

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

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	UNITED WAY SILICON VALLEY		94-1450153	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number	
	1400 PARKMOOR AVE. 250		408.345.4300	
City or town, state or country, and ZIP + 4		G Gross receipts \$		
SAN JOSE, CA 95126		13,450,876.		
F Name and address of principal officer: CAROLE LEIGH HUTTON		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
1400 PARKMOOR AVE., SAN JOSE, CA 95126		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I 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)		
J Website: WWW.UWSV.ORG		H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1922 M State of legal domicile: CA		

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>ADVANCING THE COMMON GOOD, CREATING OPPORTUNITIES FOR BETTER LIVES FOR ALL.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	44
	6 Total number of volunteers (estimate if necessary)	6	1300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,479,245.	12,370,406.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	791,161.	744,271.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-73,165.	18,625.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,352,329.	13,411,561.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,245,606.	9,141,504.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,151,378.	3,184,599.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,538,565.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,588,504.	2,525,761.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,985,488.	14,851,864.	
19 Revenue less expenses. Subtract line 18 from line 12	366,841.	-1,440,303.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	16,434,193.	14,434,746.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,420,993.	6,150,728.
		10,013,200.	8,284,018.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	CAROLE LEIGH HUTTON, CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	NASI RAISSIAN				
Paid Preparer Use Only	Firm's name ▶	Firm's EIN ▶			
	ROBERT LEE & ASSOCIATES, LLP				
Paid Preparer Use Only	Firm's address ▶	Phone no.			
	226 AIRPORT PARKWAY, SUITE 350 SAN JOSE, CA 95110	408.855.6770			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF UNITED WAY SILICON VALLEY IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY TO MEET OUR MOST CRITICAL HEALTH AND HUMAN SERVICES NEEDS. UNITED WAY DOES THIS BY ENGAGING THE COMMUNITY IN OPPORTUNITIES TO GIVE, ADVOCATE AND VOLUNTEER TO AFFECT

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 2,002,127. including grants of \$ 2,002,127.) (Revenue \$) STRATEGIC GRANTS (COMMUNITY INVESTMENTS):

UNITED WAY SILICON VALLEY HELPS PEOPLE HELP THEMSELVES BY CREATING OPPORTUNITIES FOR LOCAL FAMILIES AND INDIVIDUALS TO GET THE TOOLS THEY NEED TO SUCCEED. THE ORGANIZATIONS FOCUS IS ON REALISTIC SOLUTIONS THAT INCREASE FINANCIAL STABILITY AND LONG-TERM ECONOMIC INDEPENDENCE FOR INDIVIDUALS AND FAMILIES.

THROUGH STRATEGIC GRANTS, UNITED WAY SILICON VALLEY INVESTS FUNDS TO HELP PEOPLE GAIN SKILLS TO BE ABLE TO MOVE UP IN THE WORKFORCE THROUGH JOB TRAINING, MICROFINANCE AND SMALL BUSINESS DEVELOPMENT PROGRAMS. THE ORGANIZATIONS EMERGENCY ASSISTANCE NETWORK AND STRATEGIC GRANTS HELP TO RESTORE STABILITY IN THE LIVES OF THOSE FACING CRISIS,

4b (Code:) (Expenses \$ 5,596,159. including grants of \$ 5,596,159.) (Revenue \$) DISTRIBUTION OF DONOR DIRECTED DONATIONS:

UNITED WAY SILICON VALLEY IS COMMITTED TO PRACTICING EXEMPLARY STEWARDSHIP OF THE FUNDS AND CONTRIBUTIONS ENTRUSTED TO IT BY DONORS. TO DO THAT, THE ORGANIZATION HAS IMPLEMENTED A SERIES OF MEASURES DESIGNED TO PROVIDE TRANSPARENCY AND ACCOUNTABILITY TO ITS DONORS AND THE COMMUNITY.

LAST YEAR, MORE THAN \$5.7 MILLION WAS RAISED AND DISTRIBUTED BY UNITED WAY SILICON VALLEY TO MORE THAN 1,500 NON-PROFIT ORGANIZATIONS, INCLUDING THOSE IN HUMAN AND SOCIAL SERVICES, THE ARTS, EDUCATION AND FAITH. BECAUSE UNITED WAY SILICON VALLEY HAS ACCESS TO WORKPLACE DONORS WHO CAN GIVE INCREMENTALLY, AND BECAUSE DESIGNATED DONATIONS ARE

4c (Code:) (Expenses \$ 4,999,764. including grants of \$ 1,519,218.) (Revenue \$ 1,022,530.) UNITED WAY SILICON VALLEY PROGRAMS:

UNITED WAY SILICON VALLEY WORKS TO IMPROVE COMMUNITY CONDITIONS BY HELPING LOCAL PEOPLE BECOME FINANCIALLY STABLE AND INDEPENDENT. TO DRIVE POSITIVE CHANGE, UNITED WAY SILICON VALLEY HELPS PEOPLE HELP THEMSELVES BY IDENTIFYING CRITICAL NEEDS, MOBILIZING THE CARING POWER OF THE COMMUNITY, AND ALIGNING RESOURCES TO ACHIEVE THE BEST SOLUTIONS. UNITED WAY IS FOCUSED ON THE BUILDING BLOCKS FOR A GOOD LIFE: INCOME, EDUCATION AND HEALTH.

UNITED WAY SILICON VALLEY OFFERS PROGRAMS TO COVER BASIC NEEDS. 211 SANTA CLARA COUNTY CONNECTS PEOPLE TO PROGRAMS AND SERVICES THAT CAN HELP IMPROVE THEIR LIVES THROUGH A THREE-DIGITAL-DIAL INFORMATION AND

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

4e Total program service expenses 12,598,050.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	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>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	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.		
a	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>	X	
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>	X	
c	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>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
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, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b 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
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. 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 to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes entries for 1a (17), 1b (0), 2a (44), 1c (X), 2b (X), 3a (X), 4a (X), 5a (X), 5b (X), 6a (X), 7a (X), 7c (X), 7e (X), 7f (X), 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a (X), 14b.

