| | | | EXTENDED TO MAY 15, 2024 | | | | | | | |
|---|-------------------------|---|---|------------------------------|-----------------------------|--|--|--|--|--|
| | 0 | 00 | Return of Organization Exempt From | n Income Tax | OMB No. 1545-0047 | | | | | |
| Form 990 | | | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (| | | | | | | |
| Dep | artment o | of the Treasury | Do not enter social security numbers on this form as it may | • | Open to Public | | | | | |
| Inter | nal Reve | nue Service | Go to www.irs.gov/Form990 for instructions and the late | | Inspection | | | | | |
| <u>A</u> | For the | _ | | JUN 30, 2023 | | | | | | |
| B | Check if applicabl | le: C Name of | organization | D Employer identific | ation number | | | | | |
| Г | Addre | | EY UNITED WAY, INC. | | | | | | | |
| | Name | | usiness as | 06-084709 | 98 | | | | | |
| | Initial return | Ŭ | and street (or P.O. box if mail is not delivered to street address) Room/su | | | | | | | |
| | Final return | 54 C | ROVE STREET 1 | 203-926-9 | | | | | | |
| | termir ated | City or to | own, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 727,356. | | | | | |
| | Amen | | TON, CT 06484 | H(a) Is this a group re | turn | | | | | |
| | Applic tion pendi | F Name a | nd address of principal officer: GREG DESTEFANO | for subordinates' | ? Yes X No | | | | | |
| | | 390 R | IVER ROAD, SHELTON, CT 06484 | H(b) Are all subordinates in | cluded? Yes No | | | | | |
| <u> </u> | Tax-ex | | | 527 If "No," attach a | list. See instructions | | | | | |
| | Websi | | VALLEYUNITEDWAY.ORG | H(c) Group exemption | | | | | | |
| | | | X Corporation Trust Association Other L Y | ear of formation: 1968 M | State of legal domicile: CT | | | | | |
| Pa | art I | Summary | | | | | | | | |
| e | 1 | Briefly describ | e the organization's mission or most significant activities: TO IMPRO | VE LIVES BY MO | DBILIZING | | | | | |
| Activities & Governance | | THE CARING POWER OF OUR COMMUNITY THROUGH PHILANTHROPY, | | | | | | | | |
| /err | | Check this bo | 3 | 1 1 | | | | | | |
| ğ | 3 | | ing members of the governing body (Part VI, line 1a) | | <u> </u> | | | | | |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 4 | | ependent voting members of the governing body (Part VI, line 1b) | | 4 | | | | | |
| ties | | | of individuals employed in calendar year 2022 (Part V, line 2a) | | <u>4</u> 111 | | | | | |
| ť | | | of volunteers (estimate if necessary) | | 0. | | | | | |
| A | | | d business revenue from Part VIII, column (C), line 12 | | 0. | | | | | |
| | 0 | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | Prior Year | Current Year | | | | | |
| | 8 | Contributions | and grapts (Dart) (III, line 1b) | 784,197. | 718,256. | | | | | |
| Revenue | | | and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) | 0. | 0. | | | | | |
| svel | | • | ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) | 4. | 5. | | | | | |
| Å | | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | -309. | | | | | |
| | | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 784,201. | 717,952. | | | | | |
| | | | nilar amounts paid (Part IX, column (A), lines 1-3) | 293,231. | 290,785. | | | | | |
| | | | to or for members (Part IX, column (A), line 4) | 0. | 0. | | | | | |
| ŝ | | | compensation, employee benefits (Part IX, column (A), lines 5-10) | 150,001. | 171,502. | | | | | |
| Expenses | | Professional fu | 0. | 0. | | | | | | |
| be | | | undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 68,711. | | | | | | | |
| ш | 17 | Other expense | es (Part IX, column (A), lines 11a 11d, 11f 24e) | 217,788. | 184,885. | | | | | |
| | | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | 661,020. | 647,172. | | | | | |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | 123,181. | 70,780. | | | | | |
| Net Assets or Fund Balances | | | | Beginning of Current Year | End of Year | | | | | |
| sets | 20 | Total assets (F | Part X, line 16) | 556,297. | 662,480. | | | | | |
| it As | 21 | | (Part X, line 26) | 144,959. | 180,362. | | | | | |
| I Pic | 22 | | fund balances. Subtract line 21 from line 20 | 411,338. | 482,118. | | | | | |
| Pa | art II | Signature | Block | | | | | | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign | Signature of officer | Date | | | | | | | | |
|---|---|----------------------|------|-------------------------|--|--|--|--|--|--|
| | GREGORY P DESTEFANO, TREA | | | | | | | | | |
| | Type or print name and title | | | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN | | | | | | |
| Paid | JAMES G. WOODS | | | self-employed P01429665 | | | | | | |
| Preparer | Firm's name VENMAN & CO. LLC, | | | Firm's EIN 06-0674034 | | | | | | |
| Use Only | Firm's address 375 BRIDGEPORT AV | ENUE | | | | | | | | |
| | SHELTON, CT 06484 Phone no. 203-929-9945 | | | | | | | | | |
| May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | |
| 232001 12-1 | 232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) | | | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | 990 (2022) VALLEY UNITED WAY, INC. | 06-0847098 | Page 2 |
|-------|--|-------------------------|------------------|
| Pa | t III Statement of Program Service Accomplishments | | X |
| 1 | Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: | <u></u> | 🕰 |
| • | TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR | COMMUNITY | |
| | THROUGH PHILANTHROPY, VOLUNTEERISM, AND COLLABORATION. | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| 2 | prior Form 990 or 990-EZ? | Yes | XN |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services | s?Yes | XNO |
| 4 | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, a | as massived by synapses | |
| 4 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot | | |
| | revenue if any for each program sonice reported | | |
| 4a | (Code:) (Expenses \$ 468, 936 including grants of \$ 290, 785.) (Rev | enue \$ | |
| | SEE DESCRIPTION ON SCHEDULE O. | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| 4b | (Code:) (Expenses \$) (Reve | enue\$ | |
| | | | |
| | | | |
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| | | | |
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| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Reve | enue \$ | |
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| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| 40 | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 468,936. |) | |
| 4e | Total program service expenses 468,936. | Form Ç | 990 (2022 |
| 23200 | 2 12-13-22 | | ,_0_1 |
| | 2 | | |
| 320 | 124 755344 79799 2022.05040 VALLEY UNITED WAY, | INC. 7979 | 99 1 |

| Form | 990 | (2022) | |
|------|-----|--------|--|

 Form 990 (2022)
 VALLEY UNITED WAY, INC.

