

UNITED WAY SILICON VALLEY  
PUBLIC DISCLOSURE COPY  
RETURN OF EXEMPT ORGANIZATION  
YEAR ENDED JUNE 30, 2016

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**  
Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY SILICON VALLEY</b>		<b>D</b> Employer identification number <b>94-1450153</b>
	Doing business as		<b>E</b> Telephone number <b>408-345-4300</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1400 PARKMOOR AVE.</b>		<b>G</b> Gross receipts \$ <b>10,028,616.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN JOSE, CA 95126</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>JOAN CATHERINE BRAUN</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J</b> Website: <b>WWW.UWSV.ORG</b>		<b>H(c)</b> Group exemption number <b>▶</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>▶</b>		<b>L</b> Year of formation: <b>1922</b>	<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ADVANCING THE COMMON GOOD CREATING OPPORTUNITIES FOR BETTER LIVES FOR ALL.</b>
	<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.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) ..... <b>5</b> <b>37</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>1042</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>13,568,593.</b> <b>7,470,370.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>100.</b> <b>408,822.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>305,914.</b> <b>43,960.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>301,292.</b> <b>21,844.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>14,175,899.</b> <b>7,944,996.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>10,217,019.</b> <b>3,819,432.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>2,892,866.</b> <b>2,512,809.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>▶ 1,210,744.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,556,072.</b> <b>1,534,370.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>14,665,957.</b> <b>7,866,611.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>-490,058.</b> <b>78,385.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>9,594,383.</b> <b>6,066,645.</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>4,416,801.</b> <b>1,501,329.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>5,177,582.</b> <b>4,565,316.</b>

**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>	<b>PUBLIC DISCLOSURE COPY</b>		Date	
	Signature of officer <b>JOAN CATHERINE BRAUN, CFAO</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TRACY S. PAGLIA</b>	Preparer's signature <b>TRACY S. PAGLIA</b>	Date <b>02/13/17</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00366884</b>
	Firm's name <b>▶ MOSS ADAMS LLP</b>	Firm's EIN <b>▶ 91-0189318</b>	Phone no. <b>415-956-1500</b>	
Firm's address <b>▶ 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105</b>				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: UNITED WAY SILICON VALLEY IS TO FOCUS COMMUNITY RESOURCES TO HELP FAMILIES AND INDIVIDUALS FULLY ENGAGE IN INCREASING THEIR SELF-SUFFICIENCY, EDUCATIONAL ACHIEVEMENT AND OPPORTUNITY FOR SUCCESS. UWSV DOES THIS BY ENGAGING THE COMMUNITY IN OPPORTUNITIES TO GIVE,

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 [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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,819,432. including grants of \$ 3,819,432. ) (Revenue \$ 408,822. ) GROSS FUNDS AWARDED/ALLOCATED TO AGENCIES

4b (Code: ) (Expenses \$ 1,963,385. including grants of \$ ) (Revenue \$ ) UNITED WAY SILICON VALLEY HELPS PEOPLE HELP THEMSELVES TO BECOME FINANCIALLY STABLE AND BE ABLE TO PURSUE EDUCATION AS A PATHWAY OUT OF POVERTY. TO DRIVE POSITIVE CHANGE, UNITED WAY SILICON VALLEY, HELPS IDENTIFY CRITICAL NEEDS AND ALIGN COMMUNITY RESOURCES TO ACHIEVE THE BEST SOLUTIONS. ITS LARGEST PROGRAM IS 211 SANTA CLARA COUNTY, WHICH CONNECTS PEOPLE TO PROGRAMS AND SERVICES THAT CAN HELP IMPROVE THEIR LIVES. 211 IS A THREE DIGIT DIAL INFORMATION AND REFERRAL SERVICE STAFFED BY TRAINED CALL SPECIALISTS AND OPERATING 24 HOURS A DAY, SEVEN DAYS A WEEK, AND FEATURES A COMPREHENSIVE ONLINE DATABASE WITH THOUSANDS OF SERVICES AND DETAILS ON HOW TO ACCESS THEM. THE EMERGENCY ASSISTANCE NETWORK IS A PROGRAM THAT PROVIDES CRITICAL CASH ASSISTANCE TO FAMILIES AND INDIVIDUALS IN CRISIS TO PREVENT HOMELESSNESS AND ACT

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 5,782,817.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>X</b>	
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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 or other assistance to or for domestic individuals 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 25a</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</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

**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.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	19	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b	19	
<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 governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</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>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did 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>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
<b>15b</b>			
<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>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**  
**JOAN CATHERINE BRAUN - 415-808-4465**  
**1400 PARKMOOR AVE. #250, SAN JOSE, CA 95126**

