			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 <b>990</b> (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) VALLEY UNITED WAY, INC.	06-0847098	Page <b>2</b>
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.		
4b	(Code:) (Expenses \$) (Reve	enue\$	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Reve	enue \$	
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 <b>Ç</b>	<b>990</b> (2022
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	2		
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 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)

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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	
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20	124 755344 79799 2022.05040 VALLEY UNITED WAY, INC.	70-	799	-
<b>2</b> U	TAT (33344 (31)) 2022.03040 VALUET ONTIED WAT, INC.	191	בכי	

	990 (2022) VALLEY UNITED WAY, INC.		06-0847	098	Pa	age <b>5</b>			
Par	<b>t V</b> 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	<b>990</b>	(2022)			

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⁵ 2022.05040 VALLEY UNITED WAY, INC.

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.

1a         Enter the number of voting members of the governing body at the end of the tax year         1a         14           1b the are methed idifferences involuting that somaling members of the governing body at the end of the governing body of the governing body at the end of the governing body?         2           2         Did the organization heave aware during the year of a significant diversion of the organization's assets?         5           5         Did the organization heave members, stockholders?         6           6         Did the organization heave members, stockholders, or other persons who had the power to elect or appoint one or more members at the governing body?         7a           6         Did the organization heave members, stockholders, or persons who had the power to elect or appoint one or more members at the governing body?         7b           7a         Did the organization heave members, stockholders, or persons of the angeneration have members, stockholders, or persons of the angeneration have members, stockholders, or persons of the angeneration heave members, stockholders, or persons of the angeneration have members, stockholders, or persons of the angenization heave were angeneration heave members, and the metings held or written actions undertaken during the sera by the following: a many goverenance decision at the angenizat		
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		
2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       3         3       Did the organization make any significant changes to its governing documents since the prior Form 900 was filed?       4         5       Did the organization have members or stockholders?       6         7a       Did the organization have members or stockholders?       6         7a       Did the organization neave during the year of a significant diversion of the organization's assets?       6         7b       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maxima and addresses on Schedule O       9         9       Is there any officer, director, brustee, incrwate about policies not required by the Internal Revenue Code.)       10         9       Is there any officer, director, trustee, or yet yet poly by the organization to review this Form 990.       12         10       If 'Yes,'' did the organizati		
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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
<ul> <li>3 Did the organization have a written whistleblower policy?</li> <li>4 Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> <li>b Other officers or key employees of the organization</li> <li>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>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?</li> <li>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?</li> <li>7 List the states with which a copy of this Form 990 is required to be filed CT</li> <li>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.</li> <li>X Own website Another's website X Upon request Other (explain on Schedule O)</li> </ul>	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
<ul> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official</li></ul>		
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		
<ul> <li>b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>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?</li> <li>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?</li> <li>16b Ection C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed CT</li> <li>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.</li> <li>X Own website Another's website X Upon request Other (explain on Schedule O)</li> </ul>		
<ul> <li>b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>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?</li> <li>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?</li> <li>7 List the states with which a copy of this Form 990 is required to be filed CT</li> <li>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.</li> <li>X Own website Another's website X Upon request Other (explain on Schedule O)</li> </ul>	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		
<ul> <li>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?</li> <li>16b</li> <li>cection C. Disclosure</li> <li>7 List the states with which a copy of this Form 990 is required to be filed CT</li> <li>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.</li> <li>X Own website Another's website X Upon request Other (explain on Schedule O)</li> </ul>		
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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)		
<ul> <li>A contraction C. Disclosure</li> <li>7 List the states with which a copy of this Form 990 is required to be filed</li> <li>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.</li> <li>X Own website</li> <li>Another's website</li> <li>X Upon request</li> <li>Other (explain on Schedule O)</li> </ul>		
<ul> <li>7 List the states with which a copy of this Form 990 is required to be filed CT</li> <li>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.</li> <li>X Own website Another's website X Upon request Other (explain on Schedule O)</li> </ul>		
<ul> <li>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.</li> <li>X Own website</li> <li>Another's website</li> <li>X Upon request</li> <li>Other (explain on Schedule O)</li> </ul>		
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 <b>99</b>	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 <b>former</b> 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>B. Independent Contractors</b>	-				-			-			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 <b>90</b> (	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		<b>(D)</b> 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 <b>7a</b>					
		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 <b>990</b> (2022

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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):				
<b>a</b> 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 <b>990</b> (202)