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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	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
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **GARY RUMMELHOFF - 408.345.4300**
1400 PARKMOORE 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 to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN PRESCOTT CHAIRMAN OF THE BOARD	1.00	X		X			0.	0.	0.	
GREGORY DAVIDSON VICE-CHAIR	1.00	X		X			0.	0.	0.	
STEVE M. SMITH TREASURER	2.00	X		X			0.	0.	0.	
EDWARD NG SECRETARY	2.00	X		X			0.	0.	0.	
LUBA KIPNIS BOARD MEMBER	2.00	X					0.	0.	0.	
RICHARD TERRELL BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN MATHENY BOARD MEMBER	1.00	X					0.	0.	0.	
ROB GITTINGS BOARD MEMBER	2.00	X					0.	0.	0.	
AUTUMN YOUNG BOARD MEMBER	1.00	X					0.	0.	0.	
PHILIP MA BOARD MEMBER	1.00	X					0.	0.	0.	
PAM SCHRAMM BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD CERUSSI BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN EICHHORN BOARD MEMBER	2.00	X					0.	0.	0.	
JIM POLLOCK BOARD MEMBER	2.00	X					0.	0.	0.	
GARY MATUSZAK BOARD MEMBER	1.00	X					0.	0.	0.	
RAY SOLNIK BOARD MEMBER	1.00	X					0.	0.	0.	
SHERYL HILDEBRAND BOARD MEMBER	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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANNA CHAMBERS BOARD MEMBER	1.00	X					0.	0.	0.	
CHELSE FERRERO BOARD MEMBER	1.00	X					0.	0.	0.	
STEVE TATE BOARD MEMBER	1.00	X					0.	0.	0.	
LEE HICKS BOARD MEMBER	1.00	X					0.	0.	0.	
ROD DONAVILLE BOARD MEMBER	1.00	X					0.	0.	0.	
DICK LEVY BOARD MEMBER	1.00	X					0.	0.	0.	
JESSICA GARCIA-KOHL BOARD MEMBER	1.00	X					0.	0.	0.	
ANDREW HESS BOARD MEMBER	1.00	X					0.	0.	0.	
KURT OHLFS BOARD MEMBER	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							482,069.	0.	64,484.	
d Total (add lines 1b and 1c)							482,069.	0.	64,484.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former 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.

(A) Name and business address	(B) Description of services	(C) Compensation
INTERFACE CHILDREN FAMILY SERVICES, 1305 DEL NORTE ROAD, SUITE 130, CAMARILLO, CA	SUPPORT FOR 211 CALL CENTER	356,015.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	11330462.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	589,030.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	450,914.				
	g	Noncash contributions included in lines 1a-1f: \$		38,380.				
	h	Total. Add lines 1a-1f		12370406.				
	Program Service Revenue	2 a	RENTAL INCOME	Business Code	532000	518,654.	518,654.	
b		COST RECOVERY REVENUE		900099	225,617.	225,617.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		744,271.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		28,225.			28,225.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	9,255.				
		Less: rental expenses	(ii) Personal	6,830.				
		Rental income or (loss)		2,425.				
	d	Net rental income or (loss)		2,425.	2,425.			
	7 a	Gross amount from sales of assets other than inventory	(i) Securities		22,885.			
		Less: cost or other basis and sales expenses	(ii) Other		32,485.			
		Gain or (loss)			-9,600.			
	d	Net gain or (loss)		-9,600.			-9,600.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	ADMIN PROCESSING FEE		900099	159,440.	159,440.			
b	SPECIAL PROGRAM EVENTS		900099	78,514.	78,514.			
c	MISCELLANEOUS		900099	37,880.	37,880.			
d	All other revenue							
e	Total. Add lines 11a-11d			275,834.				
12	Total revenue. See instructions.			13411561.	1,022,530.	0.	18,625.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	9,141,504.	9,141,504.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	429,769.	168,949.	144,734.	116,086.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,203,881.	1,075,501.	298,967.	829,413.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	93,493.	46,342.	11,618.	35,533.
9 Other employee benefits	274,583.	134,543.	37,352.	102,688.
10 Payroll taxes	182,873.	87,102.	30,065.	65,706.
11 Fees for services (non-employees):				
a Management				
b Legal	3,543.	2,318.	666.	559.
c Accounting	55,000.		55,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	466,824.	341,462.	43,136.	82,226.
12 Advertising and promotion				
13 Office expenses	40,203.	26,904.	6,585.	6,714.
14 Information technology	15,646.	10,470.	2,563.	2,613.
15 Royalties				
16 Occupancy	455,220.	373,259.	24,726.	57,235.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	72,406.	34,817.	9,583.	28,006.
20 Interest	77,838.	76,857.	296.	685.
21 Payments to affiliates	120,428.	60,214.		60,214.
22 Depreciation, depletion, and amortization	481,341.	426,661.	16,510.	38,170.
23 Insurance	51,111.	40,494.	3,975.	6,642.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CONTRACTED SERVICES	356,390.	356,390.		
b PUBLICITY MATERIAL SERV	130,210.	37,993.	102.	92,115.
c OTHER SPECIAL EVENT EXP	83,971.	62,167.	41.	21,763.
d BANK FEES	48,289.	3,502.	44,787.	
e MISCELLANEOUS EXPENSES	37,512.	64,063.	-16,451.	-10,100.
f All other expenses	29,829.	26,538.	994.	2,297.
25 Total functional expenses. Add lines 1 through 24f	14,851,864.	12,598,050.	715,249.	1,538,565.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	105,178.	1	21,901.	
	2 Savings and temporary cash investments	1,735,646.	2	662,239.	
	3 Pledges and grants receivable, net	4,350,903.	3	3,433,406.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 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 instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	150,788.	9	131,504.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,661,488.			
	b Less: accumulated depreciation	10b 5,977,652.	5,079,678.	10c	4,683,836.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	2,250,000.	12	2,941,521.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	2,762,000.	15	2,560,339.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,434,193.	16	14,434,746.		
Liabilities	17 Accounts payable and accrued expenses	754,921.	17	862,818.	
	18 Grants payable	3,596,171.	18	3,706,525.	
	19 Deferred revenue	2,760.	19	3,000.	
	20 Tax-exempt bond liabilities	510,000.	20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,514,672.	23	1,533,680.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	42,469.	25	44,705.	
	26 Total liabilities. Add lines 17 through 25	6,420,993.	26	6,150,728.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	5,790,023.	27	5,429,843.	
	28 Temporarily restricted net assets	4,223,177.	28	2,854,175.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	10,013,200.	33	8,284,018.		
34 Total liabilities and net assets/fund balances	16,434,193.	34	14,434,746.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,411,561.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,851,864.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,440,303.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,013,200.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-288,880.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,284,017.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14238771.	12782891.	14094795.	14479245.	12370406.	67966108.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14238771.	12782891.	14094795.	14479245.	12370406.	67966108.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2664381.
6 Public support. Subtract line 5 from line 4.						65301727.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	14238771.	12782891.	14094795.	14479245.	12370406.	67966108.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	208,891.	632,707.	193,365.	34,495.	37,480.	1106938.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	21,581.	49,361.	92,457.	105,971.	197,320.	466,690.
11 Total support. Add lines 7 through 10						69539736.
12 Gross receipts from related activities, etc. (see instructions)					12	2,104,259.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	93.91	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	95.03	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

