No us	rtate	Officer	e e	E Se St	o.we			organizations
	line)	Ē	Ę	동	ξ	풀를	ğ			
(1) HEATHER BULL	1.00]					K			
DIRECTOR	2.00	Х					-	0.	0.	0.
(2) KATY WHITE	1.00]			A	نعظرا	-			
PRESIDENT/CHAIR	2.00	X		Х			`	0.	0.	0.
(3) LINDA MILLER	2.00				8	1		MY		
SECRETARY/TREASURER	38.00	x	L₄	X.	> `		3	0.	0.	0.
(4) CLETUS THIEBEAU	2.00		E		,	3				
VICE-PRESIDENT	38.00	X	1	Χ		F.L		0.	0.	0.
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032007 12-23-20

Form 990 (2020)

	990 (2020) VALLEYL II									86-0	7024	13 Page 8
Рa	Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	1 Hi	ghes	t C	ompensated Employee	s (continued)		
	· (A) Name and title	(B) Average hours per week (list any hours for	(do box offic	not d unled per an	Pos Pos Peck Saper	ition more rson i	than despote	one an lee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d s	(F) Estimated amount of other compensation from the
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest to mpensated employee	Former	(W-2/1099-MISC)			organization and related organizations
									17		$\frac{1}{2}$	
	-							_	0			
						<u>[</u>			F)			
	Subtotal Total from continuation sheets to Part VII	Saation A			,,,,	, ,		<u>_</u>	0.		0.	0.
	Total (add lines 1b and 1c)	, Section A		1	p-ond	,		-	0.	_	0.	0.
2	Total number of individuals (including but no	ot limited to the	ose I	liste	ab	ove)\wh	o re	ceived more than \$100,	000 of reportable)	_
	compensation from the organization	<u> </u>		<u> </u>	-		<u></u>					Yes No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su		e, k	ey e	mpl	oye	e, or	hıgl	hest compensated emp	oyee on		3 X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable		•					•	ne organization		4 X
5	Did any person listed on line 1a receive or a			-						lual for services		
	rendered to the organization? If "Yes," com	plete Schedule	J fo	r su	ch r	ers	on					5 X
1	tion B. Independent Contractors Complete this table for your five highest con	nnensated indi	ener	nden	t co	ntra	etor	s th	at received more than \$	100 000 of comp	ensatio	n from
	the organization Report compensation for t									•		
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	Con	(C)
												
2	Total number of independent contractors (in \$100,000 of compensation from the organiz		t lım	ited	to t	hos 0		ed a	above) who received mo	re than		
											Fo	ım 990 (2020)



86-0702413 VALLEYLIFE FOUNDATION Form 990 (2020) **配面性X** Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, Fundraising 7b, 8b, 9b, and 10b of Part VIII general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 9,450 9,450. individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(1)(1)) and persons described in section 4958(c)(3)(B) 78,517. 78,517 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (nonemployees) Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 5,074. Investment management fees Other (If line 11g amount exceeds 10% of line 25, 1,267. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 190. 190. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 705. 705. 20 Interest Payments to affiliates 21 2,073. 2,073. Depreciation, depletion, and amortization 23 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) FUNDRAISING SUPPLIES & 84 e All other expenses 12,228. 97,360. 6,531. 78,601. Total functional expenses. Add lines 1 through 24e Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

the state of the state of	990 (TION	20000000000	86-	0702413 Page 11
₽Pa	tΧ					
		Check if Schedule O contains a response or note to ar	y line in this Part X	T		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	-	18,195.	1_	27,942.
	2	Savings and temporary cash investments		32,832.	2	35,121.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		. 46,715.	4	
	5	Loans and other receivables from any current or forme	r officer, director,			
		trustee, key employee, creator or founder, substantial	contributor, or 35%			
		controlled entity or family member of any of these pers	ons		5	
	6	Loans and other receivables from other disqualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons described in sec	ction 4958(c)(3)(B)		6	
y)	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
AS	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D 10a	496,084.			
	b	Less accumulated depreciation 10b	57,332.	440,824.	10c	438,752.
	11	Investments - publicly traded securities		(11	
	12	Investments - other securities See Part IV, line 11	,	¥2,016,681.	12	2,134,207.
	13	Investments · program-related See Part IV, line 11	4	MINITED IN	13	
	14	Intangible assets ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		14	
	15	Other assets See Part IV, line 11	A STATE OF THE STA	<u></u>	15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)	2,555,247.	16	2,636,022.
	17	Accounts payable and accrued expenses		1111	17	1,345.
	18	Grants payable		₩	18	
	19	Deferred revenue	19	ļ,		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV			21	
es	22	Loans and other payables to any current or former office				
Ē		trustee, key employee, creator or founder, substantial	No. 14 No			
Liabilities		controlled entity or family member of any of these pers	"M- Secretary"	221,958.	22	214 025
_	23	Secured mortgages and notes payable to unrelated thi	•	221,330.	23	214,925.
	24	Unsecured notes and loans payable to unrelated third	•		24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24) Complete Part X	0.	25	31,962.
	26	of Schedule D		221,958.	25 26	248,232.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check her	e 🕨 X	221,750.	20	240,232.
Se		and complete lines 27, 28, 32, and 33.				
J C	27	Net assets without donor restrictions		2,333,289.	27	2,387,790.
3al	28	Net assets with donor restrictions			28	· · · · · · · · · · · · · · · · · · ·
힏		Organizations that do not follow FASB ASC 958, che	eck here 🕨 🔲			
<u>.</u>		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
set	30	Paid in or capital surplus, or land, building, or equipme	nt fund		30	
Aŝ	31	Retained earnings, endowment, accumulated income,			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		2,333,289.	32	2,387,790.
	33	Total liabilities and net assets/fund balances		2,555,247.	33	2,636,022.
						Form 990 (2020)

