

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

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

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY SILICON VALLEY</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1400 PARKMOOR AVE. 250</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN JOSE, CA 95126</b> <b>F</b> Name and address of principal officer: <b>CAROLE LEIGH HUTTON</b> <b>1400 PARKMOOR AVE., SAN JOSE, CA 95126</b>	<b>D</b> Employer identification number <b>94-1450153</b> <b>E</b> Telephone number <b>408.345.4300</b> <b>G</b> Gross receipts \$ <b>15,729,614.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UWSV.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1922</b>		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ADVANCING THE COMMON GOOD, CREATING OPPORTUNITIES FOR BETTER LIVES FOR ALL.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>22</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>22</b>	
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a) .....	<b>5</b>	<b>41</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>3104</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>0.</b>	
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> <b>14,652,982.</b>	<b>Current Year</b> <b>13,758,492.</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		<b>278,643.</b>	<b>728.</b>	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>100,637.</b>	<b>183,331.</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>897,576.</b>	<b>200,870.</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>15,929,838.</b>	<b>14,143,421.</b>	
Expenses		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>10,956,622.</b>	<b>10,464,976.</b>
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>3,108,318.</b>	<b>2,993,001.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,601,215.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>1,899,505.</b>	<b>1,707,264.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>15,964,445.</b>	<b>15,165,241.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>-34,607.</b>	<b>-1,021,820.</b>		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> <b>10,942,808.</b>	<b>End of Year</b> <b>10,086,058.</b>	
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>3,526,471.</b>	<b>3,895,571.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>7,416,337.</b>	<b>6,190,487.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>CAROLE LEIGH HUTTON, CEO</b> Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SCOTT R. SMEAD</b>	Preparer's signature  	Date  	Check if self-employed <input type="checkbox"/> PTIN <b>P01208759</b>
	Firm's name ▶ <b>ROBERT LEE &amp; ASSOCIATES, LLP</b>	Firm's EIN ▶ <b>27-1155496</b>		Firm's address ▶ <b>226 AIRPORT PARKWAY SAN JOSE, CA 95110</b>
Phone no. <b>408-855-6770</b>				

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,850,000. including grants of \$ 1,850,000. ) (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 ORGANIZATION'S FOCUS IS ON HELPING FAMILIES RAISING YOUNGER CHILDREN BECOME STABLE ENOUGH TO SUPPORT THEIR CHILD'S EDUCATIONAL SUCCESS.

THROUGH STRATEGIC GRANTS, UNITED WAY SILICON VALLEY INVESTS IN PROGRAMS THAT HELP FAMILIES AND CHILDREN GAIN THE SKILLS TO ACHIEVE THIS STABILITY. A RELATED GRANT PROGRAM, CALLED THE EMERGENCY ASSISTANCE NETWORK, FUNDS SAFETY NET AGENCIES COVERING EVERY ZIP CODE IN THE COUNTY TO PROVIDE ONE-TIME ASSISTANCE TO FAMILIES OR INDIVIDUALS IN

4b (Code: ) (Expenses \$ 8,507,966. including grants of \$ 8,507,966. ) (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 \$8.5 MILLION WAS RAISED BY UNITED WAY SILICON VALLEY FOR DONOR DIRECTED DISTRIBUTION 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

4c (Code: ) (Expenses \$ 2,572,992. including grants of \$ 107,010. ) (Revenue \$ 201,598. ) UNITED WAY SILICON VALLEY PROGRAMS:

UNITED WAY SILICON VALLEY HELPS PEOPLE HELP THEMSELVES TO BECOME FINANCIALLY STABLE AND ABLE TO PURSUE EDUCATION AS A PATHWAY OUT OF POVERTY. TO DRIVE POSITIVE CHANGE, UNITED WAY SILICON VALLEY HELPS IDENTIFY CRITICAL NEEDS AND ALIGN COMMUNITY RESOURCES TO ACHIEVE THE BEST SOLUTIONS. ITS LARGEST PROGRAM IS 211 SANTA CLARA COUNTY, WHICH CONNECTS PEOPLE TO PROGRAMS AND SERVICES THAT CAN HELP IMPROVE THEIR LIVES. 211 IS A THREE-DIGIT-DIAL INFORMATION AND REFERRAL SERVICE STAFFED BY TRAINED CALL SPECIALISTS AND OPERATING 24 HOURS A DAY, SEVEN DAYS A WEEK, AND FEATURES A COMPREHENSIVE ONLINE DATABASE WITH THOUSANDS OF SERVICES AND DETAILS ON HOW TO ACCESS THEM. THE EMERGENCY

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

4e Total program service expenses 12,930,958.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>X</b>	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		<b>X</b>

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical inputs (14, 0, 41). Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	22	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b	22	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
<b>15b</b>	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**CAROLE LEIGH HUTTON - 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 or note to any line in this Part VII