 Part IV
 Checklist of Required Schedules

| | | | Yes | No |
|--------|--|------|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | <u> </u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | <u> </u> |
| 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 | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | v |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | x |
| • | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | x |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | x |
| 0 | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | - ' | | - 23 |
| 8 | | 8 | | x |
| 9 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | 0 | | |
| 9 | 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 | | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | | |
| 10 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| 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 VII | 11b | | X |
| с | 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, Part VIII | 11c | | X |
| 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 | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | L |
| 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 | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 37 | |
| | Schedule D, Parts XI and XII | 12a | Х | <u> </u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | v |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| U | 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 | | | l l |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | <u> </u> | <u> </u> |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | <u> </u> |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 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. See instructions | 17 | | x |
| 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 | 18 | Х | |
| 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 | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | 1 |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 232003 | 3 12-13-22 | Form | 990 | (2022) |

08320124 755344 79799 2022.05040 VALLEY UNITED WAY, INC. 79799_1

| Form | 990 | (2022) |
|------|-----|--------|
| | | |

| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | |
|------------|---|------|-----|------------|
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 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 | 00 | | x |
| 24a | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | - 11 |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | <u>.</u> , |
| | 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 | 054 | | x |
| 6 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 25b | | |
| 26 | 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, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? 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 the Schedule L, Part IV, | | | |
| | 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 | | X |
| | 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 line 28a or 28b?If | | | x |
| | "Yes," complete Schedule L, Part IV | 28c | | A X |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | |
| 0 | contributions? If "Yes," complete Schedule M | 30 | | x |
| 81 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | | | |
| - | Schedule N, Part II | 32 | | X |
| 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 | | | |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? 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? | 26 | | x |
| 37 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | |
| 51 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 88 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | x | |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | 37 | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 32004 | . 12-13-22 | Form | 990 | (202 |
| 20 | 124 755344 79799 2022.05040 VALLEY UNITED WAY, INC. | 70- | 799 | - |
| 2 U | TAT (33344 (31)) 2022.03040 VALUET ONTIED WAT, INC. | 191 | בכי | |

| | 990 (2022) VALLEY UNITED WAY, INC. | | 06-0847 | 098 | Pa | age 5 | | | |
|--------|--|----------|-----------------------|------|------------|--------------|--|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | |
| | | | | | Yes | No | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | 4 | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 4 | | 37 | | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returned | rns? | | 2b | Х | | | | |
| | | | | 3a | | X | | | |
| 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 | | L | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | accou | nt)? | 4a | | X | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccour | ts (FBAR). | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | action? | | 5b | | Х | | | |
| с | c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | | | | | | |
| 6a | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | | | | | | |
| b | b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | |
| | were not tax deductible? | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | rvices p | rovided to the payor? | 7a | | Х | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | | | | | | | | |
| | to file Form 8282? | - | | 7c | | x | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | :†? | 7e | | х | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri | | | 7f | | x | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | | | | | |
| - | | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | 7h | | | | | |
| • | | | | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| a | | | | 9a | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | 0.5 | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 100 | | | | | | | |
| | Gross income from members or shareholders | 11a | | | | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | 114 | | | | | | | |
| N N | amounts due or received from them.) | 11b | | | | | | | |
| 122 | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | |) | 12a | | | | | |
| | ····· | 12b | | 120 | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 120 | | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | | | 134 | | | | | |
| h | | | | | | | | | |
| U | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | | | | |
| • | | 13c | | | | | | | |
| | Enter the amount of reserves on hand | | | 140 | | X | | | |
| 14a | | | | 14a | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedu</i> to the explanation gubiest to the exception 4060 tex on payment(a) of more than \$1,000,000 in remune | | or | 14b | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | | x | | | |
| | excess parachute payment(s) during the year? | | | 15 | | ~ | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | 0 | | | v | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | nt inco | me? | 16 | | X | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | | | | |
| | If "Yes," complete Form 6069. | | | F | 0000 | (0000) | | | |
| 232005 | 5 12-13-22 | | | Form | 990 | (2022) | | | |

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| Form 990 (2022) |) |
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VALLEY UNITED WAY, INC.

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

X

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

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| be delegated troad authority to an executive committee or similar committee, explain on Schedule 0. 10 b Enter the number of voting members included on line 1a, above, who are independent | | |
| b Enter the number of voting members included on line 1a, above, who are independent 1b 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Did the organization have members or stockholders? 7a 7a Did the organization have members or stockholders? 7a 8 Did the organization have members or stockholders? 7a 9 Did the organization neumbers or stockholders? 7a 9 Did the organization neumbers or stockholders? 7b 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7a 9 Is brea any overtices, chrosophy on polycee listed in Part VII, Saction A, who cannot be reached at the organization on traduces on Schedule O 9 9 Is the any officer, director, trustee, or key employee listed in Part VII, Saction A, who cannot be reached at the organiza | | |
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| 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c 3 Did the organization have a written whistleblower policy? 13 4 Did the organization have a written document retention and destruction policy? 14 5 Did the organization have a written document retention and destruction policy? 14 6 Did the organization have a written document retention and destruction policy? 14 6 Did the organization have a written document retention and destruction policy? 14 7 Did the organization have a written document retention and destruction policy? 14 6 Other officers or key employees of the organization 15b 16 Other officers or key employees of the organization 15b 16 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a <td>X</td> <td>Х</td> | X | Х |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c 3 Did the organization have a written whistleblower policy? 13 4 Did the organization have a written document retention and destruction policy? 14 5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization is CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b c List the states with which a copy of this Form 900 is required to be filed for public inspection. Indicate how you made these available. Check all that apply. 27 List the states with which a co | | 17 |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c 3 Did the organization have a written whistleblower policy? 13 4 Did the organization have a written document retention and destruction policy? 14 5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 14 6 Did the organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a b Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b ection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed CT CT 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl for public inspection. Indicate how you made these available. Check all that apply. X Other (explain on Schedule O) | | |
| on Schedule O how this was done 12c 3 Did the organization have a written whistleblower policy? 13 4 Did the organization have a written document retention and destruction policy? 14 5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b CT 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl for public inspection. Indicate how you made these available. Check all that apply. 0ther (explain on Schedule O) | X | X |
| 3 Did the organization have a written whistleblower policy? 4 Did the organization have a written document retention and destruction policy? 5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 7 List the states with which a copy of this Form 990 is required to be filed CT 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | x | х |
| 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b lf "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed CT CT 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s on for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) | X | Х |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official | | |
| persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. I6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 6 CT Ist the states with which a copy of this Form 990 is required to be filed CT 8 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl for public inspection. Indicate how you made these available. Check all that apply. X X Own website | | |
| b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Ection C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed CT 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | | |
| b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 7 List the states with which a copy of this Form 990 is required to be filed CT 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | X | Х |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. I6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a Section C. Disclosure 16b 7 List the states with which a copy of this Form 990 is required to be filed CT 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O) | | |
| taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a ieection C. Disclosure 16b 7 List the states with which a copy of this Form 990 is required to be filed CT 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website | | |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b cection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed CT 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | | |
| in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Fection C. Disclosure I List the states with which a copy of this Form 990 is required to be filed CT Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | | _ |
| exempt status with respect to such arrangements? 16b ection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed CT 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | | |
| A contraction C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | | |
| 7 List the states with which a copy of this Form 990 is required to be filed CT 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | | |
| 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onl for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | | |
| for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | | |
| X Own website Another's website X Upon request Other (explain on Schedule O) | y) ava | vail |
| | | |
| | incial | al |
| statements available to the public during the tax year. | | |
| 0 State the name, address, and telephone number of the person who possesses the organization's books and records | | |
| GREGORY P. DESTEFANO - 203-926-9478 | | |
| 54 GROVE STREET, SUITE 1, SHELTON, CT 06484 | | |
| 32006 12-13-22 For | n 99 | 90 |
| 6 | | |
| 20124 755344 79799 2022.05040 VALLEY UNITED WAY, INC. 79 | | 9 |

| Part VII | Compensation of Officers, | Directors, | Trustees, | Key Employ | ees, Highest | Compensated |
|----------|---------------------------|------------|-----------|------------|--------------|-------------|
| | Employees, and Independe | ent Contra | ctors | | | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