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

(Complete only if you checked the box on line 9 of Part I 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ **See separate instructions.**

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

Part I-A 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 ▶ \$ **18,318.**
- 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) 2010

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	5,869.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	12,449.													
c	Total lobbying expenditures (add lines 1a and 1b)	18,318.													
d	Other exempt purpose expenditures	14,809,545.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	14,827,863.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	891,393.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	222,848.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an 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?

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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 XIV, 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) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

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

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,967,920.		1,967,920.
b Buildings				
c Leasehold improvements		7,119,857.	5,068,567.	2,051,290.
d Equipment		596,669.	265,786.	330,883.
e Other		977,042.	643,299.	333,743.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,683,836.

Part VII Investments - Other Securities. 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) CERTIFICATES OF DEPOSIT	1,100,000.	COST
(B) BONDS	1,841,521.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	2,941,521.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LONG-TERM IN-KIND RENT RECEIVABLE	2,349,950.
(2) DEPOSITS	20,663.
(3) OTHER ASSETS	189,726.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	2,560,339.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEPOSITS	44,705.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	44,705.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,411,561.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,851,864.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,440,303.
4	Net unrealized gains (losses) on investments	4	-4,444.
5	Donated services and use of facilities	5	-385,631.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	101,195.
9	Total adjustments (net). Add lines 4 through 8	9	-288,880.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-1,729,183.

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

1	Total revenue, gains, and other support per audited financial statements	1	7,920,977.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-4,444.
b	Donated services and use of facilities	2b	1,995.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	108,024.
e	Add lines 2a through 2d	2e	105,575.
3	Subtract line 2e from line 1	3	7,815,402.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	5,596,159.
c	Add lines 4a and 4b	4c	5,596,159.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,411,561.

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

1	Total expenses and losses per audited financial statements	1	9,650,159.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,995.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	392,460.
e	Add lines 2a through 2d	2e	394,455.
3	Subtract line 2e from line 1	3	9,255,704.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	5,596,159.
c	Add lines 4a and 4b	4c	5,596,159.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,851,863.

Part XIV Supplemental Information

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

PART X, LINE 2: THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS

AND WILL RECOGNIZE A LOSS CONTINGENCY WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE REASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND MANAGEMENT JUDGMENT WITH RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN TAX POSITION. THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL UNCERTAIN TAX POSITION OR FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED.

Part XIV Supplemental Information (continued)

AS OF JUNE 30, 2011 MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

DISCOUNT ON IN-KIND RENT RECEIVABLE 101,195.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DISCOUNT ON IN-KIND RENT RECEIVABLE 101,194.

RENTAL EXPENSE 6,830.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 108,024.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 5,596,159.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RECOGNITION OF IN-KIND RENT RECEIVABLE 385,631.

RENTAL EXPENSE 6,829.

DISTRIBUTIONS

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 392,460.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 5,596,159.

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF SANTA CLARA COUNTY - 2625 ZANKER ROAD, 200 - SAN JOSE, CA 95134-2107	94-2762269		189,519.	0.			COMMUNITY SUPPORT
SACRED HEART COMMUNITY SERVICES 1381 S 1ST STREET SAN JOSE, CA 95110-3431	23-7179787		151,998.	0.			COMMUNITY SUPPORT
INNVISION THE WAY HOME 1900 THE ALAMEDA, SUITE 400 SAN JOSE, CA 95126	77-0033628		122,066.	0.			COMMUNITY SUPPORT
SALVATION ARMY SANTA CLARA COUNTY 702 WEST TAYLOR STREET SAN JOSE, CA 95126	94-1170408		92,985.	0.			COMMUNITY SUPPORT
HEALTHCARE FOUNDATION OF NORTHERN AND CENTRAL CALIFORNIA - 1215 K STREET, SUITE 730 - SACRAMENTO, CA 95814	86-1174825		95,000.	0.			COMMUNITY SUPPORT
UNITED WAY OF ORANGE COUNTY 18012 MITCHELL AVENUE SOUTH IRVINE, CA 92614	33-0047994		302,187.	0.			COMMUNITY SUPPORT