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNA CHAMBERS BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) KAILESH KARAVADRA VICE-CHAIR	1.00	X		X				0.	0.	0.
(3) GREGORY ROWLEY TREASURER	1.00	X		X				0.	0.	0.
(4) AGNES LEWIS SECRETARY	1.00	X		X				0.	0.	0.
(5) RICH CERUSSI BOARD MEMBER	1.00	X						0.	0.	0.
(6) DAVE COUTURE BOARD MEMBER	1.00	X						0.	0.	0.
(7) MICHAEL ECKHARDT BOARD MEMBER	1.00	X						0.	0.	0.
(8) ANNE EHRESMAN BOARD MEMBER	1.00	X						0.	0.	0.
(9) CHELSE FERRERO BOARD MEMBER	1.00	X						0.	0.	0.
(10) JESSICA GARCIA-KOHL BOARD MEMBER	1.00	X						0.	0.	0.
(11) DAVE HEACOCK BOARD MEMBER	1.00	X						0.	0.	0.
(12) ANDREW HESS BOARD MEMBER	1.00	X						0.	0.	0.
(13) DICK LEVY BOARD MEMBER	1.00	X						0.	0.	0.
(14) PHILIP MA BOARD MEMBER	1.00	X						0.	0.	0.
(15) GARY MATUSZAK BOARD MEMBER	1.00	X						0.	0.	0.
(16) NATE MORRIS BOARD MEMBER	1.00	X						0.	0.	0.
(17) URSULA RICHTER 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DOLLY SANDOVAL BOARD MEMBER	1.00	X						0.	0.	0.
(19) PAMELA SCHRAMM BOARD MEMBER	1.00	X						0.	0.	0.
(20) RAY SOLNIK BOARD MEMBER	1.00	X						0.	0.	0.
(21) STEVE TATE BOARD MEMBER	1.00	X						0.	0.	0.
(22) AUTUMN YOUNG BOARD MEMBER	1.00	X						0.	0.	0.
(23) CAROLE LEIGH HUTTON CEO	60.00			X				224,325.	0.	24,673.
(24) KIMBERLEY REEVES SENIOR VP, RESOURCE DEV.	45.00				X			121,048.	0.	16,077.
<b>1b Sub-total</b>								345,373.	0.	40,750.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								345,373.	0.	40,750.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED WAY OF THE BAY AREA, 550 KEARNY STREET, SUITE 130, SAN FRANCISCO, CA 94108	SUPPORT FOR 211 CALL CENTER	263,365.

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



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>	12,507,053.				
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	489,000.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	762,439.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ .....		86,183.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		13,758,492.				
<b>Program Service Revenue</b>	<b>2 a</b>	COST RECOVERY REVENUE .....	<b>Business Code</b>	900099	728.	728.		
	<b>b</b>	.....						
	<b>c</b>	.....						
	<b>d</b>	.....						
	<b>e</b>	.....						
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			728.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		44,947.			44,947.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	(i) Real	(ii) Personal				
		Less: rental expenses .....						
		Rental income or (loss) .....						
		Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses .....						
		Gain or (loss) .....						
		Net gain or (loss) .....			138,384.			138,384.
	<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a					
		Less: direct expenses .....	b					
		Net income or (loss) from fundraising events .....						
	<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	a					
Less: direct expenses .....		b						
Net income or (loss) from gaming activities .....								
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	a						
	Less: cost of goods sold .....	b						
	Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11 a</b>	ADMIN PROCESSING FEE .....	900099		180,487.	180,487.			
<b>b</b>	SPECIAL PROGRAM EVENTS .....	900099		19,671.	19,671.			
<b>c</b>	MISCELLANEOUS .....	900099		712.	712.			
<b>d</b>	All other revenue .....							
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			200,870.				
<b>12</b>	<b>Total revenue.</b> See instructions. .....			14,143,421.	201,598.	0.	183,331.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	10,464,976.	10,464,976.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	309,141.	139,114.	61,828.	108,199.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,048,854.	1,010,404.	204,278.	834,172.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	87,640.	42,728.	9,039.	35,873.
<b>9</b> Other employee benefits	356,602.	172,229.	40,982.	143,391.
<b>10</b> Payroll taxes	190,764.	91,930.	22,451.	76,383.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	715.	360.	209.	146.
<b>c</b> Accounting	54,760.		54,760.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	462,480.	260,385.	96,262.	105,833.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	52,151.	40,930.	5,741.	5,480.
<b>14</b> Information technology	18,944.	14,868.	2,085.	1,991.
<b>15</b> Royalties				
<b>16</b> Occupancy	178,810.	82,868.	31,095.	64,847.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	43,906.	29,271.	3,641.	10,994.
<b>20</b> Interest	781.	353.	139.	289.
<b>21</b> Payments to affiliates	125,220.	62,610.		62,610.
<b>22</b> Depreciation, depletion, and amortization	86,617.	39,132.	15,390.	32,095.
<b>23</b> Insurance	22,788.	11,037.	5,369.	6,382.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>CONTRACTED SERVICES</b>	241,365.	241,365.		
<b>b</b> <b>PUBLICITY MATERIAL SERV</b>	194,885.	77,287.	361.	117,237.
<b>c</b> <b>OTHER SPECIAL EVENT EXP</b>	96,643.	88,056.	558.	8,029.
<b>d</b> <b>BANK FEES</b>	65,812.		65,812.	
<b>e</b> All other expenses	61,387.	61,055.	13,068.	-12,736.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	15,165,241.	12,930,958.	633,068.	1,601,215.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	800.	<b>1</b>	317.
	<b>2</b> Savings and temporary cash investments .....	242,375.	<b>2</b>	537,624.
	<b>3</b> Pledges and grants receivable, net .....	3,556,504.	<b>3</b>	3,486,292.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	45,343.	<b>9</b>	37,191.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 704,069.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 477,453.	299,630.	<b>10c</b> 226,616.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,991,559.	<b>12</b>	4,309,017.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,806,597.	<b>15</b>	1,489,001.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	10,942,808.	<b>16</b>	10,086,058.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	359,378.	<b>17</b>	512,739.
	<b>18</b> Grants payable .....	3,137,431.	<b>18</b>	3,351,019.
	<b>19</b> Deferred revenue .....		<b>19</b>	12,000.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	29,662.	<b>23</b>	19,813.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,526,471.	<b>26</b>	3,895,571.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	4,820,132.	<b>27</b>	4,230,909.
	<b>28</b> Temporarily restricted net assets .....	2,596,205.	<b>28</b>	1,959,578.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	7,416,337.	<b>33</b>	6,190,487.	
<b>34</b> Total liabilities and net assets/fund balances .....	10,942,808.	<b>34</b>	10,086,058.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,143,421.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,165,241.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,021,820.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,416,337.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	120,560.
<b>6</b>	Donated services and use of facilities	<b>6</b>	-385,632.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	61,042.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,190,487.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

