

**Return of Organization Exempt From Income Tax**

**2009**

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

Open to Public Inspection

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 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> 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. 250 City or town, state or country, and ZIP + 4 SAN JOSE, CA 95126	<b>D Employer identification number</b> 94-1450153
		<b>E Telephone number</b> 408.345.4300	<b>G Gross receipts \$</b> 15,453,905.
		<b>F Name and address of principal officer:</b> CAROLE LEIGH HUTTON 1400 PARKMOOR AVE., SAN JOSE, CA 95126	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
		<b>J Website:</b> ▶ WWW.UWSV.ORG	
		<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 1922 <b>M State of legal domicile:</b> CA

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>ADVANCING THE COMMON GOOD: CREATING OPPORTUNITIES FOR BETTER LIVES FOR ALL.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	26
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	26
	<b>5</b> Total number of employees (Part V, line 2a) .....	<b>5</b>	48
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	1300
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		14,062,254.	14,479,245.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		764,281.	791,161.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		34,906.	-73,165.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		86,871.	155,088.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		14,948,312.	15,352,329.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		8,025,870.	9,245,606.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....			
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		3,190,063.	3,151,378.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,567,979.			
Expenses	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	2,564,518.	2,588,504.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	13,780,451.	14,985,488.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	1,167,861.	366,841.
			<b>Beginning of Current Year</b>
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	16,818,294.	16,434,193.
	<b>21</b> Total liabilities (Part X, line 26) .....	6,899,745.	6,420,993.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	9,918,549.	10,013,200.

**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.

<b>Sign Here</b>	Signature of officer CAROLE LEIGH HUTTON, CEO Type or print name and title	Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 ROBERT LEE & ASSOCIATES, LLP 226 AIRPORT PARKWAY, SUITE 350 SAN JOSE, CA 95110	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 408.855.6770

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

Part III Statement of Program Service Accomplishments

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, VOLUNTEER

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 \$ 3,540,725. including grants of \$ 3,540,725. ) (Revenue \$ 3,540,725. ) 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.UWSW.ORG.

4b (Code: ) (Expenses \$ 5,704,881. including grants of \$ 5,704,881. ) (Revenue \$ 5,810,639. ) DISTRIBUTION OF DONOR DIRECTED DONATIONS:

LAST YEAR, MORE THAN \$5.7 MILLION WAS RAISED AND DISTRIBUTED BY UNITED WAY SILICON VALLEY FOR 1,500 ORGANIZATIONS. UNITED WAY'S WORKPLACE FUNDRAISING CAMPAIGNS GENERATE DONATIONS FOR NON-PROFIT 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 ORGANIZATIONS, WHICH IS TURN REDUCED THIERS. TO LEARN MORE ABOUT UNITED WAYS SILICON VALLEY'S DONOR DIRECTED DONANATIONS, PLEASE VISIT WWW.UWSV.ORG.

4c (Code: ) (Expenses \$ 3,454,692. including grants of \$ ) (Revenue \$ 6,124,084. ) 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 AND 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 VALLEY'S PROGRAMS, PLEASE VISIT WWW.UWSV.ORG.

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

4e Total program service expenses \$ 12,700,298.

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	Yes	No
			X
13	Is the organization a school 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 United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35</b> 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
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O.

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	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	24	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
<b>2a</b>	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	48	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
<b>4a</b>	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>b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
	7g		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	9a		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
<b>10 Section 501(c)(7) organizations.</b>	Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b>	Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b>	Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		
<b>1b</b>	Enter the number of voting members that are independent .....		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? .....	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

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

**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 PARKMOORE 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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 current officer, director, or trustee.

