

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

Department of the Treasury
 Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED WAY SILICON VALLEY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1400 PARKMOOR AVE., SUITE 250 City or town, state or country, and ZIP + 4 SAN JOSE, CA 95126 F Name and address of principal officer: CAROLE LEIGH HUTTON SAME AS C ABOVE	D Employer identification number 94-1450153 E Telephone number (408) 345-4300 G Gross receipts \$ 15,018,671. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.UWSV.ORG	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1922 M State of legal domicile: CA	

Part I Summary					
	1	Briefly describe the organization's mission or most significant activities: ADVANCING THE COMMON GOOD: CREATING OPPORTUNITES FOR BETTER LIVES FOR ALL.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	26	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26	
	5	Total number of employees (Part V, line 2a)	5	54	
	6	Total number of volunteers (estimate if necessary)	6	1265	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	12,927,941.	14,062,254.
9		Program service revenue (Part VIII, line 2g)	205,428.	764,281.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,345.	34,906.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,971.	86,871.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,158,685.	14,948,312.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,877,636.	8,025,870.
		14	Benefits paid to or for members (Part IX, column (A), line 4)		
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,791,720.	3,190,063.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)		
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,562,588.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,152,833.	2,564,518.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,822,189.	13,780,451.	
	19	Revenue less expenses. Subtract line 18 from line 12	336,496.	1,167,861.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	15,232,577.	16,818,294.	
	21	Total liabilities (Part X, line 26)	6,221,429.	6,899,745.	
	22	Net assets or fund balances. Subtract line 21 from line 20	9,011,148.	9,918,549.	

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer CAROLE LEIGH HUTTON, EXECUTIVE DIRECTOR Type or print name and title	Date	
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 SENSIBA SAN FILIPPO LLP 1075 NORTH TENTH STREET SAN JOSE, CALIFORNIA 95112	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (408) 286-7780

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION UNITED WAY SILICON VALLEY CREATES LASTING AND MEASURABLE CHANGE LOCALLY BY FOCUSING ON THE THREE BUILDING BLOCKS OF LIFE: INCOME, EDUCATION AND HEALTH. UNITED WAY FACILITATES POSITIVE CHANGE IN THE COMMUNITY THROUGH: PROGRAMS, STRATEGIC GRANTS, PARTNERSHIPS,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No [X] No If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [X] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,874,036. including grants of \$ 2,874,036.) (Revenue \$ 2,874,036.) STRATEGIC GRANTS (COMMUNITY INVESTMENTS):

UNITED WAY SILICON VALLEY'S "COMMUNITY ACTION FUND" IS INVESTED IN PROGRAMS THAT ARE CONSISTENT WITH ITS COMMUNITY IMPACT GOALS. SUPPORTED PROGRAMS, APPROVED BY THE VOLUNTEER BOARD OF DIRECTORS, ARE EITHER RUN BY LOCAL AGENCIES OR UNITED WAY (E.G., 2-1-1). INDIVIDUALS, CORPORATIONS, GOVERNMENTS, AND FUNDERS TRUST UNITED WAY'S INVESTMENT STRATEGY TO MAXIMIZE RESULTS (I.E., LIVES IMPROVED) FROM THEIR DONATIONS. LEARN MORE ABOUT UNITED WAY SILICON VALLEY'S STRATEGIC GRANTS AT WWW.UWSV.ORG.

4b (Code:) (Expenses \$ 5,242,739. including grants of \$ 5,151,834.) (Revenue \$ 5,242,739.) DISTRIBUTION OF DONOR DIRECTED DONATIONS

LAST YEAR, MORE THAN \$5.2 MILLION WAS RAISED AND DISTRIBUTED BY UNITED WAY SILICON VALLEY FOR 1,545 ORGANIZATIONS. UNITED WAY'S WORKPLACE FUNDRAISING CAMPAIGNS GENERATE DONATIONS FOR NONPROFIT AND FAITH-BASED ORGANIZATIONS, MANY OF WHICH IT DOES NOT PARTNER WITH OR FUND. MANY PEOPLE COULD NOT GIVE A LUMP SUM CONTRIBUTION EQUIVALENT TO THE TOTAL AMOUNT DONATED THROUGH THEIR MONTHLY PAYROLL DEDUCTIONS. UNITED WAY ABSORBS THE FUNDRAISING COSTS FOR THESE ORGANIZATION, WHICH IN TURN REDUCES THEIRS. TO LEARN MORE ABOUT THIS SUBJECT, PLEASE VISIT WWW.UWSV.ORG.

4c (Code:) (Expenses \$ 3,395,466. including grants of \$ 0.) (Revenue \$ 6,445,914.) UNITED WAY SILICON VALLEY PROGRAMS

FOR MORE THAN 30 YEARS, ONE OF UNITED WAY SILICON VALLEY'S STRATEGIES TO IMPROVE COMMUNITY CONDITIONS IS TO DELIVER EFFECTIVE PROGRAMS THAT DIRECTLY BENEFIT LOCAL PEOPLE AND THE COMMUNITY. MANY OF UNITED WAY'S PROGRAMS (E.G., EARN IT! KEEP IT! SAVE IT!, BANK ON SAN JOSE, 2-1-1) ARE COLLABORATIONS WITH LOCAL AGENCIES AND ALL ARE APPROVED BY THE VOLUNTEER BOARD OF DIRECTORS BEFORE THEY ARE FUNDED. FOR MORE INFORMATION ON UNITED WAY SILICON VALLEYS PROGRAMS, PLEASE VISIT WWW.UWSV.ORG.