| (A) | (B) (C) | | | | | | (D) | (E) | (F) | | | |
|--------------------------|------------------------|---|----------------------|----------------|--------------|---------------------------------|------------|---------------------|----------------------------------|--------------------------|--|--|
| Name and title | Average | Position (do not check more than one | | |) than | one | Reportable | Estimated | | | | |
| | hours per | box | , unle | ss pe d a d | rson | is bot | h an | compensation | compensation | amount of | | |
| | week | | | | | | lee) | from | from related | other | | |
| | (list any hours for | irecto | | | | | | the organization | organizations (W-2/1099-MISC/ | compensation from the | | |
| | related | e or d | stee | | | Isated | | (W-2/1099-MISC/ | (W-2/1099-WISC/ 1099-NEC) | organization | | |
| | organizations | truste | al trus | | yee | mper | | 1099-NEC) | | and related | | |
| | below | ndividual trustee or director | nstitutional trustee | er | Key employee | Highest compensated employee | ler | | | organizations | | |
| | line) | Indiv | Insti | Officer | Key | High | Forn | | | | | |
| (1) MICHAEL PACOWTA | 40.00 | | | | | <u> </u> | | | | | | |
| PRESIDENT AND CEO | | | | X | | | | 28,125. | 0. | 0. | | |
| (2) KAREN STOCKLA | 2.00 | | | | | | | | | | | |
| BOARD CHAIR | | Х | | Х | | | | 0. | 0. | 0. | | |
| (3) GREGORY P. DESTEFANO | 2.00 | | | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. | | |
| (4) DOMINICK THOMAS | 2.00 | | | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. | | |
| (5) PATRICK CHARMEL | 2.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | | |
| (6) JOY DEMARCHIS | 2.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | | |
| (7) CHERYL AMICONE | 2.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | | |
| (8) BRIAN DIEHL | 2.00 | | | | | | | | | _ | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. | | |
| (9) JOHN MCFARLAND | 2.00 | | | | | | | | | _ | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | | |
| (10) WILLIAM PURCELL | 2.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | | |
| (11) JOSEPH DIBACCO | 2.00 | | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. | | |
| (12) JILL JOHNSON | 2.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | | |
| (13) MICHAEL GNIBUS | 2.00 | | | | | | | | | • | | |
| IMMEDIATE PAST PRESIDENT | | Х | | х | | | | 0. | 0. | 0. | | |
| (14) FREDERICK J. ELMY | 2.00 | | | | | | | | | • | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. | | |
| (15) ANNE H. KEANE | 2.00 | | | | | | | | 0 | • | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | - 000 (2222) | | |

232007 12-13-22

Form 990 (2022)

| - | Form 990 (2022) VALLEY UNITED WAY, INC. 06-0847098 Page 8 | | | | | | | | | | | | | |
|------------|---|---|--|------------------------|---------|--------------|---------------------------------|--------------|--|---|------|-----------------|--|-----------------|
| Par | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) | | | | | | | | | | | | | |
| | (A) Name and title | (B) Average hours per week (list any hours for | Position (do not check more than one box, unless person is both ar officer and a director/trustee) st any | | | | than is bot or/trus | h an tee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MIS | 3 | am com fr | (F) timate nount other pensa om the | of tion e |
| | | related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | | and | anizat d relat Inizati | ed |
| | | | | | | | | | | | | | | |
| . <u> </u> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Subtotal | | | | | | | | 28,125. | | 0. | | | 0. |
| | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | I, Section A | | | | | | | 0. | | 0. | | | 0. |
| 2 | Total number of individuals (including but n compensation from the organization | | - | | | | | | - |),000 of reportable | e | | v | 0 |
| 3 | Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s | | | | | | | | phest compensated emp | | | 3 | Yes | No X |
| 4 5 | For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a | 0,000? If "Yes, | " coi | mple | ete S | Sche | edule | e J f | for such individual | - | | 4 | | X |
| | rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors | - | | | | - | | | - | | | 5 | | Х |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | pens | ation f | rom | |
| | (A) (B) Name and business address NONE Description of services | | | | | | | | C | (C omper | | n | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organiz | | ot lir | niteo | d to | | se lis) | stec | d above) who received n | nore than | | Form | 9 90 (| 2022) |

232008 12-13-22

| Form | n 990 | 0 (2 | 2022) VALLEY UNITED | WAY, IN | С. | | 06-0847 | 098 Page 9 |
|--|-------|--------|---|--------------------|----------------------|--|---------|--|
| Ра | rt V | / | Statement of Revenue | | | | | |
| | | | Check if Schedule O contains a response of | or note to any lir | | /=> | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | | (D) Revenue excluded from tax under sections 512 - 514 |
| nts nts | 1 | а | Federated campaigns 1a | 585,830. | | | | |
| Grai | | b | Membership dues 1b | | | | | |
| ts, (Arr | | С | Fundraising events 1c | 45,650. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Related organizations 1d | | | | | |
| | | | Government grants (contributions) 1e | | | | | |
| | | f | All other contributions, gifts, grants, and | 06 776 | | | | |
| Oth | | | similar amounts not included above 1f | 86,776. | | | | |
| Son | | - | Noncash contributions included in lines 1a-1f | | 718,256. | | | |
| 0. | | n | Total. Add lines 1a-1f | Business Code | 710,2300 | | | |
| e | 2 | а | · · · · · · · · · · · · · · · · · · · | Busiliess Oode | | | | |
| e vic | | b | | | | | | |
| Sei | | с | | | | | | |
| am | | d | | | | | | |
| Program Service Revenue | | е | | | | | | |
| Ч | | f | All other program service revenue | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | |
| | 3 | | Investment income (including dividends, intere | | E I | | | - |
| | | | other similar amounts) | | 5. | • | | 5. |
| | 4 | | Income from investment of tax-exempt bond pu | | | | | |
| | 5 | | Royalties | (ii) Personal | | | | |
| | 6 | 2 | | | | | | |
| | Ŭ | | Gross rents 6a Less: rental expenses 6b | | | | | |
| | | | Rental income or (loss) 6c | | | | | |
| | | d | Net rental income or (loss) | | | | | |
| | | | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | | assets other than inventory 7a | | | | | |
| | | b | Less: cost or other basis | | | | | |
| evenue | | | and sales expenses 7b | | | | | |
| eve | | | Gain or (loss) 7c | | | | | |
| er Re | | | Net gain or (loss) | | | | | |
| Other | 8 | а | Gross income from fundraising events (not including \$ 45,650. of | | | | | |
| 0 | | | including \$ 45,650. of contributions reported on line 1c). See | | | | | |
| | | | Part IV, line 18 | 9,095. | | | | |
| | | b | Less: direct expenses 8b | 9,404. | | | | |
| | | | Net income or (loss) from fundraising events | - | -309. | | | -309. |
| | | | Gross income from gaming activities. See | | | | | |
| | | | Part IV, line 19 9a | | | | | |
| | | | Less: direct expenses 9b | | | | | |
| | | | Net income or (loss) from gaming activities | | | | | |
| | 10 | а | Gross sales of inventory, less returns | | | | | |
| | | | and allowances 10a | | | | | |
| | | | Less: cost of goods sold 10b | | | | | |
| | | С | Net income or (loss) from sales of inventory | Business Code | | | | |
| snc | 11 | 2 | | Dusiness Coue | | | | |
| Jue | | a b | | | | | | |
| Miscellaneous Revenue | | c | | | | | | |
| lisc R(| | | All other revenue | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | | |
| | 12 | | Total revenue. See instructions | | 717,952. | 0. | 0. | -304. |
| 23200 | 9 12 | - 13 | | | | | | Form 990 (2022 |