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

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

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

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

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) KAILESH KARAVADRA BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) ANNA CHAMBERS BOARD CHAIR (THRU 10/2015)	2.00	X		X				0.	0.	0.
(3) GREGORY ROWLEY TREASURER	2.00	X		X				0.	0.	0.
(4) AGNES LEWIS SECRETARY	2.00	X		X				0.	0.	0.
(5) RICH CERUSSI BOARD MEMBER	1.00	X						0.	0.	0.
(6) DAVE COUTURE BOARD MEMBER	1.00	X						0.	0.	0.
(7) MICHAEL ECKHARDT BOARD MEMBER	1.00	X						0.	0.	0.
(8) ANNE EHRESMAN BOARD MEMBER	1.00	X						0.	0.	0.
(9) GILBERT SANGARI BOARD MEMBER	1.00	X						0.	0.	0.
(10) JESSICA GARCIA-KOHL BOARD MEMBER	1.00	X						0.	0.	0.
(11) DAVE HEACOCK BOARD MEMBER	1.00	X						0.	0.	0.
(12) LIZ SILLS BOARD MEMBER	1.00	X						0.	0.	0.
(13) NATE MORRIS BOARD MEMBER	1.00	X						0.	0.	0.
(14) NURIA FERNANDEZ BOARD MEMBER	1.00	X						0.	0.	0.
(15) CHELSE FERRERO BOARD MEMBER (THRU 11/2015)	1.00	X						0.	0.	0.
(16) SANDRA MILEY BOARD MEMBER (THRU 11/2015)	1.00	X						0.	0.	0.
(17) SYLWIA MLECZKO BOARD MEMBER (THRU 11/2015)	1.00	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) DAVID STEELE BOARD MEMBER (THRU 11/2015)	1.00	X						0.	0.	0.
(19) GARY MATUSZAK BOARD MEMBER	1.00	X						0.	0.	0.
(20) MICHELE WYMER BOARD MEMBER	1.00	X						0.	0.	0.
(21) URSULA RICHTER BOARD MEMBER	1.00	X						0.	0.	0.
(22) DOLLY SANDOVAL BOARD MEMBER	1.00	X						0.	0.	0.
(23) PAMELA SCHRAMM BOARD MEMBER	1.00	X						0.	0.	0.
(24) STEVE TATE BOARD MEMBER	1.00	X						0.	0.	0.
(25) CAROLE LEIGH HUTTON CEO	60.00			X				301,522.	0.	18,613.
(26) JEFFERY OGDEN VP, RESOURCE DEVELOPMENT	45.00					X		128,844.	0.	5,807.
<b>1b Sub-total</b>								430,366.	0.	24,420.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								430,366.	0.	24,420.

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED WAY OF THE BAY AREA, 550 KEARNY STREET, SUITE 130, SAN FRANCISCO, CA 94108	SUPPORT FOR 211 CALL CENTER	247,822.

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b> 6,326,057.				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b> 58,700.				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b> 571,565.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 514,048.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		7,470,370.			
	Program Service Revenue	<b>2 a</b>	ADMIN PROCESSING FEE .....	<b>Business Code</b> 900099	408,822.	408,822.	
<b>b</b>		.....					
<b>c</b>		.....					
<b>d</b>		.....					
<b>e</b>		.....					
<b>f</b>		All other program service revenue .....					
<b>g</b>		<b>Total.</b> Add lines 2a-2f .....		408,822.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		26,116.		26,116.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	(i) Real	(ii) Personal			
		Less: rental expenses .....					
		Rental income or (loss) .....					
		Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
		Less: cost or other basis and sales expenses .....	2,068,816.				
		Gain or (loss) .....	2,031,408.	19,564.			
		Net gain or (loss) .....	37,408.	-19,564.			
	<b>8 a</b>	Gross income from fundraising events (not including \$ 58,700. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 36,047.				
	<b>b</b>	Less: direct expenses .....	<b>b</b> 32,648.				
	<b>c</b>	Net income or (loss) from fundraising events .....		3,399.		3,399.	
	<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
Less: direct expenses .....		<b>b</b>					
Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	Less: cost of goods sold .....	<b>b</b>					
	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue			<b>Business Code</b>				
<b>11 a</b>	MISCELLANEOUS .....	900099	18,445.		18,445.		
<b>b</b>	.....						
<b>c</b>	.....						
<b>d</b>	All other revenue .....						
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		18,445.				
<b>12</b>	<b>Total revenue.</b> See instructions. ....		7,944,996.	408,822.	0.	65,804.	