Form 990 (2020)

Forn	n 990 (2020) VALLEYLIFE FOUNDATION	86	<u>-0702</u>	<u>413</u>	Pag	ge 12
Pä	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	·	234		
2	Total expenses (must equal Part IX, column (A), line 25)	2				60.
3	Revenue less expenses Subtract line 2 from line 1	3		137		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	, 333		
5	Net unrealized gains (losses) on investments	5		<u>-82</u>	<u>,6</u>	<u> 55.</u>
6	Donated services and use of facilities	6				
7	Investment'expenses ·	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2	_,_387	. 79	90.
Pä	THXII Financial Statements and Reporting	10]				
4	Check if Schedule O contains a response or note to any line in this Part XII		•			
	Chock in Contradic Contrains a respective of there to any line in this rate yill				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
ь.	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	on a		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis			20		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audits as set forth in the Sin Act and OMB Circular A-133?	gle Aud	dit	3a		x
b	If "Yes," did the organization undergo the required audit or audits if the organization did not undergo the required	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3ь		
				Form 9	90 (2020)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs gov/Form990 for instructions and the latest information.

110111	0.0.	T/AT.T	EYLIFE FOU	אחזיינטא				9	6-0702413	
Pa	n di 🔠	Reason for Public	Charity Status.	(All organizations must d	omplete t	his nart \S	See instruction		0_0702413	$-\!$
-		ization is not a private found	_							\checkmark
1	Ji yaiii	A church, convention of ch							1//	/)
2	H	A school described in sect					тдадть		1 6	/
3		A hospital or a cooperative		•			#1A		1	
J	一	A medical research organiz					•	Vul Entor	the heepital's name	
4	ш		ation operated in co	njunction with a nospital	described	ı ıı secuc	му пуорол по	Kink cure	the nospital s hame	,,
_		An organization operated f	ar the benefit of a co	llogo or uppyorethy over or	d or operat	od by a ge	nyomm ontol u	nit dosesh	ad in	
5				nege or university owner	o opera	eu by a gu	overnin entai ui	ilit describi	ed III	
		section 170(b)(1)(A)(iv). (0	-			70/LV4VA	W			
7	H	A federal, state, or local go	-							
′		An organization that norma		illiai part of its support i	ioni a govi	ermenta	unit or iroin t	ie general i	public described in	
0		section 170(b)(1)(A)(vi). (C		(4VAV) (Complete Per	4 II \					
8	片	A community trust describe An agricultural research org				ad us 🙈 anu	inction with a	land arant	collogo	
9	L	or university or a non-land-								
			grant college or agric	unture (see instructions)	Enter the	name, ony	, and state of	me conege	our	
40		university		4b == 00 4 000 =£45 ====	4			4	d =====	
10		An organization that normal activities related to its exer								
		income and unrelated businesses								ш
		See section 509(a)(2). (Co		(1655 Section 5 11 tax) in	o r	gos acqui	red by the org	anzanon	inter Julie 30, 1973	
11		An organization organized	•	vely to test for publicisa	totu Sae	section 5	00(2)(4)			
12	X	An organization organized						m/ out the	nurnoses of one or	
12		more publicly supported or	•					-	•	
		lines 12a through 12d that							SHOOK WIE DOX III	
а	X	Type I. A supporting orga	anization operated is	upervised for controlled	by its suni	orted ora	anization(s) t	ocally by	alvina	
_		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	pportina	
		organization You must o			,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JO 01 1110 00	.pp=g	
ь		Type II. A supporting org			tion with it	s sunnorte	ed organization	n(s) by hav	nn a	
		control or management of	•				_		=	
		organization(s) You mus						,		
c		Type III functionally inte			ın connect	tion with, a	and functional	v integrate	d with.	
		its supported organization						,g	,	
d		Type III non-functionally						ted organiz	ation(s)	
		that is not functionally int	-	= =			7.7	-		
		requirement (see instruct	•	-	•		•			
e		Check this box if the orga						I, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation		••		
f	Ente	r the number of supported o	organizations						1	
g	Provi	ide the following information	about the supporte	d organization(s)			_			
	(1)	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1.10	(iv) is the orga in your governi	nization listed ng document?	(v) Amount of	=	(vi) Amount of other	
	_	organization		above (see Instructions))	Yes	No	support (see in	structions)	support (see Instruction	ons)
VAL	LEY	/LIFE	86-0135840	7	Х		9	,450.	2,77	8.