(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			
SUSAN PRESCOTT CHAIRMAN OF THE BOARD	2.00	X						0.	0.	0.
GREGORY DAVIDSON VICE-CHAIR	3.00	X						0.	0.	0.
STEVE M. SMITH TREASURER	4.00	X						0.	0.	0.
EDWARD NG SECRETARY	5.00	X						0.	0.	0.
LUBA KIPNIS BOARD MEMBER	4.00	X						0.	0.	0.
RICHARD TERRELL BOARD MEMBER	2.00	X						0.	0.	0.
JOHN MATHENY BOARD MEMBER	2.00	X						0.	0.	0.
ROB GITTINGS BOARD MEMBER	4.00	X						0.	0.	0.
AUTUMN YOUNG BOARD MEMBER	3.00	X						0.	0.	0.
PHILIP MA BOARD MEMBER	1.00	X						0.	0.	0.
PAM SCHRAMM BOARD MEMBER	2.00	X						0.	0.	0.
RICHARD CERUSSI BOARD MEMBER	2.00	X						0.	0.	0.
JOHN EICHHORN BOARD MEMBER	3.00	X						0.	0.	0.
JIM POLLOCK BOARD MEMBER	2.00	X						0.	0.	0.
GARY MATUSZAK BOARD MEMBER	2.00	X						0.	0.	0.
RAY SOLNIK BOARD MEMBER	2.00	X						0.	0.	0.
SHERYL HILDEBRAND BOARD MEMBER	3.00	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			
NAOMI NAKANO-MATSUMOTO BOARD MEMBER	4.00	X						0.	0.	0.
ANNA CHAMBERS BOARD MEMBER	2.00	X						0.	0.	0.
CHELSE FERRERO BOARD MEMBER	1.00	X						0.	0.	0.
STEVE TATE BOARD MEMBER	2.00	X						0.	0.	0.
LEE HICKS BOARD MEMBER	3.00	X						0.	0.	0.
ROD DONAVILLE BOARD MEMBER	2.00	X						0.	0.	0.
DICK LEVY BOARD MEMBER	2.00	X						0.	0.	0.
CAROLE LEIGH HUTTON CEO	60.00			X				225,348.	0.	19,758.
GARY RUMMELHOFF CFO/COO	45.00			X				137,174.	0.	23,598.
AMARI THOMAS SENIOR VP, CBI	45.00					X		137,300.	0.	9,846.
<b>1b Total</b>								<b>622,217.</b>	<b>0.</b>	<b>67,325.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

- 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 **3**  Yes  No
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4**  Yes  No
- 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 **5**  Yes  No

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
INTERFACE CHILDREN FAMILY SERVICES, 1305 DEL NORTE ROAD, SUITE 130, CAMARILLO, CA	211 CALL CENTER	387,321.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

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

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	12082705.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	349,196.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,047,344.				
	g	Noncash contributions included in lines 1a-1f: \$		126,614.				
	h	<b>Total.</b> Add lines 1a-1f			14479245.			
	Program Service Revenue	2 a	<b>RENTAL INCOME</b>	Business Code	532000	548,617.	548,617.	
		b	<b>COST RECOVERY REVENUE</b>		900099	242,544.	242,544.	
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f			791,161.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			18,734.	18,734.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	15,761.				
		b	Less: rental expenses	(ii) Personal	9,677.			
		c	Rental income or (loss)		6,084.			
	d	Net rental income or (loss)			6,084.	6,084.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
		b	Less: cost or other basis and sales expenses	(ii) Other	91,899.			
		c	Gain or (loss)		-91,899.			
	d	Net gain or (loss)			-91,899.	-91,899.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	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	b						
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	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
11 a	<b>ADMIN PROCESSING FEE</b>		900099	105,758.	105,758.			
b	<b>SPECIAL PROGRAM EVENTS</b>		900099	43,033.	43,033.			
c	<b>MISCELLANEOUS</b>		900099	213.	213.			
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			149,004.				
12	<b>Total revenue.</b> See instructions.			15352329.	873,084.	0.	0.	

**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 .....	9,245,606.	9,245,606.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
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 .....	394,455.	129,225.	173,332.	91,898.
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 .....	2,191,716.	1,050,358.	274,621.	866,737.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	136,656.	62,995.	22,540.	51,121.
9 Other employee benefits .....	238,197.	121,502.	18,642.	98,053.
10 Payroll taxes .....	190,354.	87,749.	31,397.	71,208.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	1,593.		1,593.	
c Accounting .....	59,418.		59,418.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	493,179.	363,643.	49,877.	79,659.
12 Advertising and promotion .....				
13 Office expenses .....	39,107.	23,018.	7,381.	8,708.
14 Information technology .....	81,116.	54,000.	11,116.	16,000.
15 Royalties .....				
16 Occupancy .....	448,029.	368,931.	23,259.	55,839.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	64,823.	27,892.	10,387.	26,544.
20 Interest .....	81,738.	47,464.	25,979.	8,295.
21 Payments to affiliates .....	119,000.	59,500.		59,500.
22 Depreciation, depletion, and amortization .....	467,543.	411,438.	18,702.	37,403.
23 Insurance .....	51,701.	42,573.	2,684.	6,444.
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 <b>CONTRACTED SERVICES</b> .....	384,321.	384,321.		
b <b>OTHER SPECIAL EVENT EXP</b> .....	89,158.	54,414.	700.	34,044.
c <b>PUBLICITY MATERIAL SERV</b> .....	76,680.	9,261.	233.	67,186.
d <b>MISCELLANEOUS EXPENSES</b> .....	50,421.	109,561.	-40,292.	-18,848.
e <b>BANK FEES</b> .....	47,078.	27,337.	14,963.	4,778.
f All other expenses .....	33,599.	19,510.	10,679.	3,410.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	14,985,488.	12,700,298.	717,211.	1,567,979.
26 <b>Joint costs.</b> 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) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	33,440.	<b>1</b>	105,178.	
	<b>2</b> Savings and temporary cash investments .....	3,690,496.	<b>2</b>	1,735,646.	
	<b>3</b> Pledges and grants receivable, net .....	4,724,030.	<b>3</b>	4,350,903.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	78,923.	<b>9</b>	150,788.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,887,740.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,808,062.	5,258,894.	<b>10c</b>	5,079,678.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	40,000.	<b>12</b>	2,250,000.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	2,992,511.	<b>15</b>	2,762,000.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	16,818,294.	<b>16</b>	16,434,193.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	826,725.	<b>17</b>	754,921.	
	<b>18</b> Grants payable .....	3,682,467.	<b>18</b>	3,596,171.	
	<b>19</b> Deferred revenue .....	11,729.	<b>19</b>	2,760.	
	<b>20</b> Tax-exempt bond liabilities .....	1,000,000.	<b>20</b>	510,000.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	962,500.	<b>23</b>	1,514,672.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	416,324.	<b>25</b>	42,469.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,899,745.	<b>26</b>	6,420,993.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	5,306,707.	<b>27</b>	5,790,023.	
	<b>28</b> Temporarily restricted net assets .....	4,571,842.	<b>28</b>	4,223,177.	
	<b>29</b> Permanently restricted net assets .....	40,000.	<b>29</b>	0.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	9,918,549.	<b>33</b>	10,013,200.	
<b>34</b> Total liabilities and net assets/fund balances .....	16,818,294.	<b>34</b>	16,434,193.		