08320124 755344 79799 2022.05040 VALLEY UNITED WAY, INC. 79799_1

VALLEY UNITED WAY, INC. Part IX Statement of Functional Expenses

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

| Do not inclu | Check if Schedule O contains a respons the amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
|----------------------------------|---|------------------|-----------------------------|---------------------------------|-------------------------|
| | nd 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| | nd other assistance to domestic organizations estic governments. See Part IV, line 21 | 290,785. | 290,785. | | |
| 2 Grants | and other assistance to domestic als. See Part IV, line 22 | | | | |
| 3 Grants | and other assistance to foreign | | | | |
| | ations, foreign governments, and foreign als. See Part IV, lines 15 and 16 | | | | |
| | s paid to or for members | | | | |
| | nsation of current officers, directors, s, and key employees | 28,635. | 25,771. | | 2,864 |
| persons | sation not included above to disqualified (as defined under section 4958(f)(1)) and described in section 4958(c)(3)(B) | | | | |
| | alaries and wages | 119,067. | 77,620. | 7,385. | 34,062 |
| | plan accruals and contributions (include | - | , | , / | |
| | 01(k) and 403(b) employer contributions) | 4,201. | 2,941. | 210. | 1,050 |
| | mployee benefits | 4,201. 8,457. | 5,920. | 423. | 1,050 2,114 |
| | axes | 11,142. | 7,799. | 557. | 2,786 |
| | services (nonemployees): | | | | |
| a Manage | ement | | | | |
| | | | | | |
| c Accoun | ting | 16,720. | | 16,720. | |
| | ıg | | | | |
| e Professi | onal fundraising services. See Part IV, line 17 | | | | |
| f Investm | ent management fees | | | | |
| • | If line 11g amount exceeds 10% of line 25, | 69 154 | | 60 154 | |
| | A), amount, list line 11g expenses on Sch 0.) | 68,154. | | 68,154. | |
| | sing and promotion | 12,983. | 4 062 | 1,307. | 6 711 |
| | xpenses | 22,196. | 4,962. 9,117. | 7,132. | 6,714 5,947 |
| | tion technology | 22,190. | 9,11/• | 1,132. | 5,947 |
| | us | 16,123. | 11,286. | 806. | 4,031 |
| | ncy | 959. | 671. | 48. | 240 |
| | ····· | | 071. | 40. | 240 |
| | ts of travel or entertainment expenses federal, state, or local public officials | | | | |
| , | inces, conventions, and meetings | 840. | 265. | 575. | |
| 20 Interest | | | | | |
| 21 Paymer | ts to affiliates | 8,489. | 2,547. | 2,971. | 2,971 |
| | ation, depletion, and amortization | 8,288. | 3,664. | 2,777. | 1,847 |
| 23 Insuran | ce | | | | |
| above. (l line 24e amount, | penses. Itemize expenses not covered List miscellaneous expenses on line 24e. If amount exceeds 10% of line 25, column (A), list line 24e expenses on Schedule 0.) | | | | |
| | BANK | 19,154. | 19,154. | | |
| | ELLANEOUS | 9,192. | 6,434. | 460. | 2,298 |
| c <u>CAMP</u> d | AIGN | 1,787. | | | 1,787 |
| | r expenses | | | | |
| | ictional expenses. Add lines 1 through 24e | 647,172. | 468,936. | 109,525. | 68,711 |
| | sts. Complete this line only if the organization | | | | , |
| | in column (B) joint costs from a combined | | | | |
| - | nal campaign and fundraising solicitation. | | | | |
| Check he | | | | | |
| 32010 12-13-22 | | | | | Form 990 (202) |

232010 12-13-22

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2022.05040 VALLEY UNITED WAY, INC.

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VALLEY UNITED WAY, INC.

(A) (B) Beginning of year End of year 420,197. 520,898. Cash - non-interest-bearing 1 1 10,254. 10,259. 2 2 Savings and temporary cash investments 90,495. 71,026. 3 3 Pledges and grants receivable, net 18,370. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 9,390. 6,998. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 186,590. basis. Complete Part VI of Schedule D _____ 10a 154,053. 28,353. 32,537. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 556,297. 662,480. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 26,226. 51,306. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 55,062. 19 51,689. 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 77,367. 63,671. 25 of Schedule D 144,959. 180,362. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 411,338. 482,118. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 411,338. 482,118. 32 Total net assets or fund balances 32 556,297. 662,480. 33 33 Total liabilities and net assets/fund balances ...

Form **990** (2022)

79799 1

Form 990 (2022)
Part X Balance Sheet

| Form | 1990 (2022) VALLEY UNITED WAY, INC. 06 | -0847098 | Pag | ge 12 |
|------|---|-----------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | |
| | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 7,9 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 7,1 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 3 | |),7 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 41: | L,3 | 38. |
| 5 | Net unrealized gains (losses) on investments 5 | | | |
| 6 | Donated services and use of facilities6 | | | |
| 7 | Investment expenses7 | | | |
| 8 | Prior period adjustments 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | |
| _ | column (B)) | 482 | 2,1 | 18. |
| Ра | rt XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | 17 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a | | | |
| | separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | v | |
| b | Were the organization's financial statements audited by an independent accountant? | | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate bas | is, | | |
| | consolidated basis, or both: | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud | | v | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | X | |
| - | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule | эO. | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | v |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | <u>3a</u> | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | |

Form **990** (2022)

232012 12-13-22

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.

| | OMB No. 1545-0047 | | | | |
|------------------------------|------------------------------|--|--|--|--|
| 1 | 2022 | | | | |
| | Open to Public Inspection | | | | |
| Employer identification numb | | | | | |

Name of the organization

| | | | EY UNITED | | | | | 06-0847098 | |
|--------------------------|-------|---|--|---|--|---------------------|--|------------|--|
| Pa | rt I | Reason for Public | Charity Status. | (All organizations m | ust complete th | nis part.) See inst | ructions. | | |
| The 1 2 3 4 | orgar | nization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: | | | | | | | |
| 5 6 7 8 | | section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | |
| 9 | | A community trust describe An agricultural research or or university or a non-land- university: | ganization described grant college of agric | l in section 170(b)(1 culture (see instructi | ()(A)(ix) operate ons). Enter the | name, city, and s | state of the colle | ege or | |
| 10 11 12 a b | | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported | | | | | | | |
| c d | | organization(s). You mus Type III functionally interits supported organizatio Type III non-functionally | egrated. A supporting n(s) (see instructions | ng organization oper s). You must comp l | ete Part IV, Se | ections A, D, and | IE. | | |
| e | | Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. | | | | | | | |
| f | Ente | er the number of supported of | | | | | | | |
| g | | vide the following information i) Name of supported organization | n about the supporte (ii) EIN | ed organization(s). (iii) Type of organiza (described on lines 1 above (see instructio | -10 In your governi | ng document? | nount of monetary t (see instructions | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Tota | | | | | | | | | |

| Schedule A | (Form | 990 | 202 |
|------------|-------|-----|------|
| Schedule A | | 990 | 1202 |

VALLEY UNITED WAY, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|--|---------------------|-----------------|-------------|----------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 950,380. | 819,348. | 719,427. | 784,197. | 718,256. | 3991608. |
| 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 | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 950,380. | 819,348. | 719,427. | 784,197. | 718,256. | 3991608. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 579,215. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 3412393. |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 4 | 950,380. | 819,348. | 719,427. | 784,197. | 718,256. | 3991608. |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 414. | 354. | 81. | 4. | 5. | 858. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 99,584. | 54,126. | 37,442. | 8,500. | 9,095. | 208,747. |
| 11 | Total support. Add lines 7 through 10 | | | - | | | 4201213. |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | | , | | | 501(c)(3) | |
| | organization, check this box and stor | - | , , , | , | , | | |
| Sec | ction C. Computation of Publ | | rcentage | | | | |
| | Public support percentage for 2022 (| | - | column (f)) | | 14 | 81.22 % |
| | Public support percentage from 2021 | | | | | 15 | 87.09 % |
| | 33 1/3% support test - 2022. If the o | | | | | nore, check this bo | |
| | stop here. The organization qualifies | - | | | | | |
| b | 33 1/3% support test - 2021. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | - | - | | |
| b | 0 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets tl | | | | | | |
| | organization meets the facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | | | , | . , , | | | (Form 990) 2022 |