					ŀ					
				<u> </u>						
1										
Total							ı 9	,450.	2,77	8.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Sch	edule A (Form 990 or 990-EZ) 2020 V	ALLEYLIFE	FOUNDATION	ON .		86-070	2413 Page 2
	ittil Support Schedule for	Organizations	Described in	Sections 170(t)(1)(A)(iv) and	l 170(b)(1)(A)(vi	i)
	(Complete only if you checke				failed to qualify t	ınder Part III If the	organization
	fails to qualify under the tests	s listed below, plea	ase complete Part I	II)		-	_
Se	ction A. Public Support						
Cale	endar ye'ar (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						/
	membership fees received (Do not						
	include any "unusual grants")	-					
2	Tax revenues levied for the organ-					,	/
	ization's benefit and either paid to			_ ;			
	or expended on its behalf						/
3	The value of services or facilities	i	1	, ,		/	<i>Y</i> .
	furnished by a governmental unit to			·		/	
	the organization without charge	<u> </u>		,	1		
4	Total. Add lines 1 through 3						
: 5	The portion of total contributions			8.1		/	
	by each person (other than a					/	
	governmental unit or publicly					7	
	supported organization) included on line 1 that exceeds 2% of the				n /	1	
					in /		
	amount shown on line 11, column (f)			200	iin /		
_	• •				741/2		
Ser	Public support. Subtract line 5 from line 4 ction B. Total Support			## TOTAL S			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(6) 20,18	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(8) 2010	(6) 2017		/ (d) 2019	(0) 2020	11/ Total
8	Gross income from interest,		<u> </u>				
Ū	dividends, payments received on		1				
	securities loans, rents, royalties,						
	and income from similar sources		ATTE .				
9	Net income from unrelated business			AZ			
·	activities, whether or not the				_		
	business is regularly carned on			9			
10	Other income Do not include gain	-					
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instruction	ons)	₹ -		12	
13	First 5 years. If the Form 990 is for th	ie organization's fi	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3) ⁻	
	organization, check this box and stop		,	<u> </u>	 .		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), d	livided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the c	· /		line 13, and line 1	4 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies		_				▶□
ь	33 1/3% support test - 2019. If the o	/ ⁻			ine 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization quali						▶□
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts					VI how the organiz	ation
	meets the facts-and-circumstances te						▶ 🗀
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets th				•		,
40	organization meets the facts and circu		=				▶⊣
18	Private foundation./ff the organization	n did not check a	DOX ON IINE 13, 16a	i, 100, 1/a, or 1/b,			
	/				Sche	dule A (Form 990	ur 990-EZ) 2020
	/		•				
	· / ·						

032022 01-25-21

Par	dule A (Form 990 or 990-EZ) 2020 V	ALLEYLIFE Organizations	FOUNDAT I	ON Section 509(a)	(2)	86-070	2413 Page 3
(minimum	(Complete only if you checked					art II If the organiz	ation fails to
	qualify under the tests listed b						
Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						/
	membership fees received (Do not						/
1	include any "unusual grants ")					<u> </u>	<u>/</u>
	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						
i	Gross receipts from activities that are not an unrelated trado or bus iness under section 513						
1	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf			+	 	_	
-	The value of services or facilities furnished by a governmental unit to				1		
	the organization without charge						
	Total. Add lines 1 through 5		· · · · · · · · · · · · · · · · · · ·				
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
1	Amounts included on lines 2 and 3 received from other than disqualitied persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year						
C,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)					li .	
Sect	tion B. Total Support				.		
	dar year (or fiscal year beginning in)	(a) 2016	(ь) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 6					1	
	Cross in some from interest			 	<u> </u>	 	
;	Gross income from interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources						
b (dividends, payments received on securities loans, rents, royalties,						
b (; (; (;	dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is						
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Schedule A (Form 990 or 990-EZ) 2020 VALLEYLIFE FOUNDATION