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

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

Schedule I (Form 990) (2010)

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
SECOND HARVEST FOOD BANK OF SANTA CLARA - SAN MATEO COUNTIES - 750 CURTNER AVENUE - SAN JOSE, CA 95125-2113	94-2614101		199,183.	0.			COMMUNITY SUPPORT
HOPE SERVICES 30 LAS COLINAS LANE SAN JOSE, CA 95119	94-1399287		7,838.	0.			COMMUNITY SUPPORT
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	94-1713897		85,595.	0.			COMMUNITY SUPPORT
CENTER FOR EMPLOYMENT TRAINING 701 VINE STREET SAN JOSE, CA 95115	94-1658311		53,690.	0.			COMMUNITY SUPPORT
SILICON VALLEY COMMUNITY FOUNDATION - 2440 WEST EL CAMINO REAL, SUITE 300 - MOUNTAIN VIEW, CA 94040	20-5205488		24,702.	0.			COMMUNITY SUPPORT
WEST VALLEY COMMUNITY SERVICES 10104 VISTA DRIVE CUPERTINO, CA 95014	94-2211685		27,761.	0.			COMMUNITY SUPPORT
JEWISH FAMILY SERVICES OF SILICON VALLEY (JFSSV) - 14855 OKA ROAD, SUITE 202 - LOS GATOS, CA 95032	94-2536452		51,882.	0.			COMMUNITY SUPPORT
OPPORTUNITY FUND 111 W. SAINT JOHN STREET, 800 SAN JOSE, CA 95113	31-1719434		120,200.	0.			COMMUNITY SUPPORT
COMMUNITY SERVICES AGENCY OF MOUNTAIN VIEW & LOS ALTOS INC. - 204 STIERLIN ROAD - MOUNTAIN VIEW, CA 94043	94-1422465		79,644.	0.			COMMUNITY SUPPORT

LHA

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 RED CROSS SANTA CLARA VALLEY CHAPTER - 2731 N 1ST STREET - SAN JOSE, CA 95134	94-1156472		34,546.	0.			COMMUNITY SUPPORT
FRESH LIFELINES FOR YOUTH, INC. 568 VALLEY WAY MILPITAS, CA 95035	52-2234595		66,466.	0.			COMMUNITY SUPPORT
SERVICES, IMMIGRANT RIGHTS AND EDUCATION NETWORK (SIREN) - 1425 KOLL CIRCLE, 109 - SAN JOSE, CA 95112	77-0487468		50,189.	0.			COMMUNITY SUPPORT
BILL WILSON CENTER 3490 THE ALAMEDA SANTA CLARA, CA 95050	94-2221849		59,165.	0.			COMMUNITY SUPPORT
FRIENDS OF VISION LITERACY 540 VALLEY WAY MILPITAS, CA 95035	77-0152534		51,353.	0.			COMMUNITY SUPPORT
PACIFIC AUTISM CENTER FOR EDUCATION (PACE) - 1880 PRUNERIDGE AVENUE - SANTA CLARA, CA 95050	77-0259858		80,865.	0.			COMMUNITY SUPPORT
REBEKAH CHILDREN'S SERVICES 290 IOOF AVENUE GILROY, CA 95020	94-1167402		52,399.	0.			COMMUNITY SUPPORT
PATHWAY SOCIETY, INC. 1659 SCOTT BLVD. SUITE 30 SANTA CLARA, CA 95050	94-1688522		54,386.	0.			COMMUNITY SUPPORT
AMERICAN CANCER SOCIETY SILICON VALLEY - 747 CAMDEN AVENUE, SUITE B - CAMPBELL, CA 95008	94-1170350		29,914.	0.			COMMUNITY SUPPORT

LHA

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
KIDANGO 44000 OLD WARM SPRINGS BLVD. FREMONT, CA 94538	94-2581686		52,546.	0.			COMMUNITY SUPPORT
FAMILY AND CHILDREN SERVICES - SAN JOSE - 375 CAMBRIDGE AVENUE - PALO ALTO, CA 94306	94-1167408		51,190.	0.			COMMUNITY SUPPORT
ASIAN LAW ALLIANCE, INC. 184 E. JACKSON STREET SAN JOSE, CA 95112	94-2439581		61,524.	0.			COMMUNITY SUPPORT
ST. JOSEPH'S FAMILY CENTER 7950-A CHURCH STREET, SUITE A GILROY, CA 95020	03-0391775		75,897.	0.			COMMUNITY SUPPORT
THE HEALTH TRUST 2105 S. BASCOM AVENUE, SUITE 220 CAMPBELL, CA 95008	94-6050231		339,214.	0.			COMMUNITY SUPPORT
ESTRELLA FAMILY SERVICES -- SAN JOSE - 1155 MERIDIAN AVENUE, SUITE 110 - SAN JOSE, CA 95125	94-2201749		50,547.	0.			COMMUNITY SUPPORT
COMMUNITY SOLUTIONS FOR CHILDREN, FAMILIES & INDIVIDUALS - PO BOX 546 - MORGAN HILL, CA 95038-0546	23-7351215		52,158.	0.			COMMUNITY SUPPORT
GRAIL FAMILY SERVICES 2003 E SAN ANTONIO STREET SAN JOSE, CA 95116	77-0397354		100,509.	0.			COMMUNITY SUPPORT
ROLE MODEL PROGRAM 1922 THE ALAMEDA STE. 217 SAN JOSE, CA 95126	77-0230503		13,979.	0.			COMMUNITY SUPPORT