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| Schedule A (| Form 990 |) 2022 |
|--------------|----------|--------|
| | | |

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

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

| Section A. Public Support | | | | | | |
|---|----------------------|----------------------|----------------------|---------------------|--------------------|-------------------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- formed, or facilities furnished in | | | | | | |
| any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | 3 | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| alendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, | | | | | | |
| dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | \$ | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | | | |
| activities not included on line 10b, | | | | | | |
| whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 4 First 5 years. If the Form 990 is for | 1 | irst, second, third, | fourth, or fifth tax | year as a section ! | 501(c)(3) organiza | ation, |
| check this box and stop here | - | | | - | | |
| Section C. Computation of Put | | | | | | |
| 15 Public support percentage for 2022 | (line 8, column (f), | divided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 202 | | | | | 16 | % |
| Section D. Computation of Inv | | | | | • | |
| 17 Investment income percentage for 2 | 2022 (line 10c, colu | mn (f), divided by I | ine 13, column (f)) | | 17 | % |
| 18 Investment income percentage fron | | | | | 18 | % |
| 19a 33 1/3% support tests - 2022. If th | | | | | 33 1/3% . and line | 17 is not |
| more than 33 1/3%, check this box | | | | | | |
| b 33 1/3% support tests - 2021. If th | | | | | | |
| line 18 is not more than 33 1/3%, cl | • | | | | | · |
| 20 Private foundation. If the organizat | | | | | | |
| 232023 12-09-22 | | | ,, 500, 500000 | | | A (Form 990) 2022 |
| | | | 15 | | | , |
| 320124 755344 79799 | 20 | 22.05040 | | ITED WAY, | INC. | 797991 |

VALLEY UNITED WAY, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 such 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 IRS 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.)

232024 12-09-22

16 2022.05040 VALLEY UNITED WAY, INC.

Schedule A (Form 990) 2022

| chedule A (Form 990) 2022 VALLE | EY UNITED WAY, | INC |
|---------------------------------|----------------|-----|
|---------------------------------|----------------|-----|

S

| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | 1 | | |
| 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 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization*'s *supported organizations played in this regard.*

Section E. Type III Functionally Integrated Supporting Organizations

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

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3

2a

2b

За

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Yes No

1

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| Section | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------|--|---------|------------------------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| 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. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| | Recoveries of prior-year distributions | 7 | | |
| | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| | Income tax imposed in prior year | 5 | | |
| | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally | integra | ated Type III supportina ora | anization (see |
| | instructions). | | ,, | , , , |

L Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

VALLEY UNITED WAY, INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 06-0847098 Page 6

Schedule A (Form 990) 2022

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| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Org | anizations _{(continued} | d) | |
|-------|---|-----------------------------------|--|----|---|
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizatior | าร | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | e | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 1 | 0 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| b | From 2018 | | | | |
| с | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2018 | | | | |
| b | Excess from 2019 | | | | |
| с | Excess from 2020 | | | | |
| d | Excess from 2021 | | | | |
| е | Excess from 2022 | | | | |

Schedule A (Form 990) 2022

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VALLEY UNITED WAY, INC.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENTS INCOME

232028 12-09-22 Schedule A (Form 990) 2022 20 2022.05040 VALLEY UNITED WAY, INC. 08320124 755344 79799 79799__1

| SCHEDULE I | D |
|------------|---|
|------------|---|

(Form 990)

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.



Employer identification number

06 - 0847098

Department of the Treasury Internal Revenue Service Name of the organization

VALL

| ΕY | UNITED | WAY, | INC. | |
|----|--------|------|------|--|
| | | | | |

| Par | | | ds or Accou | Ints.Complete if the |
|--------|--|--|--------------------|---------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lir | | (1) [| de en el ette en ele entrete |
| | | (a) Donor advised funds | (d) Fun | ds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in | - | | |
| | are the organization's property, subject to the organization's | | | Yes II No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpos | se conferring | |
| Des | | | | Yes No |
| Par | | · |), Part IV, line 7 | |
| 1 | Purpose(s) of conservation easements held by the organizat | | | |
| | Preservation of land for public use (for example, recrea | | | important land area |
| | Protection of natural habitat | | of a certified hi | storic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the for | m of a conserv | |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a | |
| b | | | | |
| С | Number of conservation easements on a certified historic str | ucture included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired | | | |
| | historic structure listed in the National Register | | | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by t | he organization | n during the tax |
| | year | | | |
| 4 | Number of states where property subject to conservation ea | sement is located | _ | |
| 5 | Does the organization have a written policy regarding the pe | | of | |
| | violations, and enforcement of the conservation easements i | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing co | onservation eas | ements during the year |
| | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conser | vation easeme | nts during the year |
| | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | | | |
| | and section 170(h)(4)(B)(ii)? | | | Yes II No |
| 9 | In Part XIII, describe how the organization reports conservat | | | |
| | balance sheet, and include, if applicable, the text of the foot | note to the organization's financial state | ments that des | scribes the |
| Der | organization's accounting for conservation easements. | f Art Historical Tracquires or | Other Simil | ar Acceto |
| Par | t III Organizations Maintaining Collections o | | Other Simil | ar Assels. |
| | Complete if the organization answered "Yes" on Form | | | |
| та | If the organization elected, as permitted under FASB ASC 95 | | | |
| | of art, historical treasures, or other similar assets held for pul | | | public |
| | service, provide in Part XIII the text of the footnote to its fina | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | | | |
| | art, historical treasures, or other similar assets held for public | c exhibition, education, or research in fu | rtherance of pu | iblic service, |
| | provide the following amounts relating to these items: | | | • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | |
| | | | | \$ |
| 2 | If the organization received or held works of art, historical tre | | cial gain, provid | le |
| | the following amounts required to be reported under FASB A | | | • |
| | Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| | Assets included in Form 990, Part X | | | |
| | For Paperwork Reduction Act Notice, see the Instruction | s tor form 990. | | Schedule D (Form 990) 2022 |
| 232051 | 09-01-22 | 26 | | |
| | | - - - - | | |

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| 2022.05040 | VALLEY | UNITED | WAY, | INC. |
|------------|--------|--------|------|------|
|------------|--------|--------|------|------|