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Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked box 12a, Part I, complete Sections A and B If you checked box 12b, Part I, complete Sections A and C If you checked box 12c, Part I, complete Sections A, D, and E If you checked box 12d, Part I, complete Sections A and D, and complete Part V)

Section A: All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure suph use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If,

 "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an PS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which
- the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1		X			
2 3a				<u> </u>	ζ ∭
3b					
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Schedule A (Form 990 or 990-EZ) 2020

· Sche	edule A (Form 990 or 990-EZ) 2020 VALLEYLIFE FOUNDATION	86-070241	3 p	age 5
Pa	Supporting Organizations (continued)			
(mpm)			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
a	11c below, the governing body of a supported organization?	11a	·	X
h	A family member of a person described in line 11a above?	11b		X
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
·		11c	 	X
Sec	detail in Part VI. Stion B. Type I Supporting Organizations ,			
	Non D. Type I capperting organizations /		Vac	No
	Old the consequence had a manufacture of the consequence had a officer potential to their officer potential to the consequence had a consequence of the consequence had a consequence of the consequence of the consequence had a consequence of the consequence of		Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of a more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o	 		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among		- V	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
2	- Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI haw control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s)			
Sec	tion D. All Type III Supporting Organizations			
	Detter 1	(Yes	No
1	Did the organization provide to each of its supported organizations, by the last day the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of incitication, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees ettern() appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see inst	tructions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	tity (see instruction	s).	
2	Activities Test Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
ь	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3	Parent of Supported Organizations Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	***************************************	aminiiii
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Ves " decorbe in Part VI the relegion of the programs, and activities of each	2h		11000011111

	edule A (Form 990 or 990-EZ) 2020 VALLEYLIFE FOUNDATION TYPE III Non-Functionally Integrated 509(a)(3) Supporting	Orga	mizatione	86-0702413 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying t			Part VI) See instruction
•	All other Type III non-functionally integrated supporting organizations must be		•	Part VI) See man ucuons.
Sect	ion A - Adjusted Net Income	ыпрісі	(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes of pnor-year distributions	2	1	
3	Other gross income (see instructions)	3	•	
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	İ		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of secunties	1a	d\	
b	Average monthly cash balances	1b	N in	
с	Fair market value of other non-exempt-use assets	1¢.	min	
d	Total (add lines 1a, 1b, and 1c)	⊈1d√	7	
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	₩2×		
3	Subtract line 2 from line 1d	34)P	
4	Cash deemed held for exempt use Enter 0 015 of line 3 (for greater amount, see instructions)	1		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0 035	6		
7	Recovenes of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	•	
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for pnor year (from Section A, line 8, column A)	1		
2	Enter 0 85 of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		#
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	~ `		
	emergency temporary reduction (see instructions)	6	14.	
7	Check here if the current year is the organization's first as a non-functionally in	ntegra	ted Type III supporting orga	anization (see
	an admiration of			•

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 VALLEYLIFE FOUNDATION 86-0702413 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Section D - Distributions Current Year									
1 Amounts paid to supported organizations to accomplish exe	Amounts paid to supported organizations to accomplish exempt purposes								
2 Amounts paid to perform activity that directly furthers exemp	t purposes of supported								
organizations, in excess of income from activity			2						
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizations	· · · · · · · · · · · · · · · · · · ·	3						
4 Amounts paid to acquire exempt-use assets			4						
5 Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5						
6 Other distributions (describe in Part VI) See instructions	<u> </u>		6						
7 Total annual distributions. Add lines 1 through 6	. <u> </u>		7						
8 Distributions to attentive supported organizations to which the	ne organization is responsive								
(provide details in Part VI) See instructions			8						
9 Distributable amount for 2020 from Section C, line 6			9						
10 Line 8 amount divided by line 9 amount	·		10						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020					
1 Distributable amount for 2020 from Section C, line 6									
2 Underdistributions, if any, for years prior to 2020 (reason-		a.							
able cause required - explain in Part VI) See instructions		<u> </u>							
3 Excess distributions carryover, if any, to 2020		UN							
a From 2015	189	ligitisa 💮 💮 💮							
b From 2016		ق النظ							
c From 2017	<i>#</i> "1								
d From 2018	\$15 . 75								
e From 2019	到 四個								
f Total of lines 3a through 3e	APPROVED THE								
g Applied to underdistributions of prior years	<u></u>								
h Applied to 2020 distributable amount									
Carryover from 2015 not applied (see instructions)									
J Remainder Subtract lines 3g, 3h, and 3i from line 3f	AV A								
4 Distributions for 2020 from Section D,									
Ine 7 \$	William 1954								
Applied to underdistributions of prior years		n-hill-hill-hill-hill-hill-hill-hill-hil							
b Applied to 2020 distributable amount									
c Remainder Subtract lines 4a and 4b from line 4									
5 Remaining underdistributions for years prior to 2020, if									
any Subtract lines 3g and 4a from line 2 For result greater									
than zero, explain in Part VI. See instructions									
6 Remaining underdistributions for 2020 Subtract lines 3h									
'and 4b from line 1 For result greater than zero, explain in									
Part VI See instructions									
7 Excess distributions carryover to 2021. Add lines 3	,								
and 4c									
8 Breakdown of line 7									
a Excess from 2016									
b Excess from 2017									
c Excess from 2018									
d Excess from 2019									
e Excess from 2020									