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

Form 990 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14479245.	12370406.	12995476.	14652982.	13758492.	68256601.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	14479245.	12370406.	12995476.	14652982.	13758492.	68256601.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						3683719.
<b>6 Public support.</b> Subtract line 5 from line 4.						64572882.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	14479245.	12370406.	12995476.	14652982.	13758492.	68256601.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	34,495.	37,480.	41,536.	101,717.	184,643.	399,871.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	105,971.	197,320.	190,817.	181,996.	200,870.	876,974.
<b>11 Total support.</b> Add lines 7 through 10						69533446.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,514,367.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	92.87 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	88.95 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," 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 35c (Proxy Tax), then**

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

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-.

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	6,959.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	1,189.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	8,148.													
<b>d</b>	Other exempt purpose expenditures .....	13,914,013.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	13,922,161.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	846,108.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	211,527.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

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

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

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2013**  
**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.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 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)? .....
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
  - 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 .....	▶ \$ _____
- 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 XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**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	2,791,868.	50,584.			
b Contributions	315,000.	2,800,000.	50,000.		
c Net investment earnings, gains, and losses	250,062.	-58,716.	584.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,356,930.	2,791,868.	50,584.		

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100.00 %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		294,656.	171,561.	123,095.
d Equipment		230,390.	187,499.	42,891.
e Other		179,023.	118,393.	60,630.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				226,616.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) CERTIFICATES OF DEPOSIT	600,000.	END-OF-YEAR MARKET VALUE
(B) BONDS	352,088.	END-OF-YEAR MARKET VALUE
(C) SVCF INVESTMENT POOL -		
(D) LONG-TERM GROWTH POOL	3,356,929.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>4,309,017.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) LONG-TERM IN-KIND RENT RECEIVABLE	1,417,545.
(2) DEPOSITS	27,040.
(3) OTHER ASSETS	44,416.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>1,489,001.</b>

**Part X Other Liabilities.**

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,884,614.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	120,560.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	61,042.	
e	Add lines 2a through 2d	2e		181,602.
3	Subtract line 2e from line 1		3	5,703,012.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	8,440,409.	
c	Add lines 4a and 4b	4c		8,440,409.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	14,143,421.

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

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

1	Total expenses and losses per audited financial statements		1	7,110,464.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	385,632.	
e	Add lines 2a through 2d	2e		385,632.
3	Subtract line 2e from line 1		3	6,724,832.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	8,440,409.	
c	Add lines 4a and 4b	4c		8,440,409.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	15,165,241.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

**EXPLANATION: 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. AS OF JUNE 30, 2014 MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS.**

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

**Part XIII** Supplemental Information (continued)

DISCOUNT ON IN-KIND RENT RECEIVABLE 61,042.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 8,440,409.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECOGNITION OF IN-KIND RENT RECEIVABLE 385,632.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 8,440,409.



**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.**

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

OMB No. 1545-0047

**2013**

**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. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ORANGE COUNTY UNITED WAY 18012 MITCHELL AVENUE SOUTH IRVINE, CA 92614	33-0047994		274,818.	0.			COMMUNITY SUPPORT
SACRED HEART COMMUNITY SERVICES 1381 S 1ST STREET SAN JOSE, CA 95110-3431	23-7179787		159,308.	0.			COMMUNITY SUPPORT
SECOND HARVEST FOOD BANK OF SANTA CLARA-SAN MATEO COUNTIES - 750 CURTNER AVENUE - SAN JOSE, CA 95125-2113	94-2614101		155,290.	0.			COMMUNITY SUPPORT
SOMOS MAYFAIR 370 S. KING RD., SUITE B SAN JOSE, CA 95116	77-0499813		141,964.	0.			COMMUNITY SUPPORT
SMALL ANGELS FOUNDATION 326 OLD NEWPORT BLVD. NEWPORT BEACH, CA 92663-4121	48-1268716		122,342.	0.			COMMUNITY SUPPORT
SUNDAY FRIENDS FOUNDATION P.O. BOX 24887 SAN JOSE, CA 95154	77-0518937		101,799.	0.			COMMUNITY SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table **▶** \_\_\_\_\_

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

Schedule I (Form 990) (2013)