LHA

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
MARTHA'S KITCHEN 311 WILLOW ST SAN JOSE, CA 95110	91-2091094		11,911.	0.			COMMUNITY SUPPORT
YWCA OF SILICON VALLEY 1922 THE ALAMEDA 3RD FLOOR SAN JOSE, CA 95126	94-1156318		92,950.	0.			COMMUNITY SUPPORT
LOAVES & FISHES FAMILY KITCHEN 777 N. FIRST STREET SUITE 420 SAN JOSE, CA 95112	77-0370874		12,184.	0.			COMMUNITY SUPPORT
SPECIAL NEED CHILDREN CENTER, INC. 40087 MISSION BLVD. SUITE 204 FREMONT, CA 94539	20-4628298		22,272.	0.			COMMUNITY SUPPORT
UNITED WAY OF THE WINE COUNTRY 418 B STREET, SUITE 400 SANTA ROSA, CA 95401	94-1669646		30,965.	0.			COMMUNITY SUPPORT
HOSPICE OF THE VALLEY 4850 UNION AVENUE SAN JOSE, CA 95124-5156	94-2803411		47,191.	0.			COMMUNITY SUPPORT
MENLO PARK PRESBYTERIAN CHURCH 950 SANTA CRUZ AVENUE MENLO PARK, CA 94025	94-1167435		27,912.	0.			COMMUNITY SUPPORT
ABUNDANT LIFE CHRISTIAN FELLOWSHIP 2581 LEGHORN STREET MOUNTAIN VIEW, CA 94043	77-0013414		24,327.	0.			COMMUNITY SUPPORT
SANKARA EYE FOUNDATION 1851 MCCARTHY BOULEVARD SUITE 218 MILPITAS, CA 95035	77-6141976		12,965.	0.			COMMUNITY SUPPORT

LHA

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
PLANNED PARENTHOOD MAR MONTE - SAN JOSE - 1605 THE ALAMEDA - SAN JOSE, CA 95126-2202	94-1583439		17,576.	0.			COMMUNITY SUPPORT
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH - 400 HAMILTON AVE. SUITE 340 - PALO ALTO, CA 94301	77-0440090		13,968.	0.			COMMUNITY SUPPORT
DISCOVERY SCIENCE CENTER OF ORANGE COU. - 2500 N. MAIN STREET - SANTA ANA, CA 92705	33-0828380		22,240.	0.			COMMUNITY SUPPORT
UNITED WAY OF FOOTHILLS -BOULDER 1285 CIMARRON DRIVE SUITE 101 LAFAYETTE, CO 80026	84-6042598		23,081.	0.			COMMUNITY SUPPORT
BOYS & GIRLS CLUB OF THE PENINSULA 401 PIERCE ROAD MENLO PARK, CA 94025	94-1552134		7,881.	0.			COMMUNITY SUPPORT
MERCY HOUSE TRANSITIONAL LIVING CENTER - PO BOX 1905 - SANTA ANA, CA 92702	33-0315864		18,714.	0.			COMMUNITY SUPPORT
UNITED WAY OF GREAT SALT LAKE AREA 175 SOUTH WEST TEMPLE, STE.30 SALT LAKE CITY, UT 84101	87-0227091		9,398.	0.			COMMUNITY SUPPORT
TECH MUSEUM OF INNOVATION 201 S MARKET STREET SAN JOSE, CA 95113-2008	94-2864660		10,000.	0.			COMMUNITY SUPPORT
JEWISH FEDERATION OF SILICON VALLEY - 14855 OKA ROAD, SUITE 200 - LOS GATOS, CA 95032-1956	94-1167405		14,977.	0.			COMMUNITY SUPPORT

LHA

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
CHINMAYA MISSION WEST USA 1050 PARK AVENUE SAN JOSE, CA 95128	77-0315648		12,027.	0.			COMMUNITY SUPPORT
UNICEF U.S. FUND 125 MAIDEN LANE, 11TH FLOOR NEW YORK, NY 10038	13-1760110		5,730.	0.			COMMUNITY SUPPORT
HOME OF CHRIST IN CUPERTINO 10340 BUBB ROAD CUPERTINO, CA 95014	77-0545966		9,350.	0.			COMMUNITY SUPPORT
PARENTS HELPING PARENTS (PHP) 1400 PARKMOOR AVENUE, SUITE 100 SAN JOSE, CA 95123-3797	94-2814246		57,067.	0.			COMMUNITY SUPPORT
VINEYARD CHRISTIAN FELLOWSHIP OF THE PENINSULA - 445 SHERMAN AVE. SUITE S - PALO ALTO, CA 94306-1828	77-0179227		6,000.	0.			COMMUNITY SUPPORT
SANTA CLARA COUNTY COUNCIL BOY SCOUTS OF AMERICA - 970 W. JULIAN AVE - SAN JOSE, CA 95126	94-1156254		9,630.	0.			COMMUNITY SUPPORT
EHC LIFE BUILDERS 507 VALLEY WAY MILPITAS, CA 95035	94-2684272		65,000.	0.			COMMUNITY SUPPORT
UNITED WAY OF SANTA CRUZ COUNTY PO BOX 1458 CAPITOLA, CA 95010	94-1422471		29,309.	0.			COMMUNITY SUPPORT
HABITAT FOR HUMANITY SILICON VALLEY - 513 VALLEY WAY - MILPITAS, CA 95035	93-0926083		6,698.	0.			COMMUNITY SUPPORT