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 VALLEYLIFE FOUNDATION	86-0702413 Page 8
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition (See instructions)	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,
SCH A, PART I, LINE 11-G(VI)	
THE FOUNDATION INCURRED \$2,778 IN EXPENSES FOR FACILITIES PR	OVIDED TO
OUR SUPPORTED ORGANIZATION, VALLEYLIFE, FOR USE IN THEIR DAY	SERVICES
PROGRAM.	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Name of the organization

Employer identification number

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 1 Total number at end of year	(c_2)	VALLEYLIFE FOUNDATI		86-0702413
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)) and section 170(h)(4)(B)(ii)?	_	·		
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part X 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 FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 \$\$\text{\$\frac{\text{\$\t	6	Starr and volunteer nours devoted to monitoring, inspecting, n	landling of violations, and enforcing conse	ervation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part X 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 FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 \$\$\text{\$\frac{\text{\$\t	_			
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and section 170(h)(4)(B)(ii)?	_	· · · · · · · · · · · · · · · · · · ·		
9 In Part XIII, 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" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1	8		satisty the requirements of section 170(n	
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 Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part XIII, 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 FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1	_			
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(ii) Assets included in Form 990, Part X 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 FASB ASC 958 relating to these items Revenue included on Form 990, Part VIII, line 1		provide the following amounts relating to these items		
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the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1		(ii) Assets included in Form 990, Part X		> \$
a Revenue included on Form 990, Part VIII, line 1	2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial (gain, provide
		the following amounts required to be reported under FASB AS	C 958 relating to these items	
b Assets included in Form 990, Part X				> \$
	b	Assets included in Form 990, Part X		> \$

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		IFE FOUNDATION		· O# O	86-07	02413 Page 2
	Organizations Maintaining C	- -				S (continued)
3	Using the organization's acquisition, accessi	on, and other records, chec	k any of the following that	make signi	ficant use of its	
	collection items (check all that apply)	. \sqsubset	1.			
a	Public exhibition	d	Loan or exchange progra	ım		
b	Scholarly research	e	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	•	•			XIII
5	Dunng the year, did the organization solicit of			r sımılar ass	sets	
E SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRES	to be sold to raise funds rather than to be m					Yes No
Ha.	Escrow and Custodial Arran		e organization answered "	Yes" on Fo	rm 990, Part IV,	line 9, or
	reported an amount on Form 990, Pa					
1a	Is the organization an agent, trustee, custod	ian or other intermediary for	contributions or other ass	ets not incli	uded	
	on Form 990, Part X?				L_	」Yes ∟ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the following	table		· · · · · · · · · · · · · · · · · · ·	
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				<u>1e</u>	
f	Ending balance		<u> </u>		1f	
	Did the organization include an amount on F		14-4	•		Yes No
	If "Yes," explain the arrangement in Part XIII					
Pa	Endowment Funds. Complete					
		(a) Current year (b)	Pnor year 🚁 🏲 (c) Two year,	S/Back (d)	Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains, and losses		41			
d	Grants or scholarships					
е	Other expenditures for facilities		*			
	and programs					
f	Administrative expenses					
g	End of year balance	47	<u> </u>			
2	Provide the estimated percentage of the curr	ent year end balance (line 1	g, column (a)) held as			
а	Board designated or quasi-endowment	95	T			
ь	Permanent endowment >	%				
С	Term endowment	%				
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%				
За	Are there endowment funds not in the posses	ssion of the organization tha	at are held and administere	ed for the or	ganization	
	by					Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ir)
ь	If "Yes" on line 3a(ii), are the related organiza	tions listed as required on S	Schedule R?			3ь
_4	Describe in Part XIII the intended uses of the					
Par	tvi Land, Buildings, and Equipm	ent.				
	Complete if the organization answered	"Yes" on Form 990, Part I	/, line 11a See Form 990,	Part X, line	10	
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accui	mulated	(d) Book value
		basis (investment)	basis (other)	deprec	ation	
1a	Land		168,669.			168,669.
b	Buildings		327,415.	5 :	7,332.	270,083.
С	Leasehold improvements					
d	Equipment					
е	Other					
Total	Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part X, colun	nn (B), line 10c.)		•	438,752.