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

4e Total program service expenses \$ 11,512,241. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 20		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 54		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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:		
15a	The organization's CEO, Executive Director, or top management official?		X
15b	Other officers or key employees of the organization?		X
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
GARY RUMMELHOFF - (408) 345-4300
1400 PARKMOOR AVE. #250, SAN JOSE, CA 95126

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DICK LEVY CHAIRMAN OF THE BOARD		X					0.	0.	0.	
SUSAN PRESCOTT VICE CHAIR		X					0.	0.	0.	
STEVE M. SMITH TREASURER		X					0.	0.	0.	
JOHN MATHENY SECRETARY		X					0.	0.	0.	
LUBA KIPNIS BOARD MEMBER		X					0.	0.	0.	
RICHARD TERRELL BOARD MEMBER		X					0.	0.	0.	
GREGORY DAVIDSON BOARD MEMBER		X					0.	0.	0.	
RICK FEZELL BOARD MEMBER		X					0.	0.	0.	
AUTUMN GUTIERREZ BOARD MEMBER		X					0.	0.	0.	
PHILIP MA BOARD MEMBER		X					0.	0.	0.	
VERN KELLEY BOARD MEMBER		X					0.	0.	0.	
RICHARD CERUSSI BOARD MEMBER		X					0.	0.	0.	
JOHN EICHHORN BOARD MEMBER		X					0.	0.	0.	
EDWARD NG BOARD MEMBER		X					0.	0.	0.	
JIM POLLOCK BOARD MEMBER		X					0.	0.	0.	
GARY MATUSZAK BOARD MEMBER		X					0.	0.	0.	
DON C. WATTERS BOARD MEMBER		X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHERYL HILDEBRAND BOARD MEMBER		X						0.	0.	0.
NAOMI NAKANO-MATSUMOTO BOARD MEMBER		X						0.	0.	0.
ANNA CHAMBERS BOARD MEMBER		X						0.	0.	0.
RANGA JAYARAMAN BOARD MEMBER		X						0.	0.	0.
CHELSE FERRERO BOARD MEMBER		X						0.	0.	0.
STEVE TATE BOARD MEMBER		X						0.	0.	0.
LEE HICKS BOARD MEMBER		X						0.	0.	0.
JON WHITEMORE BOARD MEMBER		X						0.	0.	0.
ROD DONAVILLE BOARD MEMBER		X						0.	0.	0.
CAROLE LEIGH HUTTON CEO	60.00			X				190,384.	0.	5,895.
1b Total								603,275.	0.	53,379.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 4