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2009

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13454637.	14238771.	12782891.	14094795.	14479245.	69050339.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	13454637.	14238771.	12782891.	14094795.	14479245.	69050339.
<b>5</b> 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)						1918449.
<b>6 Public support.</b> Subtract line 5 from line 4.						67131890.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	13454637.	14238771.	12782891.	14094795.	14479245.	69050339.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	131,028.	208,891.	632,707.	193,365.	34,495.	1200486.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	126,171.	21,581.	49,361.	92,457.	105,971.	395,541.
<b>11 Total support.</b> Add lines 7 through 10						70646366.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,359,988.
<b>13 First five years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	95.03	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	96.09	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**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

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

**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 <b>UNITED WAY SILICON VALLEY</b>	Employer identification number <b>94-1450153</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

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

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		6,425.	
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....		1,650.	
c Total lobbying expenditures (add lines 1a and 1b) .....		8,075.	
d Other exempt purpose expenditures .....		6,987,343.	
e Total exempt purpose expenditures (add lines 1c and 1d) .....		6,995,418.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		499,771.	
If the amount on line 1e, column (a) or (b) is:	<b>The lobbying nontaxable amount is:</b>		
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) .....		124,943.	
h Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

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

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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.

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**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax 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 tax year ▶ \_\_\_\_\_

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if 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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,967,920.		1,967,920.
b Buildings				
c Leasehold improvements		7,091,764.	4,744,670.	2,347,094.
d Equipment		804,940.	435,924.	369,016.
e Other		1,023,116.	627,468.	395,648.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,079,678.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,352,329.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,985,488.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	366,841.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	-385,632.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	113,442.
9	Total adjustments (net). Add lines 4 through 8	9	-272,190.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	94,651.

**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	9,770,567.
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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	123,118.
e	Add lines 2a through 2d	2e	123,118.
3	Subtract line 2e from line 1	3	9,647,449.
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	5,704,880.
c	Add lines 4a and 4b	4c	5,704,880.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,352,329.

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

1	Total expenses and losses per audited financial statements	1	9,675,916.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	395,308.
e	Add lines 2a through 2d	2e	395,308.
3	Subtract line 2e from line 1	3	9,280,608.
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	5,704,880.
c	Add lines 4a and 4b	4c	5,704,880.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,985,488.

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

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

DISCOUNT ON IN-KIND RENT RECEIVABLE: 113442.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

DISCOUNT ON IN-KIND RENT RECEIVABLE: 113442.

RENTAL EXPENSE: 9676.

**Part XIV** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS: 5704880.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RECOGNITION OF IN-KIND RENT RECEIVABLE: 385632.