LHA

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
ACHIEVEKIDS 3860 MIDDLEFIELD ROAD PALO ALTO, CA 94303	77-0412221		5,064.	0.			COMMUNITY SUPPORT
ST. NICHOLAS CATHOLIC CHURCH 473 LINCOLN AVENUE LOS ALTOS, CA 94022	94-2734503		7,000.	0.			COMMUNITY SUPPORT
FIRST CHURCH OF CHRIST SCIENTIST 401 UNIVERSITY AVENUE LOS ALTOS, CA 94022	94-6088307		5,500.	0.			COMMUNITY SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012		8,599.	0.			COMMUNITY SUPPORT
MERCY CORPS INTERNATIONAL 45 SW ANKENY STREET PORTLAND, OR 97204	91-1148123		9,175.	0.			COMMUNITY SUPPORT
LAGUNA NIGUEL MILITARY SUPPORT FOUNDATION - 27801 LA PAZ ROAD - LAGUNA NIGEL, CA 92677	33-0849470		5,569.	0.			COMMUNITY SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 5950 LA PLACE COURT SUITE 200 - CARLSBAD, CA 92008	95-2633200		5,232.	0.			COMMUNITY SUPPORT
YOUNG LIFE - SAN FRANCISCO 1900 EMBARCADERO RD., SUITE 110 PALO ALTO, CA 94303-3310	84-0385934		13,981.	0.			COMMUNITY SUPPORT
SAN JUAN BATISTA CHILD DEVELOPMENT CENTER - 1400 PARKMOOR AVENUE, SUITE 100 - SAN JOSE, CA 95126	94-1747079		50,081.	0.			COMMUNITY SUPPORT

LHA

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
JEWISH COMMUNITY FEDERATION 121 STEUART STREET SAN FRANCISCO, CA 94105	94-1156533		5,572.	0.			COMMUNITY SUPPORT
HOUSING FOR INDEPENDENT PEOPLE INC. - 481 VALLEY WAY - MILPITAS , CA 95035	94-2650901		30,000.	0.			COMMUNITY SUPPORT
ST. ANDREWS UNITED METHODIST CHURCH - 4111 ALMA STREET - PALO ALTO, CA 94306	77-0006970		5,140.	0.			COMMUNITY SUPPORT
CHOICE FOR CHILDREN EDUCATION FOUNDATION - P.O. BOX 868 - LIVERMORE, CA 94551	20-1852481		6,011.	0.			COMMUNITY SUPPORT
SOMOS MAYFAIR 370 SOUTH KING ROAD, SUITE B SAN JOSE, CA 95116	77-0499813		50,925.	0.			COMMUNITY SUPPORT
AMERICAN CANCER SOCIETY ORANGE COUNTY - 1940 EAST DEERE AVE SUITE 100 - SANTA ANA, CA 92705	94-1170350		6,646.	0.			COMMUNITY SUPPORT
AMERICAN DIABETES ASSOCIATION 1111 WEST SAINT JOHN STREET SUITE 1 SAN JOSE, CA 95113	36-3386642		11,401.	0.			COMMUNITY SUPPORT
ALZHEIMER'S FAMILY SERVICES CENTER 9451 INDIANAPOLIS AVENUE HUNTINGTON BEACH, CA 92646	95-3463975		5,444.	0.			COMMUNITY SUPPORT
CORNERSTONE ASSISTED RIDING & EQUITHERAPY C.A.R.E. - 101 WEST AMERICAN CANYON SUITE 508-119 - AMERICAN CANYON, CA 94503	94-2988464		5,418.	0.			COMMUNITY SUPPORT

LHA

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
RONALD MCDONALD HOUSE ORANGE COUNTY - 383 SOUTH BATAVIA STREET - ORANGE, CA 92868	95-3167869		10,560.	0.			COMMUNITY SUPPORT
AMERICAN RED CROSS ORANGE COUNTY P.O. BOX 11364 SANTA ANA, CA 92711	53-0196605		5,362.	0.			COMMUNITY SUPPORT
SAINT SIMON PARISH SCHOOL 1840 GRANT ROAD LOS ALTOS, CA 94024	94-2734503		11,577.	0.			COMMUNITY SUPPORT
SMALL ANGELS FOUNDATION 326 OLD NEWPORT BLVD. NEWPORT BEACH, CA 92663-4121	48-1268716		7,000.	0.			COMMUNITY SUPPORT
FEI TIAN ACADEMY OF THE ARTS CALIFORNIA - 101 15TH STREET - SAN FRANCISCO, CA 94103	27-1021162		51,000.	0.			COMMUNITY SUPPORT
ORANGEWOOD CHILDREN'S FOUNDATION 1575 EAST 17TH STREET SANTA ANA, CA 92705	95-3616628		8,455.	0.			COMMUNITY SUPPORT
SARATOGA-MONTE SERENO COMMUNITY FOUNDATION - 14510 BIG BASIN WAY SUITE 132 - SARATOGA, CA 95070	61-1470862		8,000.	0.			COMMUNITY SUPPORT
FIRST CONGREGATIONAL CHURCH OF PALO ALTO - 1985 LOUIS ROAD - PALO ALTO, CA 94303	94-1249683		7,500.	0.			COMMUNITY SUPPORT
LINCOLN CHILD CENTER 4368 LINCOLN AVANUE OAKLAND, CA 94602	94-1156501		11,500.	0.			COMMUNITY SUPPORT

LHA

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
CALVARY CHAPEL OF MOUNTAIN VIEW 2483 OLD MIDDLEFIELD WAY SUITE 160 MOUNTAIN VIEW, CA 94043	51-0476332		6,480.	0.			COMMUNITY SUPPORT
NEIGHBORHOOD CHURCH ASSEMBLY OF GOD - 1290 POMEROY AVENUE - SANTA CLARA, CA 95051	94-2868579		5,004.	0.			COMMUNITY SUPPORT
CHILDRENS HOSPITAL OF ORANGE COUNTY - 455 SOUTH MAIN STREET - ORANGE, CA 92868	95-2321786		13,722.	0.			COMMUNITY SUPPORT
THE ALAMEDA COUNTY COMMUNITY FOOD BANK - P.O. BOX 2599 - OAKLAND, CA 94614	94-2960297		6,291.	0.			COMMUNITY SUPPORT
BOYS & GIRLS CLUB OF THE MID-PENINSULA - 200 NO. QUEBEC STREET - SAN MATEO, CA 94401	94-1431583		14,723.	0.			COMMUNITY SUPPORT
BOYS & GIRLS CLUB OF SAN FRANCISCO 88 KEARNY STREET, SUITE 1200 SAN FRANCISCO, CA 94108	94-1156608		53,900.	0.			COMMUNITY SUPPORT
SAN FRANCISCO OPERA ASSOCIATION 301 VAN NESS AVENUE SAN FRANCISCO, CA 94102	94-0836240		5,553.	0.			COMMUNITY SUPPORT
SANTA CLARA UNIVERSITY 500 EL COMINO REAL SANTA CLARA, CA 95053-0001	77-0300747		60,120.	0.			COMMUNITY SUPPORT
THEATRE BAY AREA 1663 MISSIONS STREET SUITE 525 SAN FRANCISCO, CA 94103	94-2476071		30,000.	0.			COMMUNITY SUPPORT