| | dule D (Form 990) 2022 VALLEY | UNITED WAY | , | cal Tr | easures or | Other | | | B Page 2 |
|--------|---|------------------------|----------------|------------------|--------------------------|-------------|--|------------|------------------|
| 3 | Using the organization's acquisition, access | | | | | | | | |
| Ū | collection items (check all that apply): | | | | following that | marce sign | | | |
| а | | d | | n or exc | hange progran | n | | | |
| b | Scholarly research | e | | | | | | | |
| c | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explai | n how they f | urther t | he organization | n's exemp | ot purpose in Par | t XIII. | |
| 5 | During the year, did the organization solicit of | | | | | | | | |
| | to be sold to raise funds rather than to be m | | | | | | | Yes | No No |
| Par | t IV Escrow and Custodial Arran | igements. Comple | ete if the org | anizatio | on answered "Y | 'es" on Fo | orm 990, Part IV, | line 9, or | |
| | reported an amount on Form 990, Pa | ırt X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | lian or other intermed | liary for cont | ributio | ns or other ass | ets not ind | cluded | _ | |
| | on Form 990, Part X? | | | | | | L | Yes | No No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing table | : | | | · · · · | | |
| | | | | | | | | Amount | |
| | Beginning balance | | | | | | 1c | | |
| | Additions during the year | | | | | | 1d | | |
| е | Distributions during the year | | | | | | 1e | | |
| f | Ending balance | | | | | | 1f | 1 | |
| | Did the organization include an amount on F | | - | | | | ?∟ | Yes | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | | |
| Par | t V Endowment Funds. Complete | (a) Current year | (b) Prior | | | | Three years back | (a) Four | years back |
| 10 | Designing of year balance | (a) Ourient year | | year | | | | | |
| | Beginning of year balance Contributions | | | | | | | | |
| b | Net investment earnings, gains, and losses | | | | | | | | |
| c d | Grants or scholarships | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | |
| e | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | | e (line 1a. ce | olumn (| a)) held as: | | | | |
| a | Board designated or quasi-endowment | | % | | | | | | |
| b | Permanent endowment | % | 7 | | | | | | |
| с | Term endowment | % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation that ar | e held a | and administere | ed for the | | | |
| | organization by: | | | | | | | | Yes No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | |
| | (ii) Related organizations | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organization | ations listed as requi | red on Sche | dule R? |) | | | . 3b | |
| 4 | Describe in Part XIII the intended uses of the | | wment fund | S. | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answere | | | | | | | | |
| | Description of property | (a) Cost or o | | - | t or other | • • | umulated | (d) Book | k value |
| | | basis (investr | nent) | basis | (other) | depre | eciation | | |
| | Land | | | | | | | | |
| | Buildings | | | | 7 750 | | | | 5 0 2 1 |
| | Leasehold improvements | | | | 17,750. 73,988. | | 1,916. | | 5,834. 5,586. |
| | Equipment | | | | <u>5,988.</u> 54,852. | | 54,735. | |),117. |
| | Other | | X column // | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 2,537. |
| IULd | · Aud miles la unough le. (Column (u) must e | yuan onn 330, Mail | л, сошни (E | <i>י</i> ו, ווו⊂ | , , | | | 54 | -, |

Schedule D (Form 990) 2022

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| Part VII Investments - Other Securities. | | | |
|---|---|---|------------------------|
| Complete if the organization answered "Yes" (a) Description of security or category (including name of security) | on Form 990, Part IV, line (b) Book value | 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end | t of year market value |
| | | (c) Method of Valuation. Cost of end | 1-01-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests(3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | ne 15.) | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) DESIGNATIONS PAYABLE | | | 20,706. |
| (3) FUNDS HELD FOR OTHERS | | | 56,661. |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | 25.) | | 77 267 |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | | | 77,367. |
| 2. Liability for uncertain tax positions. In Part XIII, provide | | - | |
| organization's liability for uncertain tax positions unde | r FASB ASC 740. Check h | iere it the text of the footnote has been pr | rovided in Part XIII 🕒 |

Schedule D (Form 990) 2022

232053 09-01-22

| Sche | dule D (Form 990) 2022 VALLEY UNITED WAY, INC. | | | 06-0 | 847098 Page 4 |
|--|---|--|---------------|---------------------|---------------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Staten | nents With | Revenue per F | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | ?a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 687,870. |
| 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 | | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 687,870. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | 30,082. | , | |
| с | Add lines 4a and 4b | | | 4c | 30,082. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 717,952. |
| Pa | t XII Reconciliation of Expenses per Audited Financial State | ments With | Expenses per | ^r Returr | າ. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | ?a. | | | |
| - | | | | 11 | 617,090. |
| 1 | Total expenses and losses per audited financial statements | | | | 017,050. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | 017,050. |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 4 1 | | | 017,090. |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a | | | 017,050. |
| 2 a | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 2a 2b | | | |
| 2 a b | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c | | | |
| 2 a b c | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c 2d | | 2e | 0. |
| 2 a b c d | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | | - | |
| 2 b c d e | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | | 2e | 0. |
| 2 b c d e 3 | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | | 2e 3 | 0. |
| 2 b c d 3 4 a | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 4a | | 2e 3 | 0. |
| 2 b c d 3 4 a b | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 2d 4a 4b | 30,082. | 2e 3 | 0. 617,090. 30,082. |
| 2 b c d 3 4 a b | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 2d 4a 4b | 30,082. | 2e 3 | 0. 617,090. |
| 2 a b c d e 3 4 a b c 5 | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b | 2a 2b 2c 2d 2d 4a 4b | 30,082. | 2e 3 4c | 0. 617,090. 30,082. |

1 4; Part IV, I m, ines τν, π lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. з, э, e υ,

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| DONOR DI | ESIGNATED | AMOUNTS | - | INCLUDED | IN | GRANTS | ON | FORM | 990 | |
|----------|-----------|---------|---|----------|----|--------|----|------|-----|--|
|----------|-----------|---------|---|----------|----|--------|----|------|-----|--|

232054 09-01-22

Schedule D (Form 990) 2022

29 2022.05040 VALLEY UNITED WAY, INC. 79799_1

30,082.

30,082.

| SCHEDULE G | Suppleme | ntal Information Regarding | J Fun | drais | ing or Gaming | Acti | vities o | OMB No. 1545-0047 | | |
|--|-----------------------------|--|------------------|------------------|--------------------------------------|-----------|-------------------------------|---------------------|--|--|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$1 | | | | or 19 | , or if the | 2022 | | |
| Department of the Treasury | _ | Attach to Form 990 | | | - | | | Open to Public | | |
| Internal Revenue Service | | o www.irs.gov/Form990 for instru | ctions | and t | he latest informatio | <u>n.</u> | | Inspection | | |
| Name of the organization | | UNITED WAY, INC. | | | | | Employeride | ntification number | | |
| Part I Fundrais | | Complete if the organization answe | ered "Y | 'es" 0 | n Form 990 Part IV | line 1 | | | | |
| required to | complete this par | t. | | | | | | | | |
| | - | sed funds through any of the followi | - | | | | | | | |
| a Mail solicitat b Internet and | ions email solicitations | | | | overnment grants | | | | | |
| c Phone solici | | g Special | | | nment grants events | | | | | |
| d In-person solicitations | | | | | | | | | | |
| 2 a Did the organization | on have a written o | or oral agreement with any individua | l (inclu | ding o | fficers, directors, true | stees | s, or | | | |
| | | art VII) or entity in connection with p | | | e e | | Yes | | | |
| | | viduals or entities (fundraisers) purs | uant to | agree | ements under which | the fi | undraiser is to b | be | | |
| compensated at le | east \$5,000 by the | organization. | | | | | | | | |
| (i) Name and address | o of individual | | (iii) | Did | (iv) Cross ressints | | Amount paid | (vi) Amount paid | | |
| (i) Name and addres or entity (fund | | (ii) Activity | fundr have ci | ustody ustody | (iv) Gross receipts from activity | | or retained by) fundraiser | to (or retained by) | | |
| | , | | contribu | utions? | y | lis | ted in col. (i) | organization | | |
| | | | Yes | No | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | ich the organizatio | on is registered or licensed to solicit | contrib | oution | s or has been notified | d it is | exempt from re | l egistration | | |
| or licensing. | | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

232081 10-27-22

VALLEY UNITED WAY, INC.