**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
SAN JOSE DAY NURSERY 33 N 8TH STREET SAN JOSE, CA 95112	94-1164664		101,068.	0.			COMMUNITY SUPPORT
UNIV. OF COLORADO BOULDER ECEN GRAD MERIT SCHOLARSHIP - 4740 WALNUT STREET - BOULDER, CO 80301-2538	84-6049811		99,271.	0.			COMMUNITY SUPPORT
WEST VALLEY COMMUNITY SERVICES 10104 VISTA DRIVE CUPERTINO, CA 95014	94-2211685		91,119.	0.			COMMUNITY SUPPORT
CARNEGIE MELLON UNIVERSITY 6 PPG PLACE, 11TH FLOOR PITTSBURGH, PA 15222-5409	25-0969449		90,240.	0.			COMMUNITY SUPPORT
YMCA OF SILICON VALLEY 80 SARATOGA AVENUE SANTA CLARA, CA 95051	94-1156318		87,646.	0.			COMMUNITY SUPPORT
CALIFORNIA POLYTECHNIC STATE UNIVERSTY - CAL POLY FOUNDATION - ADVANCEMENT SERVICES - SAN LUIS OBISPO, CA 93407	95-1648180		81,462.	0.			COMMUNITY SUPPORT
UNITED WAY OF THE BAY AREA 550 KEARNY STREET, SUITE 1000 SAN FRANCISCO, CA 94108	94-1312348		78,116.	0.			COMMUNITY SUPPORT
FAMILY SUPPORTIVE HOUSING, INC. 692 N. KING ROAD SAN JOSE, CA 95133	77-0106237		75,331.	0.			COMMUNITY SUPPORT
OPPORTUNITY FUND 111 W. SAINT JOHN STREET, #800 SAN JOSE, CA 95113	31-1719434		75,012.	0.			COMMUNITY SUPPORT

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 SILICON VALLEY 1635 PARK AVENUE SAN JOSE, CA 95126	26-2168102		75,000.	0.			COMMUNITY SUPPORT
SUNNYVALE COMMUNITY SERVICES ATTN: ACCOUNTS PAYABLE SUNNYVALE, CA 94086	94-1713897		66,987.	0.			COMMUNITY SUPPORT
INNVISION THE WAY HOME 181 CONSTITUTION DRIVE MENLO PARK, CA 94025-1106	77-0160469		64,481.	0.			COMMUNITY SUPPORT
ST. JOSEPH'S FAMILY CENTER 7950-A CHURCH STREET, SUITE A GILROY, CA 95020	03-0391775		62,227.	0.			COMMUNITY SUPPORT
COMMUNITY SERVICES AGENCY OF MOUNTAIN VIEW & LOS ALTOS INC. - 204 STIERLIN ROAD - MOUNTAIN VIEW, CA 94043	94-1422465		62,223.	0.			COMMUNITY SUPPORT
ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SCC - 2400 MOORPARK AVENUE #300 - SAN JOSE, CA 95128	94-2292491		61,245.	0.			COMMUNITY SUPPORT
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053-0001	77-0300747		60,240.	0.			COMMUNITY SUPPORT
SALVATION ARMY SANTA CLARA COUNTY 359 N 4TH STREET SAN JOSE, CA 95112	13-3485289		58,914.	0.			COMMUNITY SUPPORT
PARENTS HELPING PARENTS (PHP) SOBRATO CENTER FOR NONPROFITS - SJ SAN JOSE, CA 95126	94-2814246		56,985.	0.			COMMUNITY SUPPORT

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
BOYS & GIRLS CLUB SILICON VALLEY 518 VALLEY WAY MILPITAS, CA 95035	94-1294898		55,860.	0.			COMMUNITY SUPPORT
DISCOVERY SCIENCE CENTER OF ORANGE COU. - 2500 N. MAIN STREET - SANTA ANA, CA 92705	33-0828380		54,263.	0.			COMMUNITY SUPPORT
CENTER FOR EMPLOYMENT TRAINING 701 VINE STREET SAN JOSE, CA 95115	94-1658311		53,923.	0.			COMMUNITY SUPPORT
INTERNATIONAL CHILDREN'S ASSISTANCE - SOBRATO NONPROFIT CENTER - MILPITAS, CA 95035	77-0541211		52,069.	0.			COMMUNITY SUPPORT
REBEKAH CHILDREN'S SERVICES 290 IOOF AVENUE GILROY, CA 95020-5204	94-1167402		52,066.	0.			COMMUNITY SUPPORT
SJSU TOWER FOUNDATION/COMMUNIVERCITY SAN JOSE - 1 WASHINGTON SQUARE - SAN JOSE, CA 95192	83-0403915		52,000.	0.			COMMUNITY SUPPORT
ESTRELLA FAMILY SERVICES -- SAN JOSE - 1155 MERIDIAN AVENUE #110 - SAN JOSE, CA 95125	94-2201749		51,984.	0.			COMMUNITY SUPPORT
JEWISH FAMILY SERVICES OF SILICON VALLEY (JFSSV) - 14855 OKA ROAD, SUITE 202 - LOS GATOS, CA 95032	94-2536452		51,974.	0.			COMMUNITY SUPPORT
PACIFIC AUTISM CENTER FOR EDUCATION (PACE) - 1880 PRUNERIDGE AVENUE - SANTA CLARA, CA 95050	77-0259858		51,938.	0.			COMMUNITY SUPPORT