Schedule D (Form 990) 2020 VALLEYLIFE	FOUNDATION	86	-0702413 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) MUTUAL STOCK FUNDS	2,134,207.	END-OF-YEAR MARKET	VALUE
(B)	2,202,2070		
·			
(C)	 		
(D)			
(E)			
(F)			
(G)	ļ		
(H)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12)	2,134,207.		
PartiVIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	-of-year market value
		<u> </u>	
(2)		(\	
(3)		V-4	
(4)		477	
(5)			
(6)		1/1	
(7)		K 11	-
(8)	· -		
(9)	1		·· <u> </u>
	1.1		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	1.1	<u> </u>	
Complete if the organization answered "Yes"	Form 000 of	11 Soc Form 000 Bort V line 15	
	Description /	LIG See Form 990, Part X, line 15	(b) Book value
	Description ((b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 990, Part X, col. (B) line	e 15)	•	
Part X Other Liabilities.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990. Part IV line	11e or 11f See Form 990, Part X, line 25	
(a) Description of liability		1.10 or 1.11 oo 1 orm oo 1,1 ar 2,1 mio 25	(b) Book value
(1) Federal income taxes			(2)
			31,962.
			J1,30Z•
(3)			<u> </u>
(4)			
(5)			
(6)			
(7)			
(8)	<u></u>		
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	= 25.)	•	31,962.
2. Liability for uncertain tax positions in Part XIII, provide	•	the organization's financial statements th	
organization's liability for uncertain tax positions under		•	· —
		o il ilio toni oli ilio ilio been pro	

032053 12-01-20

Sche	dule D (Form 990) 2020 VALLEYLIFE FOUNDATION		86-0702413 Page 4
Рā	Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recovenes of pnor year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIII)	_4b	
С	Add lines 4a and 4b		4c
5 ⊯D31	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 **EXILITER PROPERTY FOR THE TRANSPORT OF THE PROPERTY OF THE PRO	atements With Evnens	5
		·	ses per neturn.
_	Complete if the organization answered "Yes" on Form 990, Part IV, II	ile iza	
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities	2a 🕼	
a b	Pnor year adjustments	2b 10	
C	Other losses	221 111	
d	Other (Describe in Part XIII)	r2d	
e	Add lines 2a through 2d	- T	
3	Subtract line 2e from line 1		3
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	43	
b	Other (Describe in Part XIII)	4b	
	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I line)	80	5
Pai	tixiii Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide a	.	art V, line 4, Part X, line 2, Part XI,
		. .	
			
			
			-
			
			
-			

032054 12-01-20

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization	, 4					Employer ide	ntification number
VALLEYL	IFE FOUNDATION					86-0702	413
Fundraising Activities required to complete this par	Complete if the organization answe	ered "	∕es" o	n Form 990, Part IV, I	ine 1	7 Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundr (inclu-	i non-g i gover arsing ding of ional f	povernment grants imment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	orco	Did raiser sustody ntrol of outlons?	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			1	W		_	
			Y				
		A					
	Was	J		/			
-							
Total			•				·
3 List all states in which the organizatio or licensing	n is registered or licensed to solicit o	ontnb	utions	or has been notified	ıt ıs e	exempt from reg	gistration
							_
							
		_					

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

Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

		ule G (Form 990 or 990 EZ) 2020 VALLEYI				0702413 Page 2
	art	Fundraising Events. Complete if the of fundraising event contributions and given the fundraising event contributions.				
		g commence and g	(a) Event #1 LEGACY OF LOVE	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
	<u>.</u>		(event type)	(event type)	(total number)	col (c))
í	1	Gross receipts	14,145.		2,988.	17,133.
	2	Less Contributions	2,845.		245.	3,090.
_	3	Gross income (line 1 minus line 2)	11,300.		2,743.	14,043.
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	601.			601.
1	7	Food and beverages		A	637.	637.
•	8	Entertainment				
	9	Other direct expenses	835.		370.	1,205.
	10	, ,				2,443. 11,600.
E	11 art	Net income summary Subtract line 10 from I Gaming. Complete if the organization	answered "Yes" on Form	990 Part Willing 19 or i	reported more than	11,000.
LE CO	1110119	\$15,000 on Form 990-EZ, line 6a				
	200	,	(a) Bingo	(b) Pull tabs/instant pingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Ġ	1	Gross revenue				
_		Cash prizes				
	3	Noncash prizes				
0.00	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		>	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)	····-	>	
9	Fn	ter the state(s) in which the organization condu	icts daming activities			
	als 1	the organization licensed to conduct gaming ac	ctivities in each of these s			Yes No
		ere any of the organization's gaming licenses re Yes," explain			ear?	Yes No
_	_			-		
0320	182 1	1-25-20			Schedule G (For	n 990 or 990-EZ) 2020