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a 11707380.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 506,800.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1848074.					
	g	Noncash contributions included in lines 1a-1f: \$	41,251.					
	h	Total. Add lines 1a-1f		14062254.				
	Program Service Revenue	2 a	<u>RENTAL INCOME</u>	Business Code 532000	511,859.	511,859.		
		b	<u>COST RECOVERY REVENUE</u>	900099	252,422.	252,422.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		764,281.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		51,306.		51,306.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	15,831.				
			(ii) Personal					
			b	Less: rental expenses	21,417.			
			c	Rental income or (loss)	-5,586.			
	d	Net rental income or (loss)		-5,586.	-5,586.			
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses	16,400.			
			c	Gain or (loss)	-16,400.			
	d	Net gain or (loss)		-16,400.	-16,400.			
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	32,542.				
			b	Less: direct expenses	32,542.			
			c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b			Less: direct expenses					
c			Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a	<u>ADMIN PROCESSING FEE</u>	900099	90,905.	90,905.				
b	<u>MISCELLANEOUS</u>	900099	1,552.	1,552.				
c								
d	All other revenue							
e	Total. Add lines 11a-11d		92,457.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		14948312.	834,752.	0.	51,306.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,025,870.	8,025,870.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	362,801.	126,331.	147,466.	89,004.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,219,325.	1,012,845.	296,127.	910,353.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	126,572.	54,290.	21,634.	50,648.
9 Other employee benefits	298,216.	127,743.	51,022.	119,451.
10 Payroll taxes	183,149.	78,558.	31,304.	73,287.
11 Fees for services (non-employees):				
a Management				
b Legal	11,933.	7,177.	1,475.	3,281.
c Accounting	55,536.		55,536.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	644,283.	579,350.	23,093.	41,840.
12 Advertising and promotion				
13 Office expenses	42,594.	23,599.	10,094.	8,901.
14 Information technology				
15 Royalties				
16 Occupancy	457,528.	384,089.	23,368.	50,071.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	61,765.	28,995.	7,930.	24,840.
20 Interest	118,083.	106,656.	1,462.	9,965.
21 Payments to affiliates	121,000.	60,500.		60,500.
22 Depreciation, depletion, and amortization	420,213.	371,451.	15,193.	33,569.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACTED SERVICES	360,960.	360,960.		
b PUBLICITY MATERIAL SERV	135,821.	80,098.	19.	55,704.
c MISCELLANEOUS EXPENSES	50,775.	70,090.	-23,731.	4,416.
d BANK FEES	43,251.		43,251.	
e OTHER SPECIAL EVENT EXP	40,776.	13,639.	379.	26,758.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	13,780,451.	11,512,241.	705,622.	1,562,588.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	229,625.	1	33,440.
	2 Savings and temporary cash investments	2,144,534.	2	3,690,496.
	3 Pledges and grants receivable, net	4,453,756.	3	4,724,030.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	115,618.	9	78,923.
	10a Land, buildings, and equipment: cost basis ...	10a 10,944,130.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 5,685,236.	5,339,959.	10c 5,258,894.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	40,000.	12	40,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,909,085.	15	2,992,511.
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,232,577.	16	16,818,294.	
Liabilities	17 Accounts payable and accrued expenses	642,537.	17	826,725.
	18 Grants payable	4,028,900.	18	3,682,467.
	19 Deferred revenue		19	11,729.
	20 Tax-exempt bond liabilities	1,470,000.	20	1,000,000.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,894.	23	
	24 Unsecured notes and loans payable		24	962,500.
	25 Other liabilities. Complete Part X of Schedule D	72,098.	25	416,324.
	26 Total liabilities. Add lines 17 through 25	6,221,429.	26	6,899,745.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,053,363.	27	5,306,707.
	28 Temporarily restricted net assets	3,917,785.	28	4,571,842.
	29 Permanently restricted net assets	40,000.	29	40,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,011,148.	33	9,918,549.	
34 Total liabilities and net assets/fund balances	15,232,577.	34	16,818,294.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13776910.	13454637.	14238771.	12782891.	14094795.	68348004.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	13776910.	13454637.	14238771.	12782891.	14094795.	68348004.
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)						878,499.
6 Public Support. Subtract line 5 from line 4.						67469505.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	13776910.	13454637.	14238771.	12782891.	14094795.	68348004.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	269,117.	131,028.	208,891.	632,707.	193,365.	1435108.
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 IV.)	141,706.	126,171.	21,581.	49,361.	92,457.	431,276.
11 Total support. Add lines 7 through 10						70214388.
12 Gross receipts from related activities, etc. (see instructions)					12	568,827.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.09 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.72 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization UNITED WAY SILICON VALLEY	Employer identification number 94-1450153
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RICHARD LEVY <hr/> 394 GOLDEN HILLS DRIVE <hr/> PORTOLA VALLEY, CA 94028-7615 <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	INTEL CORPORATION <hr/> 2200 MISSION COLLEGE BOULEVARD <hr/> SANTA CLARA, CA 95052 <hr/>	\$ 615,949.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MICROSOFT CORPORATION <hr/> 1065 LA AVENIDA STREET <hr/> MOUNTAIN VIEW, CA 94043-1421 <hr/>	\$ 675,191.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization UNITED WAY SILICON VALLEY	Employer identification number 94-1450153
--	---

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

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

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

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

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		1,968.
e Publications, or published or broadcast statements?	X		90.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		4,028.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	X		360.
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			6,446.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

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

Part IV Supplemental Information

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

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

(A AND B) VOLUNTEERS AND PAID STAFF OR MANAGEMENT: UNITED WAY SILICON VALLEY EMPLOYED A PART-TIME STAFF MEMBER FROM SEPTEMBER 2008 THROUGH JUNE 2009 TO ORGANIZE AND IMPLEMENT ADVOCACY ACTIVITIES IN FY2008. THE STAFF MEMBER WORKED ON A VARIETY OF PROJECTS EDUCATING THE COMMUNITY AT-LARGE ON TWO UNITED WAY FOCUS AREAS: CHILDREN'S HEALTH INSURANCE AND

Part IV Supplemental Information (continued)

2-1-1. THREE UNITED WAY STAFF ALSO SPENT LIMITED TIME (<20 HOURS COMBINED TOTAL) RESEARCHING AND CRAFTING STATEMENTS ON TWO OTHER BALLOT MEASURES: SANTA CLARA COUNTY MEASURE A FOR SEISMIC RETROFITS OF THE LOCAL PUBLIC HOSPITAL, AND PROPOSITION 1D ON THE CALIFORNIA STATE BALLOT REGARDING FIRST 5 FUNDING. ON AVERAGE, THE STAFF-MEMBER ENGAGED IN ABOUT 4 HOURS OF LOBBYING ACTIVITY PER WEEK. THE UNITED WAY SILICON VALLEY CEO SPENT A TOTAL OF ABOUT 15 HOURS DURING THE COURSE OF THE YEAR IN LOBBYING ACTIVITIES AND THE SENIOR VICE PRESIDENT FOR COMMUNITY BUILDING AND IMPACT SPENT ABOUT 22 HOURS IN LOBBYING ACTIVITIES DURING THE COURSE OF THE YEAR (ACTIVITIES DESCRIBED BELOW). ONE VOLUNTEER ATTENDED THE UNITED WAY DAY AT THE CAPITOL IN MAY 2009 FOR A TOTAL OF 6 HOURS OF LOBBYING ACTIVITY.