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
SERVICES, IMMIGRANT RIGHTS AND EDUCATION NETWORK - 1425 KOLL CIRCLE, #109 - SAN JOSE, CA 95112	77-0487468		50,719.	0.			COMMUNITY SUPPORT
PEOPLE ACTING IN COMMUNITY TOGETHER INC - 1100 SHASTA AVENUE, SUITE 210 - SAN JOSE, CA 95126-2621	77-0090129		50,155.	0.			COMMUNITY SUPPORT
FOOTHILL DE ANZA COMMUNITY COLLEGE FOUNDATION - 12345 EL MONTE ROAD - LOS ALTOS HILLS, CA 94022-4504	94-2342646		50,000.	0.			COMMUNITY SUPPORT
CITY YEAR SAN JOSE/SILICON VALLEY 1922 THE ALAMEDA, SUITE 104 SAN JOSE, CA 95126	22-2882549		50,000.	0.			COMMUNITY SUPPORT
PARENT SERVICES PROJECT 79 BELVEDERE ST. #101 SAN RAFAEL, CA 94901	68-0169962		50,000.	0.			COMMUNITY SUPPORT
XAVIER HIGH SCHOOL OF THE COLLEGE OF ST. FRANCIS XAVIER - 30 WEST 16TH STREET - NEW YORK, NY 10011	13-5562201		50,000.	0.			COMMUNITY SUPPORT
ORANGE COUNTY RESCUE MISSION ONE HOPE DRIVE TUSTIN, CA 92702	95-2479552		48,356.	0.			COMMUNITY SUPPORT
AMERICAN CANCER SOCIETY SILICON VALLEY - 747 CAMDEN AVENUE #B - CAMPBELL, CA 95008	13-1788491		42,627.	0.			COMMUNITY SUPPORT
ST. MARY OF THE IMMACULATE CONCEPTION CHURCH - 219 BEAN AVE. - LOS GATOS, CA 95030	94-2734503		40,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PATRICK'S SCHOOL 389 EAST SANTA CLARA STREET SAN JOSE, CA 95113	94-2734503		40,000.	0.			COMMUNITY SUPPORT
SOUTH KINGSTOWN HIGH SCHOOL 215 COLUMBIA STREET WAKEFIELD, RI 02879	13-4226831		40,000.	0.			COMMUNITY SUPPORT
CATHOLIC CHARITIES OF SANTA CLARA COUNTY - 2625 ZANKER ROAD #200 - SAN JOSE, CA 95134-2107	94-2762269		36,996.	0.			COMMUNITY SUPPORT
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43221	31-1145986		35,114.	0.			COMMUNITY SUPPORT
WOUNDED WARRIOR PROJECT - SD 2468 HISTORIC DECATUR ROAD, SUITE 1 SAN DIEGO, CA 92106	20-2370934		31,802.	0.			COMMUNITY SUPPORT
GRAIL FAMILY SERVICES 2003 E SAN ANTONIO STREET SAN JOSE, CA 95116	77-0397354		31,043.	0.			COMMUNITY SUPPORT
PROJECT VIETNAM FOUNDATION 11100 WARNER AVENUE #116 FOUNTAIN VALLEY, CA 92708	26-1422761		31,003.	0.			COMMUNITY SUPPORT
UNITED WAY OF OLMSTED COUNTY, INC. 903 W CENTER ST STE 100 ROCHESTER, MN 55902	41-0695594		27,305.	0.			COMMUNITY SUPPORT
SPECIAL NEED CHILDREN CENTER, INC. 40087 MISSION BLVD. SUITE 204 FREMONT, CA 94539	20-4628298		27,041.	0.			COMMUNITY SUPPORT

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
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CENTER PARKWAY, SUITE SANTA ROSA, CA 95407	94-1669646		25,994.	0.			COMMUNITY SUPPORT
SILICON VALLEY FACES 777 N. FIRST STREET # 220 SAN JOSE, CA 95112	25-1920931		25,510.	0.			COMMUNITY SUPPORT
UCI FOUNDATION UNIV. OF CALIF - IRVINE - 100 THEORY #250 - IRVINE, CA 92617	95-2540117		22,950.	0.			COMMUNITY SUPPORT
AMERICAN CANCER SOCIETY - ORANGE COUNTY - 1940 EAST DEERE AVENUE #100 - SANTA ANA, CA 92705	13-1788491		21,034.	0.			COMMUNITY SUPPORT
BETHANY CHRISTIAN ACADEMY 13431 EDWARDS STREET WESTMINSTER, CA 92683	95-2989768		20,480.	0.			COMMUNITY SUPPORT
ST. MARGARET OF SCOTLAND EPISCOPAL SCHOOL - 31641 LA NOVIA - SAN JUAN CAPISTRANO, CA 92675	95-3408913		20,081.	0.			COMMUNITY SUPPORT
WHEATON COLLEGE 501 E. COLLEGE WHEATON, IL 60187	36-2182171		20,000.	0.			COMMUNITY SUPPORT
LOS GATOS CHRISTIAN SCHOOL 16845 HICKS ROAD LOS GATOS, CA 95032	94-1201222		20,000.	0.			COMMUNITY SUPPORT
AMERICAN RED CROSS SILICON VALLEY CHAPTER 05378 - 2731 N 1ST STREET - SAN JOSE, CA 95134	53-0196605		19,946.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS, USA 333 7TH AVENUE, 2ND FLR. NEW YORK, NY 10001	13-3433452		18,914.	0.			COMMUNITY SUPPORT
HARVEST CHRISTIAN SCHOOL 6115 ARLINGTON AVENUE RIVERSIDE, CA 92504	95-3060779		18,000.	0.			COMMUNITY SUPPORT
HABITAT FOR HUMANITY INTERNATIONAL, INC. ORANGE COUNTY - 2200 SOUTH RITCHEY STREET - SANTA ANA, CA 92705	33-0311059		17,605.	0.			COMMUNITY SUPPORT
SILICON VALLEY COMMUNITY FOUNDATION - 2440 W. EL CAMINO REAL, SUITE 300 - MOUNTAIN VIEW, CA 94040-1498	20-5205488		17,188.	0.			COMMUNITY SUPPORT
MENLO PARK PRESBYTERIAN CHURCH 950 SANTA CRUZ AVENUE MENLO PARK, CA 94025	94-1167435		16,911.	0.			COMMUNITY SUPPORT
CHINMAYA MISSION WEST USA 1050 PARK AVENUE SAN JOSE, CA 95128	77-0315648		16,030.	0.			COMMUNITY SUPPORT
THE LEUKEMIA AND LYMPHOMA SOCIETY -SV AND MONTEREY CHAPTER - 675 N 1ST STREET #1100 - SAN JOSE, CA 95112	13-5644916		15,742.	0.			COMMUNITY SUPPORT
CALVARY CHAPEL OF MOUNTAIN VIEW 2483 OLD MIDDLEFIELD WAY #160 MOUNTAIN VIEW, CA 94043	51-0476332		15,600.	0.			COMMUNITY SUPPORT
PLANNED PARENTHOOD MAR MONTE - SAN JOSE - 1691 THE ALAMEDA - SAN JOSE, CA 95126	94-1583439		15,550.	0.			COMMUNITY SUPPORT