RENTAL EXPENSE: 9676.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS: 5704880.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

**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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF SANTA CLARA COUNTY - 2625 ZANKER ROAD #200 - SAN JOSE, CA 95134-2107	94-2762269		374,019.	0.			COMMUNITY SUPPORT
SACRED HEART COMMUNITY SERVICES 1381 S 1ST STREET SAN JOSE, CA 95110-3431	23-7179787		329,145.	0.			COMMUNITY SUPPORT
INNVISION THE WAY HOME 1900 THE ALAMEDA, SUITE 400 SAN JOSE, CA 95126	77-0033628		327,076.	0.			COMMUNITY SUPPORT
SALVATION ARMY SANTA CLARA COUNTY 702 WEST TAYLOR STREET SAN JOSE, CA 95126	94-1170408		227,566.	0.			COMMUNITY SUPPORT
HEALTHCARE FOUNDATION OF NORTHERN AND CENTRAL CALIFORNIA - 1215 K STREET, SUITE 730 - SACRAMENTO, CA 95814	86-1174825		180,000.	0.			COMMUNITY SUPPORT
UNITED WAY OF ORANGE COUNTY 18012 MITCHELL AVENUE SOUTH IRVINE, CA 92614	33-0047994		171,632.	0.			COMMUNITY SUPPORT

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

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

Schedule I (Form 990) 2009

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and 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.

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 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

**2009**

**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 United States (Schedule I (Form 990), Part II.)

(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 95125-2113	94-2614101		170,617.	0.			COMMUNITY SUPPORT
HOPE SERVICES 30 LAS COLINAS LANE SAN JOSE, CA 95119	94-1399287		118,608.	0.			COMMUNITY SUPPORT
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	94-1713897		116,099.	0.			COMMUNITY SUPPORT
CENTER FOR EMPLOYMENT TRAINING 701 VINE STREET SAN JOSE, CA 95115	94-1658311		114,558.	0.			COMMUNITY SUPPORT
YMCA SANTA CLARA VALLEY 1922 THE ALAMEDA 3RD FLOOR SAN JOSE, CA 95126	94-1156318		112,719.	0.			COMMUNITY SUPPORT
SILICON VALLEY COMMUNITY FOUNDATION - 2440 WEST EL CAMINO REAL, SUITE 300 - MOUNTAIN VIEW, CA 94040	20-5205488		111,585.	0.			COMMUNITY SUPPORT
WEST VALLEY COMMUNITY SERVICES 10104 VISTA DRIVE CUPERTINO, CA 95014	94-2211685		110,963.	0.			COMMUNITY SUPPORT
JEWISH FAMILY SERVICES OF SILICON VALLEY (JFSSV) - 14855 OKA ROAD, SUITE 202 - LOS GATOS, CA 95032	94-2536452		106,018.	0.			COMMUNITY SUPPORT

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
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(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
GARDNER FAMILY HEALTH NETWORK, INC. - 55 E. JULIAN STREET - SAN JOSE, CA 95112	94-1743078		100,990.	0.			COMMUNITY SUPPORT
OPPORTUNITY FUND 111 W. SAINT JOHN STREET, #800 SAN JOSE, CA 95113	31-1719434		100,163.	0.			COMMUNITY SUPPORT
COMMUNITY SERVICES AGENCY OF MOUNTAIN VIEW & LOS ALTOS INC. - 204 STIERLIN ROAD - MOUNTAIN VIEW, CA 94043	94-1422465		99,945.	0.			COMMUNITY SUPPORT
AMERICAN RED CROSS SANTA CLARA VALLEY CHAPTER - 2731 N 1ST STREET - SAN JOSE, CA 95134	94-1156472		78,316.	0.			COMMUNITY SUPPORT
FRESH LIFELINES FOR YOUTH, INC. 568 VALLEY WAY MILPITAS, CA 95035	52-2234595		73,161.	0.			COMMUNITY SUPPORT
SERVICES, IMMIGRANT RIGHTS AND EDUCATION NETWORK (SIREN) - 1425 KOLL CIRCLE, #109 - SAN JOSE, CA 95112	77-0487468		70,109.	0.			COMMUNITY SUPPORT
BILL WILSON CENTER 3490 THE ALAMEDA SANTA CLARA, CA 95050-4333	94-2221849		65,069.	0.			COMMUNITY SUPPORT
SELF HELP FOR THE ELDERLY, SANTA CLARA COUNTY - 1050 ST. ELIZABETH DRIVE - SAN JOSE, CA 95126	77-0323829		63,024.	0.			COMMUNITY SUPPORT

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Schedule I-1 (Form 990) 2009