**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).

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

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,819,432.	3,819,432.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	86,282.	41,352.	13,314.	31,616.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,899,176.	910,210.	293,048.	695,918.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,634.	24,326.	12,200.	18,108.
<b>9</b> Other employee benefits	326,794.	145,505.	72,976.	108,313.
<b>10</b> Payroll taxes	145,923.	64,972.	32,586.	48,365.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	57,485.		57,485.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	335,875.	89,476.	195,178.	51,221.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	23,219.	19,045.	1,471.	2,703.
<b>14</b> Information technology	28,918.	23,718.	1,833.	3,367.
<b>15</b> Royalties				
<b>16</b> Occupancy	160,896.	70,869.	17,396.	72,631.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	23,875.	15,173.	861.	7,841.
<b>20</b> Interest	1,898.	2.	1,893.	3.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	60,532.	25,886.	6,693.	27,953.
<b>23</b> Insurance	33,049.	10,631.	13,741.	8,677.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a PROGRAM EVENT EXPENSES</b>	358,786.	230,980.	47,810.	79,996.
<b>b CONTRACTED SERVICES</b>	270,388.	247,822.	20,309.	2,257.
<b>c PUBLICITY MATERIAL</b>	81,049.	31,885.	105.	49,059.
<b>d ENDOWMENT EXPENSE</b>	38,194.		38,194.	
<b>e All other expenses</b>	60,206.	11,533.	45,957.	2,716.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	7,866,611.	5,782,817.	873,050.	1,210,744.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	596.	<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	552,123.	<b>2</b>	824,388.
	<b>3</b> Pledges and grants receivable, net .....	3,318,519.	<b>3</b>	2,334,673.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other 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> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch 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 .....	57,951.	<b>9</b>	43,515.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 566,048.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 486,491.	159,652.	<b>10c</b> 79,557.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,363,540.	<b>12</b>	2,167,918.
	<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 .....	1,142,002.	<b>15</b>	616,594.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	9,594,383.	<b>16</b>	6,066,645.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	766,040.	<b>17</b>	171,932.
	<b>18</b> Grants payable .....	3,123,440.	<b>18</b>	1,329,397.
	<b>19</b> Deferred revenue .....	117,700.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....	400,000.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	9,621.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,416,801.	<b>26</b>	1,501,329.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	3,458,004.	<b>27</b>	3,401,332.
	<b>28</b> Temporarily restricted net assets .....	1,719,578.	<b>28</b>	1,163,984.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), 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 .....	5,177,582.	<b>33</b>	4,565,316.	
<b>34</b> Total liabilities and net assets/fund balances .....	9,594,383.	<b>34</b>	6,066,645.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,944,996.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,866,611.
3	Revenue less expenses. Subtract line 2 from line 1	3	78,385.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,177,582.
5	Net unrealized gains (losses) on investments	5	-164,214.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-526,437.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,565,316.

**Part XII Financial Statements and Reporting**

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

- 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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2015)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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 (Form 990 or 990-EZ).)
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 X 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12995476.	14652982.	13758492.	13568593.	7470370.	62445913.
<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 .....	12995476.	14652982.	13758492.	13568593.	7470370.	62445913.
<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) .....						5049324.
<b>6 Public support.</b> Subtract line 5 from line 4.						57396589.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	12995476.	14652982.	13758492.	13568593.	7470370.	62445913.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	41,536.	101,717.	44,947.	36,955.	26,116.	251,271.
<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 VI.) .....	73,766.	762,489.	712.	32,909.	18,445.	888,321.
<b>11 Total support.</b> Add lines 7 through 10						63585505.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,238,914.
<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 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	90.27 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	87.70 %
<b>16a 33 1/3% support test - 2015.</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 - 2014.</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 - 2015.</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 VI 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 - 2014.</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 VI 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.) .....						
<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 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 .....



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

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

OTHER INCOME

2011 AMOUNT: \$ 73,766.

2012 AMOUNT: \$ 762,489.

2013 AMOUNT: \$ 712.

2014 AMOUNT: \$ 32,909.

2015 AMOUNT: \$ 18,445.

Multiple horizontal lines for providing additional information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>UNITED WAY SILICON VALLEY</b>	Employer identification number <b>94-1450153</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,130,167.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,111,679.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>756,660.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>505,485.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>458,036.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>204,896.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>UNITED WAY SILICON VALLEY</b>	<b>Employer identification number</b>  <b>94-1450153</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>182,301.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>UNITED WAY SILICON VALLEY</b>	Employer identification number  <b>94-1450153</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

<b>Name of organization</b>  <b>UNITED WAY SILICON VALLEY</b>	<b>Employer identification number</b>  <b>94-1450153</b>
---	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 the filing organization made payments. 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

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532041  
10-05-15

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- 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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	0.	0.												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	0.	0.												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	0.	0.												
<b>d</b>	Other exempt purpose expenditures .....	8,587,378.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	8,587,378.	0.												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	579,369.	0.												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	144,842.	0.												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	948,222.	846,108.	776,261.	579,369.	3,149,960.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,724,940.
<b>c</b> Total lobbying expenditures	7,570.	8,148.	8,832.		24,550.
<b>d</b> Grassroots nontaxable amount	237,056.	211,527.	194,065.	144,842.	787,490.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,181,235.
<b>f</b> Grassroots lobbying expenditures	4,717.	6,959.	5,578.		17,254.

**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)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(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? .....			
<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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) 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 (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<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**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**  
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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area  
 Protection of natural habitat       Preservation of a certified historic structure  
 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, and not on a historic structure listed in the National Register .....	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? .....

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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 (ASC 958) relating to these items:

a Revenue included on 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 XIII.