LHA

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
TAPESTRY ARTS P.O. BOX 5661 SAN JOSE, CA 95110	23-7448161		30,000.	0.			COMMUNITY SUPPORT
GOODWILL INDUSTRIES OF SILICON VALLEY - 1080 NORTH 7TH STREET - SAN JOSE, CA 95112	94-1212132		50,000.	0.			COMMUNITY SUPPORT
CARDEA CENTER FOR WOMEN 1922 THE ALAMEDA SUITE 425 SAN JOSE, CA 95126	87-0804839		30,000.	0.			COMMUNITY SUPPORT
CALIFORNIA COMMUNITY PARTNERS FOR YOUTH (CCPY) - P.O. BOX 578 - SAN JOSE, CA 95106	93-1222073		50,000.	0.			COMMUNITY SUPPORT
ANGELS ON STAGE 1582 BRANHAM LANE SUITE 326 SAN JOSE, CA 95118	26-0374103		30,000.	0.			COMMUNITY SUPPORT
ALUM ROCK COUNSELING CENTER 1245 EAST SANTA CLARA STREET SAN JOSE, CA 95116	23-7367637		50,000.	0.			COMMUNITY SUPPORT
LUTHERAN SOCIAL SERVICES OF NORTHER CA - 988 OAK GROVE ROAD - CONCORD, CA 94518	94-1659687		8,875.	0.			COMMUNITY SUPPORT
BILLY DE FRANK LESBIAN & GAY COMMUNICATION CENTER - 938 THE ALAMEDA - SAN JOSE, CA 95126	94-2850498		25,855.	0.			COMMUNITY SUPPORT
BOYS & GIRLS CLUB SILICON VALLEY 518 VALLEY WAY MILPITAS, CA 95035	94-1294898		90,330.	0.			COMMUNITY SUPPORT

LHA

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
KOREAN EMMANUEL PRESBYTERIAN CHURCH - 4435 FORTRAIN DRIVE - SAN JOSE, CA 95134	94-2895863		5,400.	0.			COMMUNITY SUPPORT
LOS ALTOS COMMUNITY FOUNDATION 183 HILLVIES AVENUE LOS ALTOS, CA 94022	77-0273721		30,000.	0.			COMMUNITY SUPPORT
AMERICAN RED CROSS SILICON VALLEY CHAPTER - 2731 N 1ST STREET - SAN JOSE, CA 95134	94-1156472		25,773.	0.			COMMUNITY SUPPORT
ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SCCC - 2400 MOORPARK AVENUE SUITE 300 - SAN JOSE, CA 95126	94-2292491		102,030.	0.			COMMUNITY SUPPORT
GIRLS FOR A CHANGE P.O. BOX 1436 SAN JOSE, CA 95109	26-0035835		12,907.	0.			COMMUNITY SUPPORT
VIETNAMESE VOLUNTARY FOUNDATION INC. - 2260 QUIMBY ROAD - SAN JOSE, CA 95122	94-2764504		50,787.	0.			COMMUNITY SUPPORT
CENTERPOINT PRESBYTERIAN CHURCH 3410 CORNERSTONE COURT PLEASANTON, CA 94566	94-1547223		6,500.	0.			COMMUNITY SUPPORT
INTERNATIONAL CHILDREN'S ASSISTANCE - 532 VALLEY WAY - MILPITAS, CA 95035	77-0541211		20,387.	0.			COMMUNITY SUPPORT
CITY TEAM MINISTRIES 2304 ZANKER ROAD SAN JOSE, CA 95131-1115	94-1501265		11,310.	0.			COMMUNITY SUPPORT

LHA

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
BREAKTHROUGH COLLABORATIVE 1635 PARK AVENUE MS 101 COLORADO SPRINGS, CA 95126	94-3140620		50,000.	0.			COMMUNITY SUPPORT
PIKES PEAK UNITED WAY 518 NORTH NEVADA AVENUE COLORADO SPRINGS, CO 80903	84-0511499		5,940.	0.			COMMUNITY SUPPORT
MENLO PARK ATHERTON EDUCATION FOUNDATION - P.O. BOX 584 - MENLO PARK, CA 94026	94-2871701		9,155.	0.			COMMUNITY SUPPORT
HARKER SCHOOL FOUNDATION 3800 BLACKFORD AVENUE SAN JOSE, CA 95117	94-1613808		7,100.	0.			COMMUNITY SUPPORT
SHARE OURSELVES CORPORATION 1550 SUPERIOR AVENUE COSTA MESA, CA 92627-3653	95-3222316		5,783.	0.			COMMUNITY SUPPORT
CHINESE CHURCH IN CHRIST 1490 SARATOGA AVENUE SAN JOSE, CA 95129	51-0183991		6,540.	0.			COMMUNITY SUPPORT
CALIFORNIA POLYTECHNIC STATE UNIVERSITY - CAL POLY FOUNDATION - 1 GRAND AVENUE ADVANCEMENT SERVICES - SAN LUIS OBISPO, CA	95-1648180		8,525.	0.			COMMUNITY SUPPORT
EAST BAY HABITAT FOR HUMANITY 2619 BROADWAY SUITE 205 OAKLAND, CA 94612	94-3053687		5,158.	0.			COMMUNITY SUPPORT
DOCTORS WITHOUT BORDERS 333 7TH AVENUE NEW YORK, NY 10001	13-3433452		5,720.	0.			COMMUNITY SUPPORT