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

| | | (a) Event #1 ANNUAL MEETING | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
|--|---|--|------------------------------|--------------------------|---|
| | | (event type) | (event type) | (total number) | col. (c)) |
| | 1 Gross receipts | 54,745. | | | 54,745 |
| 2 | 2 Less: Contributions | 45,650. | | | 45,650 |
| 3 | 3 Gross income (line 1 minus line 2) | 9,095. | | | 9,095 |
| 4 | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| 6 | 6 Rent/facility costs | | | | |
| i 5 7 | 7 Food and beverages | | | | |
| Τ. | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | 9,404 |
| 1 | 10 Direct expense summary. Add lines 4 throu | | | | 9,404 |
| 1 | 11 Net income summary. Subtract line 10 from | | | | -309 |
| arl | t III Gaming. Complete if the organization | n answered "Yes" on Form | 1990, Part IV, line 19, or i | reported more than | |
| | \$15,000 on Form 990-EZ, line 6a. | | (b) Pull tabs/instant | | (d) Total carring (ad |
| | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (d |
| | 1 Gross revenue | | | | |
| 2 | 2 Cash prizes | | | | |
| - 3 | 3 Noncash prizes | | | | |
| | | | | | |
| 4 | 4 Rent/facility costs | | | | |
| 4 | Gother direct expenses | | | | |
| 5 | 5 Other direct expenses | Yes% | Yes% | Yes% | |
| | 5 Other direct expenses | └── Yes % └── No | └── Yes % └── No | └── Yes% └── No | |
| 6 | 5 Other direct expenses | └── Yes % └── No | | No | |
| e 7 | 5 Other direct expenses | gh 5 in column (d) | □ No | □ No | |
| e 7 8 | 5 Other direct expenses | gh 5 in column (d) | □ No | □ No | |
| - | 5 Other direct expenses | gh 5 in column (d) | □ No | <u>No</u> | |
| • • • • • • • • • • • • • • • • • • • | 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization con Is the organization licensed to conduct gaming | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these | □ No | <u>No</u> | YesN |
| • • • • • • • • • • • • • • • • • • • | 5 Other direct expenses | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these | □ No | <u>No</u> | Yes N |
| ק ק ק ק ק ק ק | 5 Other direct expenses | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:activities in each of these | States? | □ No | |
| e e 7 8 8 8 8 8 9 8 8 9 8 9 8 9 8 9 8 9 8 9 | 5 Other direct expenses | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these | states? | □ No | |
| e e 7 8 8 8 9 8 9 8 9 9 9 9 9 9 | 5 Other direct expenses | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these | states? | □ No | |
| - - - - - - - - - - - - - - - - - - - | 5 Other direct expenses | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these | states? | □ No | |

31 2022.05040 VALLEY UNITED WAY, INC. 79799_1

| Schedule G (Form 990) 2022 | VALLEY UNITED WAY, INC. | 06-0847098 Page 3 |
|---------------------------------------|--|--|
| 11 Does the organization con | nduct gaming activities with nonmembers? | Yes No |
| 12 Is the organization a grante | tor, beneficiary or trustee of a trust, or a member of a partnership or other entity forr aming? | med |
| 13 Indicate the percentage of | | |
| | | 13 a % |
| | | |
| 14 Enter the name and addres | ess of the person who prepares the organization's gaming/special events books and | records: |
| Name | | |
| Address | | |
| 15a Does the organization have | re a contract with a third party from whom the organization receives gaming revenue | 9? Yes No |
| b If "Yes," enter the amount | t of gaming revenue received by the organization \$ and the | he amount |
| of gaming revenue retained | d by the third party \$ | |
| c If "Yes," enter name and a | address of the third party: | |
| Name | | |
| Address | | |
| | | |
| 16 Gaming manager informati | ion: | |
| Name | | |
| Gaming manager compens | Isation \$ | |
| | | |
| Description of services pro | Jvided | |
| | | |
| Director/officer | Employee Independent contractor | |
| | | |
| 17 Mandatory distributions: | d under state law to make charitable distributions from the coming proceeds to | |
| retain the state gaming lice | ed under state law to make charitable distributions from the gaming proceeds to | Yes No |
| | ense? butions required under state law to be distributed to other exempt organizations or | |
| organization's own exempt | ot activities during the tax year \$ | - |
| | I Information. Provide the explanations required by Part I, line 2b, columns (iii) a | ind (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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| 232083 10-27-22 | | Schedule G (Form 990) 2022 |
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| Schedule G | 6 (Form 990 |
|------------|-------------|
| Dart IV | Supple |

08

990) VALLEY UNITED WAY, INC.

| | (continued) | |
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| 232084 04-01-22 | 2.2 | Schedule G (Form 990) |
| 320124 755344 79799 | 33 2022.05040 VALLEY UNITED WAY, INC | . 79799_1 |

| SCHEDULE I (Form 990) | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | |
|---|--|------------------------------------|-------------------------------------|---|--|---------------------------------------|---|
| Department of the Treasury Internal Revenue Service | | Go to www.irs | Attach to Form a.gov/Form990 for | | ation. | | Open to Public Inspection |
| Name of the organization VALLEY UN | ITED WAY, | | 5 | | | | Employer identification number 06-0847098 |
| Part I General Information on Grants a | | | | | | | |
| Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- | stance? | toring the use of grant | funds in the Unite | d States. | | | X Yes No |
| Part II Grants and Other Assistance to recipient that received more than \$ | | | | | anization answered "Y | ′es" on Form 990, Par | t IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| AREA CONGREGATIONS TOGETHER 30 TODD ROAD SHELTON, CT 06484 | 22-2653859 | 501(C)(3) | 22,181. | 0. | | | PROVIDE FUNDS FOR LOCAL COMMUNITY PROGRAMS |
| BHCARE – CENTER FOR DOMESTIC VIOLENCE SERVICES – 435 E MAIN STREET – ANSONIA, CT 06401 | 22-2598799 | 501(C)(3) | 19,200. | 0. | | | PROVIDE FUNDS FOR LOCAL COMMUNITY PROGRAMS |
| BOYS AND GIRLS CLUB OF THE LNV 1 POSITIVE PLACE SHELTON, CT 06484 | 06-0653185 | 501(C)(3) | 67,145. | 0. | | | PROVIDE FUNDS FOR LOCAL COMMUNITY PROGRAMS |
| BSA/HOUSATONIC COUNCIL 111 NEW HAVEN AVENUE DERBY, CT 06418 | 06-0646676 | 501(C)(3) | 22,100. | 0. | | | PROVIDE FUNDS FOR LOCAL COMMUNITY PROGRAMS |
| CATHOLIC CHARITIES - FAMILY SERVICE CENTER - 205 WAKELEE AVENUE - ANSONIA, CT 06401 | 06-0667607 | 501(C)(3) | 9,619. | 0. | | | PROVIDE FUNDS FOR LOCAL COMMUNITY PROGRAMS |
| CHRISTIAN COUNSELING & FAMILY LIFE CENTER - 25 CHURCH STREET - SHELTON, CT 06484 | 06-1072598 | 501(C)(3) | 7,700. | 0. | | | PROVIDE FUNDS FOR LOCAL COMMUNITY PROGRAMS |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations | • | • | e line 1 table | | | | 12. |

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

Schedule I (Form 990) 2022

Schedule I (Form 990) VALLEY UNITED WAY, INC.

06-0847098 Page 1

| | NILED WAL, | | | | | | 70-0647096 Pag |
|--|--------------------|----------------------------------|--------------------------|--|---|--|---|
| Part II Continuation of Grants and Othe | r Assistance to Do | mestic Organization | s and Domestic G | iovernments (Sch | edule I (Form 990), Pa | art II.) T | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PARENT CHILD RESOURCE CENTER 30 ELIZABETH STREET DERBY, CT 06418 | 06-0925826 | 501(C)(3) | 26,900. | ٥. | | | PROVIDE FUNDS FOR LOCAL COMMUNITY PROGRAMS |
| RAPE CRISIS CENTER 70 WEST RIVER STREET MILFORD, CT 06460 | 06-0915300 | 501(C)(3) | 14,200. | 0. | | | PROVIDE FUNDS FOR LOCAL COMMUNITY PROGRAMS |
| VALLEY YMCA 12 STATE STREET ANSONIA, CT 06401 | 06-0662195 | 501(C)(3) | 27,858. | 0. | | | PROVIDE FUNDS FOR LOCAL COMMUNITY PROGRAMS |
| AMERICAN RED CROSS 431 18TH STREET, NW WASHINGTON, DC 20006 | 53-0196605 | 501(C)(3) | 5,200. | 0. | | | PROVIDE FUNDS FOR LOCAL COMMUNITY PROGRAMS |
| HOPE CHURCH, INC. 240 WOLFPIT RD WILTON, CT 06897 | 06-0950549 | 501(C)(3) | 11,357. | 0. | | | PROVIDE FUNDS FOR LOCAL COMMUNITY PROGRAMS |
| TEAM INC / MEALS ON WHEELS 30 ELIZABETH STREET DERBY, CT 06418 | 06-0835182 | 501(C)(3) | 11,600. | 0. | | | PROVIDE FUNDS FOR LOCAI COMMUNITY PROGRAMS |
| | | | | | | | |
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Schedule I (Form 990)