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 the organization answered "Yes" on 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	3,413,540.	3,356,930.	2,791,868.	50,584.	
b Contributions			315,000.	2,800,000.	50,000.
c Net investment earnings, gains, and losses	-123,258.	114,529.	250,062.	-58,716.	584.
d Grants or scholarships	1,100,000.				
e Other expenditures for facilities and programs					
f Administrative expenses	22,363.	57,919.			
g End of year balance	2,167,919.	3,413,540.	3,356,930.	2,791,868.	50,584.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  100.00 %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		232,921.	183,769.	49,152.
d Equipment		193,051.	188,520.	4,531.
e Other		140,076.	114,202.	25,874.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				79,557.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SVCF INVESTMENT POOL -		
(B) LONG-TERM GROWTH POOL	2,167,918.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,167,918.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LONG-TERM IN-KIND RENT RECEIVABLE	551,934.
(2) DEPOSITS	21,656.
(3) OTHER ASSETS	43,004.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	616,594.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,477,012.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-164,214.	
b	Donated services and use of facilities	2b	342,770.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-148,440.	
e	Add lines 2a through 2d	2e		30,116.
3	Subtract line 2e from line 1	3		4,446,896.
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 XIII.)	4b	3,498,100.	
c	Add lines 4a and 4b	4c		3,498,100.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		7,944,996.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,089,278.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	720,767.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	32,648.	
e	Add lines 2a through 2d	2e		753,415.
3	Subtract line 2e from line 1	3		4,335,863.
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 XIII.)	4b	3,530,748.	
c	Add lines 4a and 4b	4c		3,530,748.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		7,866,611.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

ENDOWMENTS ARE USED FOR UNRESTRICTED/BOARD DESIGNATED PURPOSES ACCORDING TO THE INTENT OF THE DONOR.

**PART X, LINE 2:**

UWSV IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND SECTION 23701D OF THE REVENUE AND TAXATION CODE EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. SINCE UWBA HAS NO UNRELATED BUSINESS TAXABLE INCOME, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THOSE FINANCIAL STATEMENTS. UWSV HAS NO UNRECOGNIZED TAX BENEFITS OR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2016.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REBATE OF IN KIND RECEIVABLE-SOBRATO FOUNDATION -148,440.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 3,530,754.

FUNDRAISING EVENT EXPENSES -32,648.

ROUNDING -6.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 3,498,100.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 32,648.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 3,530,754.

ROUNDING -6.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 3,530,748.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>GOLF TOURNAMENT</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	94,747.			94,747.
	<b>2</b> Less: Contributions .....	58,700.			58,700.
	<b>3</b> Gross income (line 1 minus line 2) .....	36,047.			36,047.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	3,000.			3,000.
	<b>7</b> Food and beverages .....	20,464.			20,464.
	<b>8</b> Entertainment .....	1,750.			1,750.
	<b>9</b> Other direct expenses .....	7,434.			7,434.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				32,648.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				3,399.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
Revenue	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_





**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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
UNBOUND P.O. BOX 219114 KANSAS CITY, MO 64121-9114	43-1243999	501(C)(3)	5,040.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	501(C)(3)	5,100.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PIKES PEAK UNITED WAY 518 NORTH NEVADA AVENUE COLORADO SPRINGS, CO 80903	84-0511799	501(C)(3)	5,115.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
THE CATHOLIC SCHOOL OF ST. EUGENE (FRIENDS OF ST. EUGENE) - 2400 W. HEFNER ROAD - OKLAHOMA CITY, OK 73120	73-0716866	501(C)(3)	5,250.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PARALYZED VETERANS OF AMERICA - BAY AREA - 3801 MIRANDA AVENUE - PALO ALTO, CA 94304	94-6132553	501(C)(3)	5,280.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL ALSAC - 311 CALIFORNIA STREET, #650 - SAN FRANCISCO, CA 94104	35-1044585	501(C)(3)	5,306.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **105.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2015)

**Part II** 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
FEED MY STARVING CHILDREN 401 93RD AVENUE NW COON RAPIDS, MN 55433	41-1601449	501(C)(3)	5,625.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PRESENTATION HIGH SCHOOL 2281 PLUMMER AVE SAN JOSE, CA 95125	94-1562816	501(C)(3)	5,770.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST. FRANCIS HIGH SCHOOL - THE ANNUAL GIVING PROGRAM - 1885 MIRAMONTE AVENUE - MOUNTAIN VIEW, CA 94040	94-2734503	501(C)(3)	6,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HOLY FAMILY CATHOLIC SCHOOLS 2005 KANE STREET DUBUQUE, IA 52001	42-0792429	501(C)(3)	6,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
THE KINGS ACADEMY 562 N BRITTON AVE. SUNNYVALE, CA 94085-3841	77-0287771	501(C)(3)	6,030.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HOSPICE OF THE VALLEY 4850 UNION AVENUE SAN JOSE, CA 95124-5156	94-2803411	501(C)(3)	6,189.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AIDS SERVICES FOUNDATION - ORANGE COUNTY - 17982 SKY PARK CIRCLE # J - IRVINE, CA 92614	33-0126481	501(C)(3)	6,255.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MERCY HOUSE TRANSITIONAL LIVING CENTER - PO BOX 1905 - SANTA ANA, CA 92702	33-0315864	501(C)(3)	6,540.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
INTERNATIONAL CHILDREN ASSISTANCE NETWORK - SOBRATO NONPROFIT CENTER, 532 VALLEY WAY - MILPITAS, CA 95035	77-0541211	501(C)(3)	6,643.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)