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FRIENDS OF VISION LITERACY 540 VALLEY WAY MILPITAS, CA 95035	77-0152534		62,121.	0.			COMMUNITY SUPPORT
SILICON VALLEY INDEPENDENT LIVING CENTER - 2202 NORTH FIRST STREET - SAN JOSE, CA 95131	94-2332246		61,424.	0.			COMMUNITY SUPPORT
SUPPORT NETWORK FOR BATTERED WOMEN 1257 TASMAN DRIVE, SUITE C SUNNYVALE, CA 94089	94-2598854		59,927.	0.			COMMUNITY SUPPORT
UNITED WAY OF SAN MATEO COUNTY 221 MAIN STREET, SUITE 300 SAN FRANCISCO, CA 94105	94-1312348		58,496.	0.			COMMUNITY SUPPORT
MAYVIEW COMMUNITY HEALTH CENTER 270 GRANT AVENUE PALO ALTO, CA 94306	94-2239648		55,382.	0.			COMMUNITY SUPPORT
PACIFIC AUTISM CENTER FOR EDUCATION (PACE) - 1880 PRUNERIDGE AVENUE - SANTA CLARA, CA 95050	77-0259858		54,475.	0.			COMMUNITY SUPPORT
REBEKAH CHILDREN'S SERVICES 290 IOOF AVENUE GILROY, CA 95020-5204	94-1167402		54,466.	0.			COMMUNITY SUPPORT
LIVE OAK ADULT DAY SERVICES 1147 MINNESOTA AVENUE SAN JOSE, CA 95125	77-0069106		53,787.	0.			COMMUNITY SUPPORT

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

Department of the Treasury  
Internal Revenue Service

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PATHWAY SOCIETY, INC. 1659 SCOTT BLVD. #30 SANTA CLARA, CA 95050	94-1688522		53,658.	0.			COMMUNITY SUPPORT
AMERICAN CANCER SOCIETY SILICON VALLEY - 747 CAMDEN AVENUE #B - CAMPBELL, CA 95008	94-1170350		53,608.	0.			COMMUNITY SUPPORT
KIDANGO 44000 OLD WARM SPRINGS BLVD. FREMONT, CA 94538	94-2581686		53,333.	0.			COMMUNITY SUPPORT
FAMILY AND CHILDREN SERVICES - SAN JOSE - 375 CAMBRIDGE AVENUE - PALO ALTO, CA 94306	94-1167408		52,921.	0.			COMMUNITY SUPPORT
ASIAN LAW ALLIANCE, INC. 184 E. JACKSON STREET SAN JOSE, CA 95112	94-2439581		52,886.	0.			COMMUNITY SUPPORT
PROJECT HIRED 1401 PARKMOOR AVENUE, #125 SAN JOSE, CA 95126	77-0050319		52,343.	0.			COMMUNITY SUPPORT
ST. JOSEPH'S FAMILY CENTER 7950-A CHURCH STREET, SUITE A GILROY, CA 95020	03-0391775		52,291.	0.			COMMUNITY SUPPORT
THE HEALTH TRUST 2105 S. BASCOM AVENUE #220 CAMPBELL, CA 95008	94-6050231		52,240.	0.			COMMUNITY SUPPORT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
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Department of the Treasury  
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ESTRELLA FAMILY SERVICES -- SAN JOSE - 1155 MERIDIAN AVENUE #110 - SAN JOSE, CA 95125	94-2201749		51,914.	0.			COMMUNITY SUPPORT
COMMUNITY SOLUTIONS FOR CHILDREN, FAMILIES & INDIVIDUALS - PO BOX 546 - MORGAN HILL, CA 95038-0546	23-7351215		51,557.	0.			COMMUNITY SUPPORT
GRAIL FAMILY SERVICES 2003 E SAN ANTONIO STREET SAN JOSE, CA 95116	77-0397354		51,308.	0.			COMMUNITY SUPPORT
ROLE MODEL PROGRAM 1922 THE ALAMEDA STE. 217 SAN JOSE, CA 95126	77-0230503		50,804.	0.			COMMUNITY SUPPORT
MARTHA'S KITCHEN 311 WILLOW ST SAN JOSE, CA 95110	91-2091094		31,451.	0.			COMMUNITY SUPPORT
YWCA OF SILICON VALLEY 375 S 3RD STREET SAN JOSE, CA 95112-3649	94-1186196		30,851.	0.			COMMUNITY SUPPORT
LOAVES & FISHES FAMILY KITCHEN 777 N. FIRST STREET #420 SAN JOSE, CA 95112	77-0370874		30,805.	0.			COMMUNITY SUPPORT
SPECIAL NEED CHILDREN CENTER, INC. 40087 MISSION BLVD. SUITE 204 FREMONT, CA 94539	20-4628298		28,162.	0.			COMMUNITY SUPPORT

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Schedule I-1 (Form 990) 2009