'Sch	edule G (Form 990 or 990-EZ) 2020 VALLEYLIFE FOUNDATION	86-0702413	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer chantable gaming?	Yes [□ No
13	Indicate the percentage of gaming activity conducted in	_	
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	<u> </u>	
14	Effect the figure and address of the person who prepares the organization 3 gaming special events books and record	•	
	Name		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes [No
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	unt	
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party		
	Name ►		
	Address ►		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
			
	NOT STOR		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make chantable distributions from the gaming proceeds to		
a		Yes [□ No
.	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in		
Ü	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v),	and Part III, lines 9, 9b	10b, *
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
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	<u> </u>		

Schedule G (Form 990 or 990-EZ) VALLEYLIFE	FOUNDATION	86-0702413	Page 4
Schedule G (Form 990 or 990-EZ) VALLEYLIFE Partiv Supplemental Information (continued)			
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Schedule G (Form 990 or 990-EZ)

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

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OMB No 1545-0047

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Yes

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Empl 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990 FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? VALLEYLIFE Name of the organization Department of the Treasury Internal Revenue Service (Form 990) Parti

(h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, (e) Amount of non-cash assistance recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant (c) IRC section (if applicable) (b) EIN 1 (a) Name and address of organization or government

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table Schedule I (Form 990) 2020

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

SCHEDULE

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

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Schedule I (Form 990) 2020 VALLEYLIFE FOUNDAT. Part III and Other Assistance to Domestic Individuals. Com	OATION Complete if the	organization answe	I ON plete if the organization answered "Yes" on Form 990, Part IV, line 22	90, Part IV, line 22	86-0702413 Page 2
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
	subjects	cash grant	cash assistance	(book, riviv, appra sal, other)	
DEPARTMENT DEPARTMENT NEW			,		
DAI SERVICES MEMBER EAFENSES	150	9,450.	0		
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Rantilia Supplemental Information. Provide the information required in Part I, line 2.	ired in Part I, line	Part III, colu	ញុំn (b), and any other additional information	ditional information	
PART I, LINE 2:					
VALLEYLIFE FOUNDATION RELIES UPON T	THE GOVERNANCE		PRACTICES OF TH	THE RECIPIENT	
ORGANIZATION, A RELATED TAX-EXEMPT	ENTITY.				
		(
VALLEYLIFE FOUNDATION HAS A SHARED	ACCOUNTING	AND	PURCHASING SYS	SYSTEM WITH	;
THE RELATED ORGANIZATION THAT DISTR	DISTRIBUTES T	THE FUNDS O	ON THEIR BEF	BEHALF.	
THROUGH THAT SYSTEM THEY CAN MONITOR	- 1	SING AND D	PURCHASING AND DISTRIBUTIONS	IS TO THE.	
GROUP HOMES AND INDIVIDUAL MEMBERS	THAT WERE	SPECIFIED	٠,		
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Name of the organization

VALLEYLIFE FOUNDATION

Employer identification number 86-0702413

FORM 990, PART VI, SECTION A, LINE 3:

THE CEO AND CFO OF A RELATED ENTITY PROVIDE ADMINISTRATIVE SERVICES TO THE FOUNDATION. NO MANAGEMENT FEE IS PAID FOR THESE SERVICES.

THE PRESIDENT IS RESPONSIBLE FOR SUPERVISING THE BUSINESS AFFAIRS OF THE

FORM 990, PART VI, SECTION A, LINE 7A:

FOUNDATION AND THE PERFORMANCE BY ALL OF ITS OFFICERS OF THEIR RESPECTIVE DUTIES, SUBJECT TO THE CONTROL OF VALLEYLIFE'S BOARD OF DIRECTORS. THE PRESIDENT IS ELECTED BY VALLEYLIFE'S BOARD OF DIRECTORS. VALLEYLIFE'S WHENEVER IN THE BEST INTEREST OF THE FOUNDATION. BOARD OF DIRECTORS MAY, REMOVE ANY OFFICER OR AGENT OF THE FOUNDATION. OR TEMPORARILY DELEGATE OR DIRECTOR. POWERS AND DUTIES TO ANY OTHER OFFICER IN THE EVENT OF A VACANCY, VALLEYLIFE'S BOARD OF DIRECTORS WILL APPOINT A SUCCESSOR TO HOLD OFFICE FOR THE REMAINDER OF THE TERM

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES THAT ARE ABLE TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND IS REVIEWED BY THE CFO AND PROVIDED TO THE BOARD FINANCE COMMITTEE PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE CEO AND CFO ARE PAID BY A RELATED ORGANIZATION,

THAT ORGANIZATION HAS A PROCESS IN PLACE FOR DETERMINING COMPENSATION. THE

ENTITY HAS NO EMPLOYEES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990 EZ) 2020	Page 2
Name of the organization VALLEYLIFE FOUNDATION	Employer identification number 86-0702413
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINAN	CIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

VALLEYLIFE FOUNDATION

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ► Attach to Form 990.