**Part II** 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
EKAL VIDYALAYA FOUNDATION OF USA PACIFIC REGION - 1712 HWY 6 SOUTH, SUITE A - HOUSTON, TX 77077	77-0554248	501(C)(3)	6,660.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HEALTH TRUST, THE 3180 NEWBERRY DRIVE, SUITE 200 SAN JOSE, CA 95118	94-6050231	501(C)(3)	6,764.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HARVEY MUDD COLLEGE 301 PLATT BOULEVARD CLAREMONT, CA 91711	95-1911219	501(C)(3)	7,083.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDRENS HEALTH COUNCIL 650 CLARK WAY PALO ALTO, CA 94304	94-1312311	501(C)(3)	7,166.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
THE UCLA FOUNDATION UCLA WILSHIRE CENTER - 10920 WILSHIRE BOULEVARD, SUITE 900 - LOS ANGELES, CA 90024	95-2250801	501(C)(3)	7,235.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BOYS & GIRLS CLUB OF SILICON VALLEY - 518 VALLEY WAY - MILPITAS, CA 95035	94-1294898	501(C)(3)	7,297.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
THE ALAMEDA COUNTY COMMUNITY FOOD BANK - PO BOX 2599 - OAKLAND, CA 94614	94-2960297	501(C)(3)	7,496.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BOISE STATE UNIVERSITY 2225 WEST UNIVERSITY DRIVE BOISE, ID 83706	82-6010706	501(C)(3)	7,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDREN OF INCARCERATED PARENTS NEEDING GUIDANCE - 4140 OCEANSIDE BLVD SUITE 159-311 - OCEANSIDE, CA 92056	37-1606723	501(C)(3)	7,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** 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
FREE WHEELCHAIR MISSION PO BOX 52001 DEPARTMENT 921 PHOENIX, AZ 85072	31-1781635	501(C)(3)	7,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ROMAN CATHOLIC DIOCESE OF SAN JOSE 1150 NORTH FIRST STREET SAN JOSE, CA 95112-4966	94-2734503	501(C)(3)	7,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ILLINOIS INSTITUTE OF TECHNOLOGY 3424 SOUTH STATE STREET FOURTH FLOOR CHICAGO, IL 60616	36-2170136	501(C)(3)	7,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
VIEWPOINT SCHOOL 23620 MULHOLLAND HWY CALABASAS, CA 91302	95-2242261	501(C)(3)	7,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
TKE EDUCATIONAL FOUNDATION 7439 WOODLAND DR. INDIANAPOLIS, IN 46278	51-0166412	501(C)(3)	7,605.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BILL WILSON CENTER 3490 THE ALAMEDA SANTA CLARA, CA 95050-4333	94-2221849	501(C)(3)	7,630.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CARNEGIE MELLON UNIVERSITY 6 PPG PLACE, 11TH FLOOR PITTSBURGH, PA 15222-5409	25-0969449	501(C)(3)	7,680.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FOOTHILLS UNITED WAY INC. 1285 CIMARRON DRIVE #101 LAFAYETTE, CO 80026	84-6042598	501(C)(3)	7,772.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LOURDES FOUNDATION, INC. 1710 INDUSTRIAL DR. NW ROCHESTER, MN 55901	23-7367336	501(C)(3)	7,800.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** 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
FRIENDS OF MIP - BERGESON ELEMENTARY - 25302 RANCHO NIGUEL RD - LAGUNA NIGUEL, CA 92677	56-2442420	501(C)(3)	7,800.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COLORADO SCHOOL OF MINES FOUNDATION - 1232 W. CAMPUS ROAD - GOLDEN, CO 80401	84-0509064	501(C)(3)	7,800.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICAN CANCER SOCIETY - ORANGE COUNTY - 1940 EAST DEERE AVENUE #100 - SANTA ANA, CA 92705	13-1788491	501(C)(3)	7,894.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST. NICHOLAS CATHOLIC CHURCH 473 LINCOLN AVE. LOS ALTOS, CA 94022	94-2734503	501(C)(3)	8,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FIRST CHURCH OF CHRIST, SCIENTIST 401 UNIVERSITY AVENUE LOS ALTOS, CA 94022	94-6088307	501(C)(3)	8,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST. MARYS HIGH SCHOOL 2501 E. YAMPA ST. COLORADO SPRINGS, CO 80909		501(C)(3)	8,920.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
VIVACE YOUTH CHORUS OF SAN JOSE 915 MERIDIAN AVENUE SUITE 110 SAN JOSE, CA 95126	20-0101322	501(C)(3)	9,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CATHOLIC RELIEF SERVICES PO BOX 17090 BALTIMORE, MD 21203	13-5563422	501(C)(3)	9,375.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SCC - 2400 MOORPARK AVENUE #300 - SAN JOSE, CA 95128	94-2292491	501(C)(3)	9,428.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** 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
ST. JOSEPH'S FAMILY CENTER 7950-A CHURCH STREET, SUITE A GILROY, CA 95020	03-0391775	501(C)(3)	9,811.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
REASONS TO BELIEVE 818 S. OAK PARK RD COVINA, CA 91724	33-0168048	501(C)(3)	10,064.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MARYMOUNT HIGH SCHOOL 10643 SUNSET BOULEVARD LOS ANGELES, CA 90077	95-4273507	501(C)(3)	10,125.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MEALS ON WHEELS HEALTH TRUST 3180 NEWBERRY DRIVE, SUITE 200 SAN JOSE, CA 95118	94-6050231	501(C)(3)	10,376.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ADVENT LUTHERAN CHURCH 16870 MURPHY AVENUE MORGAN HILL, CA 95037	77-0011232	501(C)(3)	10,400.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ORANGE COUNTY RESCUE MISSION ONE HOPE DRIVE TUSTIN, CA 92702	95-2479552	501(C)(3)	10,419.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FAMILY GIVING TREE 606 VALLEY WAY MILPITAS, CA 95035	77-0284682	501(C)(3)	10,423.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
APOSTLES LUTHERAN ELEMENTARY SCHOOL - 5828 SANTA TERESA BLVD. - SAN JOSE, CA 95123	94-1728491	501(C)(3)	11,250.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 E. GISH ROAD #200 - SAN JOSE, CA 95112-4724	94-2420708	501(C)(3)	11,380.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** 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