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UNITED WAY OF THE WINE COUNTRY 418 B STREET, SUITE 400 SANTA ROSA, CA 95401	94-1669646		28,041.	0.			COMMUNITY SUPPORT
HOSPICE OF THE VALLEY 4850 UNION AVENUE SAN JOSE, CA 95124-5156	94-2803411		25,698.	0.			COMMUNITY SUPPORT
THE VOLUNTEER CENTER 1675 CALIFORNIA STREET SAN FRANCISCO, CA 94109	94-1156355		25,589.	0.			COMMUNITY SUPPORT
TEEN & FAMILY COUNSELING CENTER 307 ORCHARD CITY DRIVE, SUITE 206 CAMPBELL, CA 95008	77-0003239		20,000.	0.			COMMUNITY SUPPORT
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 E. GISH ROAD #200 - SAN JOSE, CA 95112-4724	94-2420708		19,333.	0.			COMMUNITY SUPPORT
MENLO PARK PRESBYTERIAN CHURCH 950 SANTA CRUZ AVENUE MENLO PARK, CA 94025	94-1167435		18,213.	0.			COMMUNITY SUPPORT
ABUNDANT LIFE CHRISTIAN FELLOWSHIP 2581 LEGHORN STREET MOUNTAIN VIEW, CA 94043	77-0013414		17,500.	0.			COMMUNITY SUPPORT
CENTER FOR EXCELLENCE IN NON-PROFITS - 53660 - 546 VALLEY WAY - MILPITAS, CA 95035-4106	77-0385218		15,000.	0.			COMMUNITY SUPPORT

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AMERICAN HEART ASSOCIATION SANTA CLARA COUNTY CHAPTER - ONE ALMADEN BLVD. #500 - SAN JOSE, CA 95113	13-5613797		13,558.	0.			COMMUNITY SUPPORT
SANKARA EYE FOUNDATION 1851 MCCARTHY BOULEVARD # 218 MILPITAS, CA 95035	77-6141976		13,306.	0.			COMMUNITY SUPPORT
PLANNED PARENTHOOD MAR MONTE - SAN JOSE - 1605 THE ALAMEDA - SAN JOSE, CA 95126-2202	94-1583439		12,941.	0.			COMMUNITY SUPPORT
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH - 400 HAMILTON AVE. #340 - PALO ALTO, CA 94301	77-0440090		12,182.	0.			COMMUNITY SUPPORT
DISCOVERY SCIENCE CENTER OF ORANGE COU. - 2500 N. MAIN STREET - SANTA ANA, CA 92705	33-0828380		12,065.	0.			COMMUNITY SUPPORT
UNITED WAY OF FOOTHILLS -BOULDER 1285 CIMARRON DRIVE #101 LAFAYETTE, CO 80026	84-6042598		11,673.	0.			COMMUNITY SUPPORT
ARTHRITIS FOUNDATION OF NORTHERN CALIF. - 657 MISSION STREET SUITE 603 - SAN FRANCISCO, CA 94105	94-1212126		11,650.	0.			COMMUNITY SUPPORT
BAY AREA WOMEN'S SPORTS INITIATIVE (BAWSI) - 1922 THE ALAMEDA, SUITE 100 - SAN JOSE, CA 95126	55-0897084		11,400.	0.			COMMUNITY SUPPORT

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

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

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TRACE ELEMENTARY SCHOOL 651 DANA AVENUE SAN JOSE, CA 95126	94-2394464		11,400.	0.			COMMUNITY SUPPORT
BOYS & GIRLS CLUB OF THE PENINSULA 401 PIERCE ROAD MENLO PARK, CA 94025	94-1552134		10,483.	0.			COMMUNITY SUPPORT
MERCY HOUSE TRANSITIONAL LIVING CENTER - PO BOX 1905 - SANTA ANA, CA 92702	33-0315864		10,178.	0.			COMMUNITY SUPPORT
UNITED WAY OF GREAT SALT LAKE AREA 175 SOUTH WEST TEMPLE, STE.30 SALT LAKE CITY, UT 84101	87-0227091		10,109.	0.			COMMUNITY SUPPORT
TECH MUSEUM OF INNOVATION 201 S MARKET STREET SAN JOSE, CA 95113-2008	94-2864660		10,000.	0.			COMMUNITY SUPPORT
JEWISH FEDERATION OF SILICON VALLEY - 14855 OKA ROAD, SUITE #200 - LOS GATOS, CA 95032-1956	94-1167405		9,952.	0.			COMMUNITY SUPPORT
CHINMAYA MISSION WEST USA 1050 PARK AVENUE SAN JOSE, CA 95128	77-0315648		9,823.	0.			COMMUNITY SUPPORT
UNICEF U.S. FUND 125 MAIDEN LANE, 11TH FLOOR NEW YORK, NY 10038	13-1760110		9,754.	0.			COMMUNITY SUPPORT