Part III

| | | 5 | | | |
|--|------------------------------|------------------------|--|--|--|
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(b) Number of

recipients

PART I, LINE 2:

THE ORGANIZATION TRACKS IN DETAIL ALL GRANT INCOME AND EXPENDITURES. A

CLASS TRACKING SYSTEM IS USED THAT ATTRIBUTES COSTS TO EACH GRANT CLASS AND

IT IS REVIEWED MONTHLY FOR ACCURACY.

(f) Description of noncash assistance

Page 2

VALLEY UNITED WAY, INC.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

| | - | | |
|--|---|--|--|
| | | | |
| | | | |
| | | | |
| | C | | |
| | 5 | | |

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

(e) Method of valuation (book, FMV, appraisal, other)

Schedule I (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2022
Open to Public
Inspection
Employer identification number

79799 1

06 - 0847098

VALLEY UNITED WAY, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VOLUNTEERISM, AND COLLABORATION.

FORM 990, PART III, LINE 4A

VALLEY UNITED WAY OPERATES NUMEROUS PROGRAMS INCLUDING:

CORONAVIRUS RESPONSE: CONTINUED COLLABORATION WITH THE VALLEY COMMUNITY

FOUNDATION, GREATER VALLEY CHAMBER OF COMMERCE, AND THE VALLEY HEALTH &

HUMAN SERVICE COUNCIL IN DISTRIBUTING FUNDS RAISED THROUGH THE VALLEY

COMMUNITY COVID-19 RESPONSE AND RECOVERY FUND.

VOLUNTEER ENGAGEMENT: THE CORPORATE/COMMUNITY VOLUNTEER COUNCIL ACTIVELY PROMOTED COMMUNITY VOLUNTEERISM THROUGH VARIOUS INITIATIVES SUCH AS BACK TO SCHOOL PROGRAMS, FOOD DRIVES LIKE HARVEST HOUSE, AND TOYS FOR KIDS, A HOLIDAY PROGRAM BY TEAM, INC.

ADDRESSING BASIC NEEDS, INCLUDING FOOD SECURITY: THE BACK-TO-SCHOOL PROGRAM SUCCESSFULLY DISTRIBUTED AROUND 150 BACKPACKS TO STUDENTS ATTENDING ANSONIA AND DERBY ELEMENTARY SCHOOLS. ADDITIONALLY, SOME STUDENTS RECEIVED ESSENTIAL CLOTHING ITEMS SUCH AS SOCKS, UNDERWEAR, AND OTHER NECESSARY APPAREL. THE HARVEST HOUSE FOOD DRIVE EXHIBITED TREMENDOUS COMMUNITY SUPPORT BY COLLABORATING WITH ALL FIVE LOCAL FOOD PANTRIES, MANAGING TO RAISE ROUGHLY \$20,000 THROUGH A VIRTUAL CAMPAIGN THIS YEAR. CONTRIBUTING TO THIS CAUSE, LOCAL BUSINESSES LIKE CIRONEFRIEDBERG AND CDW ACTIVELY GATHERED AND DONATED FOOD TO SUPPORT THESE FOOD BANKS THROUGHOUT THE YEAR. MOREOVER, THE TOYS4KIDS HOLIDAY GIVING DRIVE, IN PARTNERSHIP WITH TEAM, INC., GENEROUSLY PROVIDED LHA FOR Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 202211 10-28-22 237

2022.05040 VALLEY UNITED WAY, INC.

| Schedule O (Form 990) 2022 | Page 2 |
|---|---|
| Name of the organization VALLEY UNITED WAY, INC. | Employer identification number 06-0847098 |
| APPROXIMATELY 10,000 TOYS TO 1,746 CHILDREN DURING THE WI | NTER HOLIDAY |
| SEASON. | |
| | |
| REVITALIZED THE CORPORATE VOLUNTEER COUNCIL (CVC) BY APPO | INTING ANNE |
| KEANE AS NEW LEADERSHIP, BOLSTERED BY THE BACKING OF MAGG | IE KRUSE, AND |
| EXTENDED CRUCIAL BACKEND SUPPORT SERVICES. ACTED AS THE R | EPRESENTATIVE |
| FOR THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICES, FULF | ILLING OUR |
| ROLE AS THEIR FIDUCIARY. | |
| | |
| | |
| FORM 990, PART VI, SECTION A, LINE 6: | |
| THE VALLEY UNITED WAY HAS MEMBERS WHO ELECT THE BOARD OF | DIRECTORS. |
| | |
| FORM 990, PART VI, SECTION A, LINE 7A: | |
| THE VALLEY UNITED WAY HAS MEMBERS WHO ELECT THE BOARD OF | DIRECTORS. |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| REVIEWED BY THE GOVERNANCE COMMITTEE AND THEN BY THE FULL | BOARD OF |
| DIRECTORS | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| ANNUAL SIGN OFF OF CONFLICT OF INTEREST STATEMENT (INDICA | TING ANY CONFLICT |
| OF INTERESTS) REQUIRED OF ALL MEMBERS OF THE GOVERNING BO | ARD AND STAFF |
| | |
| FORM 990, PART VI, SECTION B, LINE 15A: | |
| VALLEY UNITED WAY'S EXECUTIVE COMMITTEE ACTS INDEPENDENTL | Y TO REVIEW THE |
| PERFORMANCE AND COMPENSATION FOR TOP MANAGEMENT AND MAKES | RECOMMENDATIONS |
| TO THE BOARD OF DIRECTORS FOR THE FINAL DECISION | |
| 232212 10-28-22 38 | Schedule 0 (Form 990) 2022 |

08320124 755344 79799 2022.05040 VALLEY UNITED WAY, INC. 79799_1

| Schedule O (Form 990) 2022 Name of the organization | | | | | Emplover id | Page entification numbe |
|--|----------|------------|--------|------|-------------|----------------------------|
| VALLEY UNITED WAY | Z, INC. | | | | | 847098 |
| | | | | | | |
| FORM 990, PART VI, SECTION C, I | LINE 19: | | | | | |
| DOCUMENTS ARE AVAILABLE UPON RE | EQUEST | | | | | |
| FORM 990, PART IX, LINE 11G, OT | THER FEE | <u>ح</u> . | | | | |
| OUTSIDE SERVICES: | | | | | | |
| PROGRAM SERVICE EXPENSES | | | | | | 0 |
| MANAGEMENT AND GENERAL EXPENSES | 3 | | | | | 68,154 |
| FUNDRAISING EXPENSES | , | | | | | 00,134 |
| TOTAL EXPENSES | | | | | | 68,154 |
| | | TIME 1 | 10 001 | 7 | | |
| TOTAL OTHER FEES ON FORM 990, P | ART IA, | LINE I | | A | | 68,154 |
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| 232212 10-28-22 | | 39 | | | Schedu | le O (Form 990) 202 |
| 320124 755344 79799 202 | 2.05040 | VALLEY | UNITED | WAY, | INC. | 797991 |