C) MEDIA ADVERTISEMENTS: NO ACTIVITY

D) MAILINGS TO MEMBERS, LEGISLATORS OR THE PUBLIC: UNITED WAY STAFF SENT MONTHLY EMAILS OR PLACED MONTHLY CALLS TO ABOUT 10 LEGISLATIVE OFFICES WITH UPDATES ON UNITED WAY SILICON VALLEY'S POSITION ON CERTAIN POLICY MATTERS. ABOUT THREE TIMES PER YEAR, UNITED WAY STAFF DRAFTED AND SENT WRITTEN LETTERS TO ABOUT 6 ELECTED OFFICIALS WITH SPECIFIC REQUESTS REGARDING CHILDREN'S HEALTH INSURANCE DEVELOPMENTS OR 2-1-1 POLICY.

E) PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS: UNITED WAY SILICON VALLEY CEO SIGNED A LETTER TO THE EDITOR THAT PRINTED IN THE MERCURY NEWS ON 12/11/08 SUPPORTING SEN. STEINBERG'S GOAL TO PROVIDE ALL CHILDREN WITH HEALTH INSURANCE.

F) GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES: NO ACTIVITY

Part IV Supplemental Information (continued)

G) DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS OR LEGISLATIVE BODY: ONCE PER YEAR, UNITED WAY STAFF VISITED ABOUT 10 LEGISLATIVE DISTRICT OFFICES TO BUILD PERSONAL RELATIONSHIPS WITH STAFF AND INFORM THEM ON OUR ADVOCACY ISSUES. TWICE PER YEAR (2/3/09 AND 5/6/09) UNITED WAY STAFF VISITED SACRAMENTO TO LOBBY LEGISLATORS IN THEIR CAPITOL OFFICES

*2/3/09 LEGISLATIVE DAY: THE STAFF MEMBER CONDUCTED MEMBER VISITS ALONE.

*5/6/09 "UNITED WAY DAY AT THE CAPITOL": THE STAFF MEMBER, TWO UNITED WAY SILICON VALLEY EXECUTIVES AND 1 CORPORATE VOLUNTEERS ATTENDED 9 LEGISLATIVE VISITS.

THE UNITED WAY PART-TIME STAFF MEMBER AND SENIOR VICE PRESIDENT OF COMMUNITY BUILDING AND IMPACT ALSO ATTENDED AN UNITED WAY OF AMERICA "HILL DAY" ON 2/11/09 AND MET WITH 4 CONGRESS MEMBERS IN DC.

H) RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES OR ANY OTHER MEANS: UNITED WAY CEO RAISED AWARENESS TO VOTERS ABOUT MEASURE A IN HER SPEAKING ENGAGEMENTS IN OCTOBER 2008 (TOTAL 1 HOUR TALKING ABOUT MEASURE A). UNITED WAY CEO ALSO PARTICIPATED IN A PRESS CONFERENCE ON 5/28/09 TO RAISE AWARENESS ABOUT THE PROPOSED CALIFORNIA STATE BUDGET CUTS TO CHILDREN'S HEALTH COVERAGE (1 HOUR ACTIVITY)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Term endowment ▶ _____ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,967,920.		1,967,920.
b Buildings		6,872,698.	4,304,328.	2,568,370.
c Leasehold improvements		821,334.	660,043.	161,291.
d Equipment		1,282,178.	720,865.	561,313.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,258,894.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,948,312.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,780,451.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,167,861.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	-385,623.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	125,163.
9	Total adjustments (net). Add lines 4-8	9	-260,460.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	907,401.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	9,991,996.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	16,396.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	179,122.
e	Add lines 2a through 2d	2e	195,518.
3	Subtract line 2e from line 1	3	9,796,478.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	5,151,834.
c	Add lines 4a and 4b	4c	5,151,834.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	14,948,312.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	9,084,595.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	16,396.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	439,582.
e	Add lines 2a through 2d	2e	455,978.
3	Subtract line 2e from line 1	3	8,628,617.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	5,151,834.
c	Add lines 4a and 4b	4c	5,151,834.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	13,780,451.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

IN-KIND PLEDGE RECEIVABLE: 125163.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INKIND PLEDGE RECEIVABLE: 125163.

RENT EXPENSES: 21417.

SPECIAL EVENTS EXPENSES: 32542.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS: 5151834.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

OCCUPANCY EXPENSE: 385623.

RENT EXPENSES: 21417.