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HOME OF CHRIST IN CUPERTINO 10340 BUBB ROAD CUPERTINO, CA 95014	77-0545966		9,500.	0.			COMMUNITY SUPPORT
PARENTS HELPING PARENTS (PHP) 1400 PARKMOOR AVENUE, SUITE 100 SAN JOSE, CA 95123-3797	94-2814246		9,317.	0.			COMMUNITY SUPPORT
UNITED WAY OF SOUTHERN NEVADA 1660 EAST FLAMINGO ROAD LAS VEGAS, NV 89119	88-0071328		9,198.	0.			COMMUNITY SUPPORT
UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVENUE NE ATLANTA, GA 30303	58-0566194		8,606.	0.			COMMUNITY SUPPORT
VINEYARD CHRISTIAN FELLOWSHIP OF THE PENINSULA - 445 SHERMAN AVE. # S - PALO ALTO, CA 94306-1828	77-0179227		8,500.	0.			COMMUNITY SUPPORT
SUNDAY FRIENDS FOUNDATION P.O. BOX 24887 SAN JOSE, CA 95154	77-0518937		8,300.	0.			COMMUNITY SUPPORT
WOMEN'S INITIATIVE FOR SELF EMPLOYMENT - 1398 VALENCIA STREET - SAN FRANCISCO, CA 94110	94-3081525		8,300.	0.			COMMUNITY SUPPORT
CHINESE FOR CHRIST CHURCH OF SAN JOSE - 4255 WILLIAMS ROAD - SAN JOSE, CA 95129-3345	77-0037842		8,000.	0.			COMMUNITY SUPPORT

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Schedule I-1 (Form 990) 2009

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DAY WORKER CENTER OF MOUNTAIN VIEW 748 MERCY ST. MOUNTAIN VIEW, CA 94041	20-2874108		7,900.	0.			COMMUNITY SUPPORT
BERKELEY-SCHOOL OF LAW 303 BOALT HALL BERKELEY, CA 94720	94-1727608		7,500.	0.			COMMUNITY SUPPORT
MOMENTUM FOR MENTAL HEALTH 438 N. WHITE ROAD SAN JOSE, CA 95127	94-1496052		7,373.	0.			COMMUNITY SUPPORT
HOUSING AUTHORITY OF THE COUNTY OF SANTA CLARA - 505 WEST JULIAN STREET - SAN JOSE, CA 95110	77-0407227		7,312.	0.			COMMUNITY SUPPORT
BOY SCOUTS OF AMERICA -SCC 970 W. JULIAN AVE SAN JOSE, CA 95126	94-1156254		7,233.	0.			COMMUNITY SUPPORT
EHC LIFE BUILDERS 507 VALLEY WAY MILPITAS, CA 95035	94-2684272		7,096.	0.			COMMUNITY SUPPORT
UNITED WAY OF SANTA CRUZ COUNTY PO BOX 1458 CAPITOLA, CA 95010	94-1422471		7,051.	0.			COMMUNITY SUPPORT
CHILDRENS DISCOVERY MUSEUM 180 WOZ WAY SAN JOSE, CA 95110-2780	94-2870828		6,683.	0.			COMMUNITY SUPPORT

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Schedule I-1 (Form 990) 2009

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FRIENDS OF LORD KRISHNA 4921 FRONTENAC AVE. GOLDEN VALLEY, MN 55422	41-1913060		6,436.	0.			COMMUNITY SUPPORT
HABITAT FOR HUMANITY SILICON VALLEY - 513 VALLEY WAY - MILPITAS, CA 95035	93-0926083		6,236.	0.			COMMUNITY SUPPORT
BIG BROTHERS BIG SISTERS OF THE BAY AREA - 731 MARKET STREET, 6TH FLOOR - SAN FRANCISCO, CA 94103	23-7108045		6,231.	0.			COMMUNITY SUPPORT
ACHIEVEKIDS 3860 MIDDLEFIELD ROAD PALO ALTO, CA 94303	77-0412221		6,060.	0.			COMMUNITY SUPPORT
ST. NICHOLAS CATHOLIC CHURCH 473 LINCOLN AVENUE LOS ALTOS, CA 94022	94-2734503		6,000.	0.			COMMUNITY SUPPORT
FIRST CHURCH OF CHRIST SCIENTIST 401 UNIVERSITY AVENUE LOS ALTOS, CA 94022	94-6088307		6,000.	0.			COMMUNITY SUPPORT
BETHANY CHRISTIAN ACADEMY 13431 EDWARDS STREET WESTMINSTER, CA 92683	95-2989768		6,000.	0.			COMMUNITY SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012		5,785.	0.			COMMUNITY SUPPORT

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

Schedule I-1 (Form 990) 2009

**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  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**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 United States (Schedule I (Form 990), Part II.)