GLORY FOUNDATION 433 MEDOC COURT MOUNTAIN VIEW, CA 94043	20-1660863	501(C)(3)	11,700.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LOS GATOS CHRISTIAN SCHOOL 16845 HICKS ROAD LOS GATOS, CA 95032	94-1201222	501(C)(3)	12,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST. MARGARET OF SCOTLAND EPISCOPAL SCHOOL - 31641 LA NOVIA - SAN JUAN CAPISTRANO, CA 92675	95-3408913	501(C)(3)	12,513.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PURDUE UNIVERSITY 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	12,681.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FRESH LIFELINES FOR YOUTH, INC. 568 VALLEY WAY MILPITAS, CA 95035	52-2234595	501(C)(3)	12,939.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
VMC FOUNDATION 2400 MOORPARK AVENUE, SUITE 207 SAN JOSE, CA 95128-2624	77-0187890	501(C)(3)	13,008.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FIRE ASSOCIATES OF SANTA CLARA VALLEY - 1307 S. MARY AVE. SUITE 250 - SUNNYVALE, CA 94087	23-7087975	501(C)(3)	13,050.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ROCHESTER CATHOLIC SCHOOLS 1710 INDUSTRIAL DRIVE NW ROCHESTER, MN 55901	41-0740119	501(C)(3)	13,230.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	94-1713897	501(C)(3)	13,310.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** 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
SALVATION ARMY SILICON VALLEY 359 N 4TH STREET SAN JOSE, CA 95112	13-3485289	501(C)(3)	13,773.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LIFEMOVES 181 CONSTITUTION DRIVE MENLO PARK, CA 94025-1106	77-0160469	501(C)(3)	14,274.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PROJECT VIETNAM FOUNDATION 11100 WARNER AVENUE #116 FOUNTAIN VALLEY, CA 92708	26-1422761	501(C)(3)	14,291.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE. MILPITAS, CA 95035-6326	94-1196215	501(C)(3)	14,397.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICAN RED CROSS-SILICON VALLEY 05378 CHAPTER - 2731 N. 1ST STREET - SAN JOSE, CA 95134	53-0196605	501(C)(3)	14,450.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
DS MINISTRIES 1019 REDMOND AVE SAN JOSE, CA 95120	26-4648187	501(C)(3)	15,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HARVEST CHRISTIAN FELLOWSHIP SCHOOL - 6115 ARLINGTON AVENUE - RIVERSIDE, CA 92504	95-3060779	501(C)(3)	15,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053-0001		501(C)(3)	15,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST. FRANCIS HIGH SCHOOL HS WRESTING PROGRAM - 1885 MIRAMONTE AVENUE - MOUNTAIN VIEW, CA 94040	94-1337628	501(C)(3)	15,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** 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
MISSION HOSPITAL - VALIANT WOMEN PROGRAM - 27700 MEDICAL CENTER ROAD - MISSION VIEJO, CA 92691	95-1643360	501(C)(3)	15,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SEEDS OF LOVE 2461 MOSSWOOD LANE SANTA CLARA, CA 95051	91-2120696	501(C)(3)	15,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
WOUNDED WARRIOR PROJECT - HQ PO BOX 758517 TOPEKA, KS 66675-8517	20-2370934	501(C)(3)	15,271.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BETHANY CHRISTIAN ACADEMY 13431 EDWARDS STREET WESTMINSTER, CA 92683	95-2989768	501(C)(3)	15,780.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
RESURRECTION LUTHERAN SCHOOL 4520 19TH AVENUE, NW ROCHESTER, MN 55901	41-6046959	501(C)(3)	16,053.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LOAVES & FISHES FAMILY KITCHEN 1609 REGATTA LANE, SUITE D SAN JOSE, CA 95112-1135	77-0370874	501(C)(3)	16,964.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
DISCOVERY SCIENCE CENTER OF ORANGE COU. DISCOVERY SCIENCE CENTER (DSC) - 2500 N. MAIN STREET - SANTA ANA, CA 92705	33-0828380	501(C)(3)	16,980.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ORANGE COUNTY HIGH SCHOOL OF THE ARTS MUSIC & THEATER DEPARTMENT - 1010 N. MAIN STREET - SANTA ANA, CA 92701	33-0891574	501(C)(3)	17,850.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SILICON VALLEY CREATES 38 W. SANTA CLARA STREET SAN JOSE, CA 95113	94-2825213	501(C)(3)	18,514.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** 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
DOCTORS WITHOUT BORDERS, USA (MEDECINS SANS FRONTIERES) - 333 7TH AVENUE, 2ND FLR. - NEW YORK, NY 10001-5089	13-3433452	501(C)(3)	18,518.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	18,599.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
STANFORD UNIVERSITY OFFICE OF DEV PO BOX 20466 STANFORD, CA 94309	94-1156365	501(C)(3)	18,829.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BRENTWOOD CHRISTIAN SCHOOL 11908 N. LAMAR BLVD. AUSTIN, TX 78753	74-1255658	501(C)(3)	18,860.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY OF THE BAY AREA 550 KEARNY STREET, SUITE 1000 SAN FRANCISCO, CA 94108	94-1312348	501(C)(3)	19,926.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HABITAT FOR HUMANITY EAST BAY/SILICON VY - 2619 BROADWAY - OAKLAND, CA 94612	91-1914868	501(C)(3)	20,223.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UC BERKELEY FOUNDATION 2080 ADDISON STREET, #4200 BERKELEY, CA 94720-4200	94-6090626	501(C)(3)	20,785.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LASALLIAN EDUCATIONAL ADVANCEMENT PROGRA - 1103 MAXEY DRIVE - SAN JOSE, CA 95132	46-4817140	501(C)(3)	22,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PRECIOUS PEBBLES PRESCHOOL CHRIST OUR ROCK LUTHERAN CHURCH - 3040 STONEHEDGE DRIVE NE - ROCHESTER, MN 55906	41-1763944	501(C)(3)	22,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)