LHA

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
HUMANE SOCIETY SILICON VALLEY 901 AMES STREET MILPITAS, CA 95035	94-1196215		5,761.	0.			COMMUNITY SUPPORT
JUVENILE DIABETES FOUNDATION INTERNATIONAL - 49 STEVENSON ST SUITE 1200 - SAN FRANCISCO, CA 94105	51-0230049		5,278.	0.			COMMUNITY SUPPORT
RESOURCE AREA FOR TEACHERS (RAFT) 1355 RIDDLER PARK DRIVE SAN JOSE, CA 95131	77-0365627		6,123.	0.			COMMUNITY SUPPORT
THE SMILE TRAIN 41 MADISON AVENUE, SUITE 28TH FLOOR NEW YORK, NY 10010	13-3661416		6,715.	0.			COMMUNITY SUPPORT
CATHOLIC RELIEF SERVICES P.O. BOX 17090 BALTIMORE, MD 21203	13-5563422		7,158.	0.			COMMUNITY SUPPORT
UNITY COMMUNITY CHURCH 3391 MIDDLEFIELD ROAD PALO ALTO, CA 94303	94-6091915		6,889.	0.			COMMUNITY SUPPORT
HIDAYA FOUNDATION P.O. BOX 5481 SANTA CLARA, CA 95056	77-0502583		8,000.	0.			COMMUNITY SUPPORT
UNITED WAY OF THE BAY AREA 221 MAIN STREET, SUITE 300 SAN FRANCISCO, CA 94105	94-1312348		41,678.	0.			COMMUNITY SUPPORT

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: IN ADDITION TO PROGRAM MONITORING AND EVALUATION, UNITED WAY SILICON VALLEY ANNUALLY EVALUATES THE AGENCIES FINANCAIL 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.

ADDITION TO PROGRAM MONITORING AND EVALUATION, UNITED WAY SILICON VALLEY ANNUALLY EVALUATES THE AGENCIES FINANCIAL STRENGTH THROUGH AN

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

UNITED WAY SILICON VALLEY

Employer identification number

94-1450153

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2010

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CAROLE LEIGH HUTTON	(i)	224,448.	0.	0.	13,467.	8,538.	246,453.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 GARY RUMMELHOFF	(i)	136,090.	0.	0.	8,165.	19,115.	163,370.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X		24,000.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SOFTWARE)	X	1	14,380.	FMV
26 Other ▶ (COMPUTERS)	X	1	0.	FMV
27 Other ▶ (SERVERS)	X	1	0.	FMV
28 Other ▶ ()				

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

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

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.

OMB No. 1545-0047

2010

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:

CHANGE IN THE AREAS OF INCOME, EDUCATION AND HEALTH.

THESE ARE THE FOUNDATION FOR INDIVIDUALS AND FOR THE COMMUNITIES IN

WHICH THEY LIVE. 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

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

PROVIDING A FOUNDATION FOR ACHIEVING SELF-SUFFICIENCY. ADDITIONALLY,

UNITED WAY SILICON VALLEY PARTNERS WITH NONPROFIT AGENCIES THAT ARE

BACKED - UP BY LOCAL POLICE DEPARTMENTS, TO PROVIDE SAFETY SERVICES TO

THOSE IN NEED.

LEARN MORE ABOUT UNITED WAY SILICON VALLEY'S STRATEGIC GRANTS AT

WWW.UWSV.ORG.

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

PROCESSED FOR ALL VALID NONPROFIT ORGANIZATIONS BY OUR STAFF, AGENCIES

ARE BENEFITED EVEN IF THEY ARE NOT PARTNERS OF UNITED WAY. IN THIS WAY,

UNITED WAY SILICON VALLEY ENCOURAGES PHILANTHROPY ACROSS THE COUNTY.

TO LEARN MORE ABOUT UNITED WAYS SILICON VALLEY'S DONOR DIRECTED

DONANATIONS, PLEASE VISIT WWW.UWSV.ORG.

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

REFERRAL SERVICE STAFFED BY TRAINED CALL SPECIALISTS AND OPERATING 24

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

HOURS A DAY, SEVEN DAYS A WEEK. ADDITIONALLY, THE EMERGENCY ASSISTANCE NETWORK IS A PROGRAM THAT PROVIDES A VARIETY OF SERVICES TO PREVENT HOMELESSNESS AND ACT 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. A THIRD INCOME-FOCUSED PROGRAM, 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.

UNITED WAY SILICON VALLEY OFFERS TWO PROGRAMS THAT FOCUS ON EDUCATION. EARLY LITERACY MENTORING TRAINS VOLUNTEERS TO WORK WITH CHILDREN IN KINDERGARTEN AND 1ST GRADE TO INCREASE READING AND EARLY LITERACY SKILLS. MIDDLE SCHOOL MENTORING, PROVIDES VOLUNTEERS WHO MENTOR AND TUTOR LOCAL STUDENTS. FOR MORE INFORMATION ON UNITED WAY SILICON VALLEY'S PROGRAMS, PLEASE VISIT WWW.UWSV.ORG.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S BOARD OF DIRECTORS HAVE DELEGATED THE RESPONSIBILITY TO REVIEW AND APPROVE THE FORM 990 PRIOR TO ITS SUBMISSION TO THE FINANCE COMMITTEE.

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

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

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

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-4,444.
DONATED SERVICES AND USE OF FACILITIES:	-385,631.
DISCOUNT ON IN-KIND RENT RECEIVABLE	101,195.
TOTAL TO FORM 990, PART XI, LINE 5	-288,880.

FORM 990, PART XII, LINE 2C

OVERSIGHT OF THE AUDIT

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