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
CROSSROADS CHURCH 41386 FREMONT BLVD. FREMONT, CA 94538	94-3286375		15,200.	0.			COMMUNITY SUPPORT
CATHOLIC RELIEF SERVICES - USCC BALTIMORE MD - PO BOX 17090 - BALTIMORE, MD 21203	13-5563422		14,509.	0.			COMMUNITY SUPPORT
CHILDRENS HOSPITAL OF ORANGE COUNTY - 455 S. MAIN STREET - ORANGE, CA 92868	95-2321786		14,453.	0.			COMMUNITY SUPPORT
LOAVES & FISHES FAMILY KITCHEN 777 N. FIRST STREET #420 SAN JOSE, CA 95112	77-0370874		14,237.	0.			COMMUNITY SUPPORT
UC BERKELEY FOUNDATION 2080 ADDISON STREET BERKELEY, CA 94704	94-6090626		14,135.	0.			COMMUNITY SUPPORT
THE CATHOLIC SCHOOL OF ST. EUGENE (FRIENDS OF ST. EUGENE) - 2400 W. HEFNER ROAD - OKLAHOMA CITY, OK 73120	73-0710866		14,000.	0.			COMMUNITY SUPPORT
RONALD MCDONALD HOUSE - ORANGE COUNTY - 383 SOUTH BATAVIA STREET - ORANGE, CA 92868	95-3167869		13,952.	0.			COMMUNITY SUPPORT
FAMILY GIVING TREE 606 VALLEY WAY MILPITAS, CA 95035	77-0284682		13,701.	0.			COMMUNITY SUPPORT
ROCHESTER CATHOLIC SCHOOLS 1710 INDUSTRIAL DRIVE NW ROCHESTER, MN 55901	45-3543664		13,500.	0.			COMMUNITY SUPPORT

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
HABITAT FOR HUMANITY SILICON VALLEY - 513 VALLEY WAY - MILPITAS, CA 95035	91-1914868		12,909.	0.			COMMUNITY SUPPORT
HUMANE SOCIETY SILICON VALLEY 901 AMES AVE. MILPITAS, CA 95035	94-1196215		12,704.	0.			COMMUNITY SUPPORT
UNITED WAY OF FOOTHILLS -BOULDER 1285 CIMARRON DRIVE #101 LAFAYETTE, CO 80026	84-6042598		12,481.	0.			COMMUNITY SUPPORT
AGA KHAN FOUNDATION - WASHINGTON 1825 K ST. NW SUITE 901 WASHINGTON, DC 20006	52-1231983		12,365.	0.			COMMUNITY SUPPORT
MERCY HOUSE TRANSITIONAL LIVING CENTER - PO BOX 1905 - SANTA ANA, CA 92702	33-0315864		11,434.	0.			COMMUNITY SUPPORT
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 E. GISH ROAD #200 - SAN JOSE, CA 95112-4724	94-2420708		11,427.	0.			COMMUNITY SUPPORT
ST. FRANCIS HIGH SCHOOL - THE ANNUAL GIVING PROGRAM - 1885 MIRAMONTE AVENUE - MOUNTAIN VIEW, CA 94040	94-2734503		11,200.	0.			COMMUNITY SUPPORT
MENLO PARK-ATHERTON EDUCATION FOUNDATION - PO BOX 584 - MENLO PARK, CA 94026	94-2871701		11,167.	0.			COMMUNITY SUPPORT
CITY TEAM MINISTRIES 2304 ZANKER ROAD SAN JOSE, CA 95131-1115	94-1501265		11,116.	0.			COMMUNITY SUPPORT

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.)