**Part II** 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
AMERICAN CANCER SOCIETY - SILICON VALLEY - 747 CAMDEN AVENUE #B - CAMPBELL, CA 95008	13-1788491	501(C)(3)	26,854.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHANNEL ONE REGIONAL FOOD BANK 131 35TH STREET SE ROCHESTER, MN 55904	41-1379713	501(C)(3)	27,054.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SANTA CLARA COUNTY ANIMAL SHELTER 12370 MURPHY AVENUE SAN MARTIN, CA 95046	94-6000533	501(C)(3)	27,637.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
EARTHSHARE CALIFORNIA 870 MARKET STREET, SUITE 703 SAN FRANCISCO, CA 94102	94-2840364	501(C)(3)	29,339.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LASALLE COMMUNITY CENTER INC. 248 KIRK AVENUE SAN JOSE, CA 95127	45-5094090	501(C)(3)	33,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SACRED HEART COMMUNITY SERVICE 1381 S 1ST STREET SAN JOSE, CA 95110-3431	23-7179787	501(C)(3)	33,176.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CATHOLIC CHARITIES OF SANTA CLARA COUNTY OFFICE OF DEVELOPMENT - 2625 ZANKER ROAD #200 - SAN JOSE, CA 95134-2107	94-2762269	501(C)(3)	49,692.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FOOTHILL DE ANZA COMMUNITY COLLEGE FOUNDATION - 12345 EL MONTE ROAD - LOS ALTOS HILLS, CA 94022	94-3258220	501(C)(3)	50,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
CITY YEAR SAN JOSE/SILICON VALLEY 1922 THE ALAMEDA, SUITE 104 SAN JOSE, CA 95126	22-2882549	501(C)(3)	50,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES

Schedule I (Form 990)

**Part II** 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
PARENT SERVICES PROJECT 79 BELVEDERE STREET, SUITE 101 SAN RAFAEL, CA 94901	68-0169962	501(C)(3)	50,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
GLOBAL IMPACT 66 CANAL CENTER PLAZA, STE 310 ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	50,763.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SJSU TOWER FOUNDATION/COMMUNIVERCITY SAN JOSE - 1 WASHINGTON SQUARE - SAN JOSE, CA 95192	83-0403915	501(C)(3)	51,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
UNIVERSITY OF COLORADO FOUNDATION - BOULDER - P.O. BOX 17126 - DENVER, CO 80217-9155	84-6049811	501(C)(3)	55,090.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY OF OLMSTED COUNTY, INC. 903 W CENTER ST STE 100 ROCHESTER, MN 55902	41-0695594	501(C)(3)	69,046.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ORANGE COUNTY UNITED WAY 18012 MITCHELL AVENUE SOUTH IRVINE, CA 92614	33-0047994	501(C)(3)	123,469.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES - 750 CURTNER AVENUE - SAN JOSE, CA 95125-2113	94-2614101	501(C)(3)	130,229.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COMMUNITY HEALTH CHARITIES CALIFORNIA - P.O. BOX 75166 - BALTIMORE, MD 21275-5166	94-1732873	501(C)(3)	147,673.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LOCAL INDEPENDENT CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, STE 340 - LARKSPUR, CA 94939	94-3042430	501(C)(3)	207,057.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

IN 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.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY SILICON VALLEY**

Employer identification number

**94-1450153**

**Part I Questions Regarding Compensation**

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

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

**b** If 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 .....

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CAROLE LEIGH HUTTON CEO	(i)	197,676.	0.	103,846.	9,433.	9,180.	320,135.	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)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

SEVERANCE PAYMENTS FOR THE CALENDAR YEAR 2015 WERE PAID AS FOLLOWS:

- CAROLE LEIGH HUTTON - \$103,846

- JEFFERY OGDEN - \$16,923

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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:

ADVOCATE AND VOLUNTEER TO AFFECT CHANGE IN THE THREE BUILDING BLOCKS OF  
INCOME, EDUCATION AND HEALTH. THIS WORK HAS HELPED TENS OF THOUSANDS OF  
PEOPLE, GIVEN UNITED WAY SILICON VALLEY EXPERTISE ON LOCAL NEEDS AND  
PROVIDED FOCUS AND DISCIPLINE THAT HAS LED TO STRENGTHENED BUSINESS  
OPERATIONS AND FINANCIAL PERFORMANCE. TO LEARN MORE ABOUT OUR PROGRAMS  
AND SERVICES VISIT: [WWW.UWSV.ORG](http://WWW.UWSV.ORG)

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AS A SAFETY NET FOR RESIDENTS FACING EVICTION, UTILITY DISCONNECTION  
AND HUNGER.

UNITED WAY SILICON VALLEY ALSO OFFERS THREE PROGRAMS THAT FOCUS ON  
INCOME; BANK ON SAN JOSE PROVIDES OPPORTUNITIES FOR INDIVIDUALS TO OPEN  
CHECKING ACCOUNTS AND PERSONAL SAVINGS ACCOUNTS AFTER RECEIVING  
FINANCIAL LITERACY TRAINING PROVIDED BY UWSV STAFF. CREDIT COACHING  
MATCHES TRAINED VOLUNTEERS WITH HARD WORKING INDIVIDUALS AND FAMILIES  
WHO ARE INTERESTED IN IMPROVING THEIR FICO SCORES AND FINANCIAL  
MANAGEMENT SKILLS. EARN IT! KEEP IT! SAVE IT!, PARTNERS WITH THE IRS  
AND OTHER ORGANIZATIONS TO TRAIN VOLUNTEERS TO PROVIDE FREE INCOME TAX  
PREPARATION TO LOW-WAGE INDIVIDUALS AND FAMILIES.

UWSV OFFERS TWO PROGRAMS THAT FOCUS ON EDUCATION. EARLY LITERACY  
TUTORING USES TRAINED VOLUNTEERS TO WORK WITH AT RISK THIRD GRADERS WHO  
ARE NOT PROFICIENT IN READING. MIDDLE SCHOOL MENTORING, PROVIDES  
VOLUNTEERS WHO MENTOR AND TUTOR LOCAL STUDENTS.

Name of the organization UNITED WAY SILICON VALLEY	Employer identification number 94-1450153
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FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION'S BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE FORM 990 PRIOR TO ITS SUBMISSION.

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 SB 1262. UWSV PARTICIPATES IN AND GATHERS DATA ON COMPENSATION ON THE NON-PROFIT SECTOR AND REGION. NO CHANGES IN COMPENSATION RESULTED FROM THE LAST REVIEW.

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST AND GOVERNANCE DOCUMENTS ARE AVAILABLE FOR VIEWING ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DONATED USE OF SPACE	-526,437.
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# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNITED WAY SILICON VALLEY</b>	Employer identification number (EIN) or <b>94-1450153</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1400 PARKMOOR AVE., NO. 250</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN JOSE, CA 95126</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JOAN CATHERINE BRAUN**

- The books are in the care of ▶ **1400 PARKMOOR AVE. #250 - SAN JOSE, CA 95126**  
Telephone No. ▶ **415-808-4465** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.