232010 12-13-22

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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 <b>12</b>
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	<ul> <li>nization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</li> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>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:</li> </ul>							
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 <b>section 170(b)(</b> 1 culture (see instructi	( <b>)(A)(ix)</b> operate ons). Enter the	name, city, and s	state of the colle	ege or	
10 11 12 a b		<ul> <li>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.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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.</li> <li>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.</li> <li>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</li> </ul>							
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). <b>You must comp</b> l	ete Part IV, Se	ections A, D, and	IE.		
e		<ul> <li>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.</li> <li>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.</li> </ul>							
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)	<b>(a)</b> 2018	<b>(b)</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>(b)</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	<b>Total support.</b> 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 <b>stor</b>	-	, , ,	,	,		
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 %
	<b>33 1/3% support test - 2022.</b> If the o					nore, check this bo	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> 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						
<b>3</b> 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>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
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						
<b>10a</b> Gross income from interest,						
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses	\$					
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
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.) <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>4</b> 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 <b>stop here</b>	-			-		
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						
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			15			,
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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.)

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Schedule A (Form 990) 2022

chedule A (Form 990) 2022 VALLE	EY UNITED WAY,	INC
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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> <b>Part VI</b> <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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2a

2b

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79799__1

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 <b>Part VI</b> )		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

232027 12-09-22

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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
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#### (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		
		<b>- - - -</b>		

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2022.05040	VALLEY	UNITED	WAY,	INC.
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	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	<b>t V</b>   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?	<b>)</b>			. 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

232052 09-01-22

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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	<ul> <li>11b. See Form 990, Part X, line 12.</li> <li>(c) Method of valuation: Cost or end</li> </ul>	t of year market value
		(c) Method of Valuation. Cost of end	1-01-year market value
(1) Financial derivatives			
<ul><li>(2) Closely held equity interests</li><li>(3) Other</li></ul>			
(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

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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 <b>4a</b> and <b>4b</b>			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 <b>2a</b> through <b>2d</b>	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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 <b>4a</b> and <b>4b</b>	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	
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232054 09-01-22

Schedule D (Form 990) 2022

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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. <b>(i)</b>	organization		
			Yes	No						
	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.										

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	<b>3</b> 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%	
	<ul> <li>5 Other direct expenses</li></ul>	└── Yes % └── No	└── Yes % └── No	└── Yes% └── No	
6	5 Other direct expenses	└── Yes % └── No		No	
e 7	<ul> <li>5 Other direct expenses</li></ul>	gh 5 in column (d)	□ No	□ No	
e 7 8	<ul> <li>5 Other direct expenses</li></ul>	gh 5 in column (d)	□ No	□ No	
- 	<ul> <li>5 Other direct expenses</li></ul>	gh 5 in column (d)	□ No	<u>No</u>	
• • • • • • • • • • • • • • • • • • •	<ul> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throu</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization con</li> <li>Is the organization licensed to conduct gaming</li> </ul>	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	□ No	<u>No</u>	YesN
• • • • • • • • • • • • • • • • • • •	<ul> <li>5 Other direct expenses</li></ul>	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	<ul> <li>5 Other direct expenses</li></ul>	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	<ul> <li>5 Other direct expenses</li></ul>	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	<ul> <li>5 Other direct expenses</li></ul>	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	□ No	
- - - - - - - - - - - - - - - - - - -	<ul> <li>5 Other direct expenses</li></ul>	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	□ No	

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Schedule G (Form 990) 2022	VALLEY UNITED WAY, INC.	06-0847098 Page 3
<b>11</b> 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		
		<b>13</b> a %
<b>14</b> Enter the name and addres	ess of the person who prepares the organization's gaming/special events books and	records:
Name		
Address		
<b>15a</b> Does the organization have	re a contract with a third party from whom the organization receives gaming revenue	9? Yes No
<b>b</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		
<b>16</b> 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.	
232083 10-27-22		Schedule G (Form 990) 2022
	32	

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Schedule G	6 (Form 990
Dart IV	Supple

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990) VALLEY UNITED WAY, INC.

	(continued)	
232084 04-01-22	2.2	Schedule G (Form 990)
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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							
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	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
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> 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
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> </ul>	•	•	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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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

Schedule I (Form 990)

Part III

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Devisition of the second secon	where all the Discuss I. The	A Dest III and service	(In ) and a set of the	al all the second that the same set the second	

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

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Schedule O (Form 990) 2022	Page <b>2</b>
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 <b>38</b>	Schedule 0 (Form 990) 2022

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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
232212 10-28-22		39			Schedu	le O (Form 990) 202
320124 755344 79799 202	2.05040	VALLEY	UNITED	WAY,	INC.	797991