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IRVINE PUBLIC SCHOOLS FOUNDATION 18552 MACARTHUR BLVD. SUITE#200 IRVINE, CA 92612	33-0733191		10,740.	0.			COMMUNITY SUPPORT
ISLAMIC RELIEF USA 3655 WHEELER AVENUE ALEXANDRIA, VA 22304	95-4453134		10,635.	0.			COMMUNITY SUPPORT
EKAL VIDYALAYA FOUNDATION OF USA 1712 HWY 6 SOUTH, SUITE A HOUSTON, TX 77077	77-0554248		10,375.	0.			COMMUNITY SUPPORT
HARVEY MUDD COLLEGE 301 PLATT BOULEVARD CLAREMONT, CA 91711	95-1911219		10,140.	0.			COMMUNITY SUPPORT
CHANNEL ONE, INC. 131 35TH STREET SE ROCHESTER, MN 55904	41-1379713		10,106.	0.			COMMUNITY SUPPORT
LAW FOUNDATION OF SILICON VALLEY 152 NORTH 3RD STREET, 3RD FLOOR SAN JOSE, CA 95112	52-1014754		10,008.	0.			COMMUNITY SUPPORT
SEEDS OF LOVE 11114 OBERUN RIVER COURT RANCHO CORDOVA, CA 95670	91-2120696		10,003.	0.			COMMUNITY SUPPORT
JOURNEY SCHOOL ELEMENTARY EDUCATION - 27012 FOXBOROUGH - ALISO VIEJO, CA 92656	33-0912707		10,000.	0.			COMMUNITY SUPPORT
BREAKTHROUGH SJ CAPISTRANO ST. MARGARET'S EPISCOPAL SCHOOL - 31641 LA NOVIA - SAN JUAN CAPISTRANO, CA 92675	95-3408913		10,000.	0.			COMMUNITY SUPPORT

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
EDDIE NASH FOUNDATION 1717 WEST ORANGEWOOD AVE. SUITE I ORANGE, CA 92867	61-1536987		10,000.	0.			COMMUNITY SUPPORT
OC FOOD ACCESS COALITION ONEOC 1505 EAST 17TH STREET SUITE #219 SANTA ANA, CA 92705	95-2021700		10,000.	0.			COMMUNITY SUPPORT
ALIGARH EDUCATION ENDOWMENT FUND AEEF - P.O. BOX 4361 - FOSTER CITY, CA 94404	20-1000034		10,000.	0.			COMMUNITY SUPPORT
NATIONAL PHILANTHROPIC TRUST THE LUKE POWERS FUND - 165 TOWNSHIP LINE ROAD, STE #150 - JENKINTOWN, PA 19046	23-7825575		10,000.	0.			COMMUNITY SUPPORT
AMERICAN RED CROSS ORANGE COUNTY 05264 - FEDERATED PAYMENT PROCESSING - CHICAGO, IL 60673	53-0196605		9,698.	0.			COMMUNITY SUPPORT
HOSPICE OF THE VALLEY 4850 UNION AVENUE SAN JOSE, CA 95124-5156	94-2803411		9,630.	0.			COMMUNITY SUPPORT
SAINT SIMON PARISH SCHOOL 1840 GRANT ROAD LOS ALTOS, CA 94024	94-2734503		9,231.	0.			COMMUNITY SUPPORT
FRESH LIFELINES FOR YOUTH, INC. 568 VALLEY WAY MILPITAS, CA 95035	52-2234595		9,035.	0.			COMMUNITY SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012		9,033.	0.			COMMUNITY SUPPORT

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
SUMMER SEARCH SILICON VALLEY 255 N. MARKET STREET SUITE #200 SAN JOSE, CA 95110	68-0200138		8,951.	0.			COMMUNITY SUPPORT
ALZHEIMER'S FAMILY SERVICES CENTER 9451 INDIANAPOLIS AVENUE HUNTINGTON BEACH, CA 92646	95-3463975		8,937.	0.			COMMUNITY SUPPORT
THE ALAMEDA COUNTY COMMUNITY FOOD BANK - PO BOX 2599 - OAKLAND, CA 94614	94-2960297		8,893.	0.			COMMUNITY SUPPORT
UNITY COMMUNITY CHURCH, PALO ALTO 3391 MIDDLEFIELD ROAD PALO ALTO, CA 94303	94-6091915		8,781.	0.			COMMUNITY SUPPORT
PARALYZED VETERANS OF AMERICA - BAY AREA - 3801 MIRANDA AVENUE - PALO ALTO, CA 94304	94-6132553		8,511.	0.			COMMUNITY SUPPORT
VIVACE YOUTH CHORUS OF SAN JOSE 915 MERIDIAN AVENUE SUITE 110 SAN JOSE, CA 95126	20-0101322		8,197.	0.			COMMUNITY SUPPORT
NEWPORT-MESA SCHOOLS FOUNDATION GENERAL FUND - P.O. BOX 1368 - NEWPORT BEACH, CA 92663	95-3545875		8,173.	0.			COMMUNITY SUPPORT
CORNERSTONE FELLOWSHIP 348 NORTH CANYON LIVERMORE, CA 94551	94-3178882		8,043.	0.			COMMUNITY SUPPORT
HISPANIC FOUNDATION OF SILICON VALLEY - 1922 THE ALAMEDA, SUITE #201 - SAN JOSE, CA 95126	77-0481921		8,041.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. NICHOLAS CATHOLIC CHURCH 473 LINCOLN AVE. LOS ALTOS, CA 94022	94-2734503		8,000.	0.			COMMUNITY SUPPORT
COMMUNITY HIGH SCHOOL FOUNDATION, INC. - 890 BROADWAY ST. - REDWOOD CITY, CA 94063	13-4224216		8,000.	0.			COMMUNITY SUPPORT
SANKARA EYE FOUNDATION 1900 MCCARTHY BOULEVARD # 302 MILPITAS, CA 95035	77-6141976		7,979.	0.			COMMUNITY SUPPORT
VETERANS FIRST 888 W. SANTA ANA BLVD., #200 SANTA ANA, CA 92701	23-7143157		7,961.	0.			COMMUNITY SUPPORT
AMERICAN RED CROSS - BAY AREA 05503 - 1663 MARKET STREET - SAN FRANCISCO, CA 94103	53-0196605		7,849.	0.			COMMUNITY SUPPORT
AMERICAN NATIONAL RED CROSS 2025 E STREET WASHINGTON, DC 20006	53-0196605		7,846.	0.			COMMUNITY SUPPORT
SUNNYVALE PRESBYTERIAN CHURCH 728 WEST FREMONT AVENUE SUNNYVALE, CA 94087	94-1457902		7,700.	0.			COMMUNITY SUPPORT
CHINESE CUMBERLAND PRESBYTERIAN CHURCH - 865 JACKSON STREET - SAN FRANCISCO, CA 94133-4852	94-1739161		7,700.	0.			COMMUNITY SUPPORT
FIRST CONGREGATIONAL CHURCH OF PALO ALTO - 1985 LOUIS ROAD - PALO ALTO, CA 94303	94-1243683		7,500.	0.			COMMUNITY SUPPORT