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

Employer identification number 86-0702413

OMB No 1545-0047

2020 Open to Publ

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
			A		
Partill Identification of Related Tax-Exempt Organizations. Composition organizations during the tax year	ns. Complete if the organization a	plete if the organization answered -Yes on Form 990, Part IV, line 34, because it had one or more related tax-exempt	t IV, line 34, becaus	e it had one or more re	lated tax-exempt

(g) Section 512(b)(13) ŝ controlled × entity? Yes Direct controlling **VALLEYLIFE** ALLEYLIPE ALLEYLIPE 4 / N status (if section 501(c)(3)) Public charity <u>e</u> 10 LINE 10 LINE 10 10 LINE LINE Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) ਉ egal domicile (state or foreign country) ARIZONA ARIZONA RIZONA ARIZONA SERVICES TO THE DISABLED Primary activity 9 HOME GROUP HOME SROUP HOME SROUP 86-0807244, 1142 W HATCHER RD, PHOENIX, AZ 86-0872987, 1142 W HATCHER RD, PHOENIX, AZ 86-0788254, 1142 W HATCHER RD, PHOENIX, AZ VALLEY OF THE SUN SCHOOL PROPERTIES THREE VALLEY OF THE SUN SCHOOL PROPERTIES TWO VALLEY OF THE SUN SCHOOL PROPERTIES ONE Name, address, and EIN of related organization VALLEYLIFE - 86-1035840 PHOENIX, AZ 85021 1142 W HATCHER RD 85021 85021 85021

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

Schedule R (Form 990) 2020

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Parti

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(g) Section 512(b)(13) controlled Ŷ organization? × Yes (f)
Direct controlling
entity ALLEYLIFE ALLEYLIPE VALLEYLIFE Public charity sratus (if section 501(c)(3)) LINE 10 LINE 10 Exempt Code section <u>595</u> (C) (3) 501(C)(3) 501(C)(3) Legal domicile (state or foreign country) RIZONA RIZONA ARIZONA Primary activity Continuation of Identification of Related Tax-Exempt Organizations GROUP BOME SROUP HOME SROUP HOME 86-0937616, 1142 W HATCHER RD, PHOENIX, AZ 86-0930528, 1142 W HATCHER RD, PHOENIX, AZ 02-0680295, 1142 W HATCHER RD, PHOENIX, AZ VALLEY OF THE SUN SCHOOL PROPERTIES FIVE THE SUN SCHOOL PROPERTIES FOUR VALLEY OF THE SUN SCHOOL PROPERTIES SIX Name, address, and EIN of related organization VALLEY OF Dart 85021 85021 85021

Schedule R (Form 990)

VALLEYLIFE FOUNDATION

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Heresteen of Ruistee Organization or Trust. Compiles (M.) Compiles (M.	Identification of Related Organizations Taxable as a Corporation or Trust. (a) Name, address, and EIN of related organization April 19												
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Page 3

86-0702413

Schedule R (Form 990) 2020 ᄩ 무 4 ₽ ဗု 5 ₽ 둳 ŧ Ξ **£** 19 ¥ Method of determining amount involved = ÷ 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 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 (c) Amount involved (b)
Transaction type (a·s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of related organization Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Ø2163 10-28-20 Part V Ε <u>α</u> σ ~ **£** গ্ৰ ≘ ন্ত্র ៙ ପ୍ର

FOUNDATION

VALLEYLIFE

86-0702413 Page 4	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		of Disproper Code V-UBI General or Perceirear allocations of Schedule K-1													An						Schedule R (Form 990) 2020
if the organization answered "Yes" on Form 990, Part IV, line 37	organization conducted more than five percent iment partnerships	(4) (6)	Income pariners sec Sh related, 50(6/3) t 2-514											•			1 1 1				,	
	s a partnership through which the arding exclusion for certain invest		Legal domicile (state or foreign country)															1			!	
Schedule R (Form 990) 2020 VALLEYLIFE FOUNDATION Partium Unrelated Organizations Taxable as a Partnership. Complete	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(a) (b)	s, and EIN Prima		·\$																	

Provide additional information for responses to questions on Schedule R. See instructions Provide additional information for responses to questions on Schedule R. See instructions	Schedule R (Form 990) 2020 VALLEYLIFE FOUNDATION Part VIII Supplemental Information	86-0702413 Page 5
	Provide additional information for responses to questions on Schedule R. See instructions	
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