SPECIAL EVENTS EXPENSES: 32542.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS: 5151834.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOOD BANK OF SANTA CLARA - 750 CURTNER AVENUE - SAN JOSE , CA 95125	942614101		201,058.	0.			COMMUNITY SUPPORT
SACRED HEART COMMUNITY SERVICES 1381 S 1ST STREET SAN JOSE , CA 95110	237179787		196,744.	0.			COMMUNITY SUPPORT
OPPORTUNITY FUND 111 WEST ST. JOHN ST. #800 SAN JOSE , CA 95113	311719434		180,278.	0.			COMMUNITY SUPPORT
HOPE SERVICES 30 LAS COLINAS LANE SAN JOSE , CA 95119	941399287		170,890.	0.			COMMUNITY SUPPORT
CATHOLIC CHARITIES OF SANTA CLARA COUNTY - 2625 ZANKER ROAD #200 - SAN JOSE , CA 95134	942762269		153,206.	0.			COMMUNITY SUPPORT
INNVISION THE WAY HOME 974 WILLOW STREET SAN JOSE , CA 95125	770033628		146,575.	0.			COMMUNITY SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **1,545.**
- 3** Enter total number of other organizations ▶ **51.**

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

Schedule I (Form 990) 2008

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

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

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

SCHEDULE I, PART I, LINE 2: UNITED WAY SILICON VALLEY ANNUALLY MEETS WITH THEIR GRANTEES TO NEGOTIATE A CONTRACT WHICH DETAILS THE METRICS THAT THE GRANTEE WILL BE USING THROUGHOUT THE COURSE OF THE GRANT YEAR TO MEET THE GOALS AND OUTCOMES OF THE UNITED WAY GRANT. AT THE MID-YEAR, ALL GRANTEES PROVIDE A SIX MONTH REPORT ON THE PROGRESS AND SUCCESS OF MEETING THE FUNDED PROGRAM TO MEET THE UNITED WAY OUTCOMES. IF NEEDED, UNITED WAY STAFF WILL MEET WITH THE GRANTEE TO DISCUSS ANY CONCERNS REGARDING THEIR ABILITY TO MEET THE CONTRACTUAL AGREEMENT. GRANTEES PROVIDE A END OF YEAR REPORT DEMONSTRATING THAT THEY ACHIEVED THE DESIRED OBJECTIVES OF THE CONTRACT. IN

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICES OF SILICON VALLEY (JFSSV) - 14855 OKA ROAD, SUITE 202 - LOS GATOS, CA 95032	942536452		112,761.	0.			COMMUNITY SUPPORT
SALVATION ARMY SANTA CLARA COUNTY 702 WEST TAYLOR STREET SAN JOSE, CA 95126	941170408		107,824.	0.			COMMUNITY SUPPORT
CENTER FOR EMPLOYMENT TRAINING 701 VINE STREET SAN JOSE, CA 95115	941658311		104,279.	0.			COMMUNITY SUPPORT
GARDNER FAMILY HEALTH NETWORK, INC. - 55 E. JULIAN STREET - SAN JOSE, CA 95112	941743078		100,892.	0.			COMMUNITY SUPPORT
OPPORTUNITY FUND 111 WEST SAINT JOHN ST, # 800 SAN JOSE, CA 95113	311719434		100,056.	0.			COMMUNITY SUPPORT
PROJECT HIRED 1401 PARKMOOR AVE #125 SAN JOSE, CA 95126	770050319		100,000.	0.			COMMUNITY SUPPORT
UNITED WAY OF ORANGE COUNTY 18012 MITCHELL AVENUE SOUTH IRVINE, CA 92614	330047994		99,571.	0.			COMMUNITY SUPPORT
AMERICAN CANCER SOCIETY SILICON VALLEY - 747 CAMDEN AVENUE #B - CAMPBELL, CA 95008	941170350		98,810.	0.			COMMUNITY SUPPORT

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

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE , CA 94086	941713897		87,750.	0.			COMMUNITY SUPPORT
WEST VALLEY COMMUNITY SERVICES 10104 VISTA DRIVE CUPERTINO , CA 95014	942211685		78,924.	0.			COMMUNITY SUPPORT
COMMUNITY SERVICES AGENCY OF MOUNTAIN VIEW & LOS ALTOS INC. - 204 STIERLIN ROAD - MOUNTAIN VIEW, CA 94043	941422465		74,902.	0.			COMMUNITY SUPPORT
CALIFORNIA YOUTH OUTREACH PO BOX 21404 SAN JOSE, CA 95151	770170677		70,535.	0.			COMMUNITY SUPPORT
SERVICES, IMMIGRANT RIGHTS AND EDUCATION NETWORK (SIREN) - 1425 KOLL CIRCLE #109 - SAN JOSE , CA 95112	770487468		70,501.	0.			COMMUNITY SUPPORT
SUPPORT NETWORK FOR BATTERED WOMEN 1257 TASMAN DRIVE, SUITE C SUNNYVALE , CA 94089	942598854		67,537.	0.			COMMUNITY SUPPORT
BILL WILSON CENTER 3490 THE ALAMEDA SANTA CLARA , CA 95050	942221849		64,987.	0.			COMMUNITY SUPPORT
AMERICAN RED CROSS SANTA CLARA VALLEY CHAPTER - 2731 NORTH 1ST STREET - SAN JOSE , CA 95134	941156472		63,270.	0.			COMMUNITY SUPPORT