(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
MERCY CORPS INTERNATIONAL 45 SW ANKENY STREET PORTLAND, OR 97204	91-1148123		5,666.	0.			COMMUNITY SUPPORT
INDIA COMMUNITY CENTER 555 LOS COCHES STREET MILPITAS, CA 95035	52-2351119		5,492.	0.			COMMUNITY SUPPORT
FOOTHILL COVENANT CHURCH 1555 OAK AVENUE LOS ALTOS, CA 94024	94-1622279		5,484.	0.			COMMUNITY SUPPORT
COMMUNITY CRIME PREVENTION ASSOCIATES - 2019 CLEMENT AVE, BLDG 6 - ALAMEDA, CA 94519	68-0361304		5,375.	0.			COMMUNITY SUPPORT
LAGUNA NIGUEL MILITARY SUPPORT FOUNDATION - 27801 LA PAZ ROAD - LAGUNA NIGEL, CA 92677	33-0849470		5,278.	0.			COMMUNITY SUPPORT
AVENIDAS 450 BRYANT STREET PALO ALTO, CA 94301-1701	94-1480548		5,261.	0.			COMMUNITY SUPPORT
ORANGE COUNTY ARC 225 CARL KARCHER WAY ANAHEIM, CA 92801-2499	95-1863666		5,139.	0.			COMMUNITY SUPPORT
EMQ - CHILDREN AND FAMILY SERVICES 251 LLEWELLYN AVENUE CAMPBELL, CA 95008	94-1254641		5,135.	0.			COMMUNITY SUPPORT

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

Schedule I-1 (Form 990) 2009

**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  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**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 United States (Schedule I (Form 990), Part II.)

(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
JUNIOR ACHIEVEMENT OF SILICON VALLEY & MONTEREY BAY, INC. - 3003 OAK ROAD # 109 - WALNUT CREEK, CA 94597	94-1322179		5,056.	0.			COMMUNITY SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 5950 LA PLACE COURT #200 - CARLSBAD, CA 92008	95-2633200		5,055.	0.			COMMUNITY SUPPORT
DIVINE CULTURE MEDIA GROUP INC. 1010 CORPORATION WAY PALO ALTO, CA 94303	26-1213095		5,000.	0.			COMMUNITY SUPPORT
YOUNG LIFE - SAN FRANCISCO 1900 EMBARCADERO RD., SUITE 110 PALO ALTO, CA 94303-3310	84-0385934		5,000.	0.			COMMUNITY SUPPORT
ST. MARY CHURCH 1201 ALPINE ROAD WALNUT CREEK, CA 94596	94-1156831		5,000.	0.			COMMUNITY SUPPORT
COMMUNITY HEALTH AWARENESS COUNCIL - MT. VIEW - 711 CHURCH STREET - MOUNTAIN VIEW, CA 94041	94-2223670		5,000.	0.			COMMUNITY SUPPORT
ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVENUE EAST PALO ALTO, CA 94303-1322	94-2476942		5,000.	0.			COMMUNITY SUPPORT

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</b> If any of the boxes on line 1a are 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 .....</p>	<b>1b</b>									
<p><b>2</b> 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? .....</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	X								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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:</p> <p><b>a</b> The organization? .....</p>	<b>5a</b>	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X								
<p><b>6</b> 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:</p> <p><b>a</b> The organization? .....</p>	<b>6a</b>	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X								
<p><b>7</b> 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 .....</p>	<b>7</b>	X								
<p><b>8</b> 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 .....</p>	<b>8</b>	X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2009

**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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CAROLE LEIGH HUTTON	(i)	225,348.	0.	0.	0.	19,758.	245,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GARY RUMMELHOFF	(i)	137,174.	0.	0.	0.	23,598.	160,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
AMARI THOMAS	(i)	137,300.	0.	0.	0.	9,846.	147,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KIMBERLEY REEVES	(i)	122,395.	0.	0.	0.	14,123.	136,518.	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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ 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	113,556.	FMV
26 Other ▶ ( <u>SERVERS</u> )	X	1	13,058.	FMV
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**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

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:

ENGAGEMENT, AND ADVOCACY. COMBINING THE FIVE STRATEGIES IN FAR GREATER  
THAT 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 SOCIAL PEOPLE; LEARN MORE BY VISITING  
WWW.UWSV.ORG.

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

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR SETTING  
COMPENSATION FOR THE CEO AND CFO ARE DICTATED BY STATE LAW SB1262. UWSV  
PARTICIPATES IN AND GATHERS DATA ON COMPENSATION IN THE NONPROFIT SECTOR  
AND REGION. NO CHANGES IN COMPENSATION RESULTED FROM THE LAST REVIEW.

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

FORM 990, PART XI, LINE 2C:

OVERSIGHT OF THE AUDIT

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

THE ORGANIZATION'S PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL  
STATEMENTS AND THE SELECTION ON AN INDEPENDANT AUDITOR HAS NOT CHANGED  
FROM PRIOR YEAR.

FORM 990, PART VII, COLUMN D

AMENDMENT TO ORIGINALLY FILED TAX RETURN

OUR 2009 FORM 990 WAS AMENDED TO REFLECT AN UPDATED FIGURE FOR  
NONTAXABLE BENEFITS.