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

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SELF HELP FOR THE ELDERLY, SANTA CLARA COUNTY - 1818 SCOTT BLVD. - SANTA CLARA, CA 95050	770323829		63,251.	0.			COMMUNITY SUPPORT
YMCA SANTA CLARA VALLEY 1922 THE ALAMEDA 3RD FLOOR SAN JOSE, CA 95126	941156318		63,102.	0.			COMMUNITY SUPPORT
FRIENDS OF VISION LITERACY 540 VALLEY WAY MILPITAS, CA 95035	770152534		61,384.	0.			COMMUNITY SUPPORT
SILICON VALLEY INDEPENDENT LIVING CENTER - 2306 ZANKER ROAD - SAN JOSE, CA 95131	942332246		60,979.	0.			COMMUNITY SUPPORT
FRESH LIFELINES FOR YOUTH, INC. 568 VALLEY WAY MILPITAS, CA 95035	522234595		57,664.	0.			COMMUNITY SUPPORT
SAN JOSE PUBLIC LIBRARY FOUNDATION 150 E. SAN FERNANDO SAN JOSE, CA 95112	770142379		57,463.	0.			COMMUNITY SUPPORT
FAMILY AND CHILDREN SERVICES - SAN JOSE - 375 CAMBRIDGE AVENUE - PALO ALTO, CA 94306	941167408		56,247.	0.			COMMUNITY SUPPORT
COMMUNITY SOLUTIONS FOR CHILDREN, FAMILIES & INDIVIDUALS - PO BOX 546 - MORGAN HILL, CA 95038	237351215		55,623.	0.			COMMUNITY SUPPORT

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

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

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94-1450153

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVE OAK ADULT DAY SERVICES 1147 MINNESOTA AVENUE SAN JOSE , CA 95125	770069106		55,007.	0.			COMMUNITY SUPPORT
PACIFIC AUTISM CENTER FOR EDUCATION (PACE) - 1880 PRUNERIDGE AVENUE - SANTA CLARA , CA 95050	770259858		54,452.	0.			COMMUNITY SUPPORT
ASIAN LAW ALLIANCE, INC. 184 E JACKSON STREET SAN JOSE , CA 95112	942439581		54,358.	0.			COMMUNITY SUPPORT
PATHWAY SOCIETY, INC. 1659 SCOTT BLVD. #30 SANTA CLARA , CA 95050	941688522		53,929.	0.			COMMUNITY SUPPORT
REBEKAH CHILDREN'S SERVICES 290 IOOF AVENUE GILROY , CA 95020	941167402		53,199.	0.			COMMUNITY SUPPORT
ESTRELLA FAMILY SERVICES -- SAN JOSE - 1155 MERIDIAN AVENUE #110 - SAN JOSE , CA 95125	942201749		51,848.	0.			COMMUNITY SUPPORT
ROLE MODEL PROGRAM 1922 THE ALAMEDA STE. 217 SAN JOSE , CA 95126	770230503		51,557.	0.			COMMUNITY SUPPORT
THE HEALTH TRUST 2105 S. BASCOM AVENUE #220 CAMPBELL , CA 95008	946050231		51,548.	0.			COMMUNITY SUPPORT

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

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2008

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Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDANGO 44000 OLD WARM SPRINGS BLVD. FREMONT , CA 94538	942581686		51,105.	0.			COMMUNITY SUPPORT
MAYVIEW COMMUNITY HEALTH CENTER 270 GRANT AVENUE PALO ALTO , CA 94306	942239648		50,887.	0.			COMMUNITY SUPPORT
GRAIL FAMILY SERVICES 2003 E SAN ANTONIO STREET SAN JOSE , CA 95116	770397354		50,363.	0.			COMMUNITY SUPPORT
PROJECT CORNERSTONE (YMCA) 1922 THE ALAMEDA , 3RD FLR. SAN JOSE, CA 95126	941156318		50,000.	0.			COMMUNITY SUPPORT
UNITED WAY OF THE WINE COUNTRY 418 B. STREET #400 SANTA ROSA , CA 95401	941669646		44,936.	0.			COMMUNITY SUPPORT
CATHOLIC CHARITIES 2625 ZANKER ROAD, SUITE 200 SAN JOSE, CA 95134	942762269		44,717.	0.			COMMUNITY SUPPORT
HOUSING AUTHORITY OF THE COUNTY OF SANTA CLARA - 505 WEST JULIAN STREET - SAN JOSE, CA 95110	770407227		43,119.	0.			COMMUNITY SUPPORT
COMMUNITY FOUNDATION FOR SAN BENITO COUNTY - 829 SAN BENITO STREET, SUITE 200 - HOLLISTER, CA 95023	770312582		43,000.	0.			COMMUNITY SUPPORT

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

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE BAY AREA 221 MAIN STREET, SUITE 300 SAN FRANCISCO , CA 94105	941312348		42,237.	0.			COMMUNITY SUPPORT
SPECIAL NEED CHILDREN CENTER, INC. 40087 MISSION BLVD. SUITE 204 FREMONT , CA 94539	204628298		34,398.	0.			COMMUNITY SUPPORT
AMERICAN HEART ASSOCIATION SANTA CLARA COUNTY CHAPTER - ONE ALMADEN BLVD. #500 - SAN JOSE , CA 95113	135613797		30,201.	0.			COMMUNITY SUPPORT
ST. JOSEPH'S FAMILY CENTER 7950-A CHURCH STREET GILROY , CA 95020	030391775		26,401.	0.			COMMUNITY SUPPORT
COMMUNITY CRIME PREVENTION ASSOCIATES - PO BOX 730 - SAN JOSE, CA 95108	68-0361304		24,625.	0.			COMMUNITY SUPPORT
HOSPICE OF THE VALLEY 4850 UNION AVENUE SAN JOSE , CA 95124	942803411		21,477.	0.			COMMUNITY SUPPORT
UNITED WAY OF OLMSTED COUNTY, INC. 903 W CENTER STREET, ROOM 100 ROCHESTER , MN 55902	410695594		19,312.	0.			COMMUNITY SUPPORT
RESOURCE AREA FOR TEACHERS (RAFT) 1355 RIDDER PARK DRIVE SAN JOSE , CA 95131	770365627		16,745.	0.			COMMUNITY SUPPORT

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

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2008

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Inspection**

Name of the organization

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94-1450153

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENLO PARK PRESBYTERIAN CHURCH 950 SANTA CRUZ AVENUE MENLO PARK , CA 94025	941167435		16,461.	0.			COMMUNITY SUPPORT
EHC LIFE BUILDERS 507 VALLEY WAY MILPITAS , CA 95035	942684272		14,137.	0.			COMMUNITY SUPPORT
PLANNED PARENTHOOD MAR MONTE - SAN JOSE - 1605 THE ALAMEDA - SAN JOSE , CA 95126	941583439		13,331.	0.			COMMUNITY SUPPORT
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH - 400 HAMILTON AVE. #340 - PALO ALTO , CA 94301	770440090		13,189.	0.			COMMUNITY SUPPORT
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 E. GISH ROAD #200 - SAN JOSE , CA 95112	942420708		13,043.	0.			COMMUNITY SUPPORT
ART OF LIVING FOUNDATION - CARE FOR CHILDREN - 2401 15TH STREET NW - WASHINGTON , DC 20009	770240101		12,000.	0.			COMMUNITY SUPPORT
SANKARA EYE FOUNDATION 1851 MCCARTHY BOULEVARD #218 MILPITAS , CA 95035	776141976		11,688.	0.			COMMUNITY SUPPORT
AMERICAN RED CROSS NATIONAL CHAPTER - 2025 E STREET NW - WASHINGTON , DC 20006	530196605		10,988.	0.			COMMUNITY SUPPORT

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

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2008

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Name of the organization

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA PIANA ASSOCIATES, INC. 440 GRAND AVE., SUITE 425 OAKLAND, CA 94610	94-3323222		10,818.	0.			COMMUNITY SUPPORT
TECH MUSEUM OF INNOVATION 201 S MARKET STREET SAN JOSE, CA 95113	942864660		10,100.	0.			COMMUNITY SUPPORT
YU-AI KAI JAPANESE AMERICAN COMMUNITY - 588 N. 4TH STREET SAN JOSE, CA 95112	942427398		10,070.	0.			COMMUNITY SUPPORT
CHINESE FOR CHRIST CHURCH OF SAN JOSE - 4255 WILLIAMS ROAD - SAN JOSE, CA 95129	770037842		10,000.	0.			COMMUNITY SUPPORT
INDIA COMMUNITY CENTER (INDO-AMERICAN - 555 LOS COCHES STREET - MILPITAS, CA 95035	522351119		9,628.	0.			COMMUNITY SUPPORT
HOME OF CHRIST IN CUPERTINO 10340 BUBB ROAD CUPERTINO, CA 95014	770545966		9,600.	0.			COMMUNITY SUPPORT
SANTA CLARA PARTNERSHIP FOR SCHOOL READINESS -TEACHERS STIPENDS - 1400 PARKMOOR AVE, SUITE 250 - SAN JOSE, CA 95126	APPLIED FOR		9,600.	0.			COMMUNITY SUPPORT
SAN JOSE FIRE MUSEUM ATTN: SAN JOSE MUSTER TEAM - 1661 SENTER ROAD, SUITE # D-1 - SAN JOSE, CA 95112	510427344		9,587.	0.			COMMUNITY SUPPORT

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

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2008

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Name of the organization

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY ST VINCENT DE PAUL OF ALAMEDA COUNTY - 9235 SAN LEANDRO ST. - OAKLAND, CA 94603	941156493		502.	0.			COMMUNITY SUPPORT
VARIOUS GRANT LESS THAN \$500 1400 PARKMOOR AVE, SUITE 250 SAN JOSE, CA 95126	APPLIED FOR		171,948.	0.			COMMUNITY SUPPORT
DESIGNATED GIFTS TO THIRD PARTY AGENCIES - 1400 PARKMOOR AVE, SUITE 250 - SAN JOSE, CA 95126	APPLIED FOR		2,889,238.	0.			COMMUNITY SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations **▶**

3 Enter total number of other organizations **▶**

Part IV Supplemental Information

ADDITION TO PROGRAM MONITORING AND EVALUATION, UNITED WAY SILICON VALLEY
ANNUALLY EVALUATES THE AGENCIES FINANCIAL STRENGTH THROUGH AN AUDIT REVIEW
WHICH IS PERFORMED BY A VOLUNTEER AUDIT REVIEW COMMITTEE. THE OBJECTIVE OF
THIS REVIEW IS TO DETERMINE THE FISCAL VIABILITY OF THE GRANTEES IN
CONJUNCTION WITH THEIR PROGRAM DELIVERY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CAROLE LEIGH HUTTON	(i)	190,384.	0.	0.	0.	0.	190,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GARY RUMMELHOFF	(i)	143,330.	0.	0.	0.	0.	143,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
AMARI THOMAS	(i)	143,043.	0.	0.	0.	0.	143,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047

2008
Open to Public Inspection

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number
94-1450153

Part I Bond Issues (Required for 2008) **SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
A	ABAG FINANCE AUTHORITY A FOR NONPROFIT CORPORATIO		NONE	04/01/01	4,310,000.	ABAG BOND WAS ISSUED TO PURCHASE		X		X
B						SAN JOSE, CA				
C										
D										
E										

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue? ...										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

2008

Open to Public
Inspection

▶ Attach to Form 990.

Name of the organization **UNITED WAY SILICON VALLEY** Employer identification number **94-1450153**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>COMPUTERS</u>)	X	1	41,251	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

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

VOLUNTEER ENGAGEMENT, AND ADVOCACY. COMBINING THE FIVE STRATEGIES IS FAR GREATER THAN EACH INDIVIDUAL COMPONENT ALONE, RESULTING IN A BETTER PLACE TO LIVE FOR EVERYONE. UNITED WAY SILICON VALLEY IS HAVING A POSITIVE IMPACT ON THE LIVES OF LOCAL PEOPLE; LEARN MORE BY VISITING UWSV.ORG.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

UNITED WAY SILICON VALLEY PROGRAMS

FOR MORE THAN 30 YEARS, ONE OF UNITED WAY SILICON VALLEY'S STRATEGIES TO IMPROVE COMMUNITY CONDITIONS IS TO DELIVER EFFECTIVE PROGRAMS THAT DIRECTLY BENEFIT LOCAL PEOPLE AND THE COMMUNITY. MANY OF UNITED WAY'S PROGRAMS (E.G., EARN IT! KEEP IT! SAVE IT!, BANK ON SAN JOSE, 2-1-1) ARE COLLABORATIONS WITH LOCAL AGENCIES AND ALL ARE APPROVED BY THE VOLUNTEER BOARD OF DIRECTORS BEFORE THEY ARE FUNDED. FOR MORE INFORMATION ON UNITED WAY SILICON VALLEYS PROGRAMS, PLEASE VISIT WWW.UWSV.ORG.

FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION'S BOARD OF DIRECTORS HAVE DELEGATED THE RESPONSIBILITY TO REVIEW AND APPROVE THE FORM 990 PRIOR TO ITS SUBMISSION TO THE FINANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS SIGN A CONFLICT OF INTEREST COMPLIANCE STATEMENT AND STAFF MEMBERS SIGN A CODE OF ETHICS ANNUALLY.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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FORM 990, PART VI, SECTION C, LINE 19: THE FORM 990, AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST AND GOVERNANCE DOCUMENTS ARE AVAILABLE FOR VIEWING ON THE ORGANIZATION'S WEBSITE.

THE ORGANIZATION'S PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEARS.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS

(F) DESCRIPTION OF PURPOSE:

ABAG BOND WAS ISSUED TO PURCHASE THE BUILDING LOCATED AT 1922 THE ALAMEDA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	BUILDING	VARIES	200DB	5.00	17	6598528.			6598528.	4012260.		1034507.
2	LEASEHOLD IMPROVEMENTS FURNITURE & OFFICE	VARIES	200DB	5.00	17	817,559.			817,559.	575,070.		96,996.
3	EQUIPMENT	VARIES	200DB	5.00	17	897,033.			897,033.	853,146.		17,555.
4	TELEPHONE SYSTEMS	VARIES	200DB	5.00	17	420,288.			420,288.	352,370.		27,167.
5	HEATING SYSTEMS COMPUTER	VARIES	200DB	5.00	17	100,606.			100,606.	42,628.		23,191.
6	HARDWARE/SOFTWARE CONSTRUCTION IN	VARIES	200DB	5.00	17	2019470.			2019470.	1810784.		83,474.
7	PROGRESS	VARIES	200DB	5.00	17	164,813.			164,813.			65,925.
8	LAND	VARIES	SL			1967920.			1967920.			0.
	* TOTAL 990 PAGE 10 DEPR					12986217.		0.	12986217.	7646258.	0.	1348815.