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
THE UCLA FOUNDATION 10920 WILSHIRE BLVD. LOS ANGELES, CA 90024	95-2250801		7,440.	0.			COMMUNITY SUPPORT
ALZHEIMER'S ASSOCIATION OF N CALIFORNIA & N NEVADA - 1060 LA AVENIDA STREET - MOUNTAIN VIEW, CA 94043	36-3463656		7,386.	0.			COMMUNITY SUPPORT
NEIGHBORHOOD CHURCH ASSEMBLY OF GOD - 1290 POMEROY AVE. - SANTA CLARA, CA 95051	94-2868579		7,200.	0.			COMMUNITY SUPPORT
REDWOOD EMPIRE FOOD BANK 3320 INDUSTRIAL DRIVE SANTA ROSA, CA 95403	68-0121855		7,151.	0.			COMMUNITY SUPPORT
OUTREACH UNITED RESOURCE CENTER INC. - 303 ATWOOD STREET - LONGMONT, CO 80501	74-2448346		7,057.	0.			COMMUNITY SUPPORT
PALO ALTO PARTNERS IN EDUCATION P.O. BOX 1557 PALO ALTO, CA 94302	77-0186364		7,037.	0.			COMMUNITY SUPPORT
UNITED WAY OF CENTRAL NEW MEXICO 2340 ALAMO AVENUE SE, 2ND FLOOR ALBUQUERQUE, NM 87106	85-0277138		7,003.	0.			COMMUNITY SUPPORT
SPAANDANB P.O. BOX 64183 SUNNYVALE, CA 94088	77-0479128		7,000.	0.			COMMUNITY SUPPORT
TEENFORCE 1 MASSOL COURT LOS GATOS, CA 95030	27-2117804		7,000.	0.			COMMUNITY SUPPORT

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
DOUGHERTY VALLEY HIGH SCHOOL 10550 ALBION ROAD SAN RAMON, CA 94582	68-0273221		6,936.	0.			COMMUNITY SUPPORT
CHILD ABUSE PREVENTION CENTER - ORANGE COUNTY - 500 S. MAIN STREET, SUITE 1100 - ORANGE COUNTY, CA 92868	33-0013237		6,856.	0.			COMMUNITY SUPPORT
AIDS SERVICES FOUNDATION - ORANGE COUNTY - 17982 SKY PARK CIRCLE # J - IRVINE, CA 92614	33-0126481		6,775.	0.			COMMUNITY SUPPORT
VALLEY CHURCHES UNITED MISSION 9430 LOVE CREEK ROAD/PO BOX 367 BEN LOMOND, CA 95005	77-0163322		6,579.	0.			COMMUNITY SUPPORT
VINEYARD CHRISTIAN FELLOWSHIP OF THE PENINSULA - 445 SHERMAN AVE. # S - PALO ALTO, CA 94306-1828	77-0179227		6,500.	0.			COMMUNITY SUPPORT
MAKE A WISH FOUNDATION OF THE GREATERBAY AREA - 55 HAWTHORNE STREET #800 - SAN FRANCISCO, CA 94105	94-2958481		6,448.	0.			COMMUNITY SUPPORT
ST. ANDREW'S UNITED METHODIST CHURCH - 4111 ALMA ST. - PALO ALTO, CA 94306	77-0006970		6,439.	0.			COMMUNITY SUPPORT
KOREAN EMMANUEL PRESBYTERIAN CHURCH - 4435 FORTRAIN DRIVE - SAN JOSE, CA 95134	94-2895863		6,300.	0.			COMMUNITY SUPPORT
MISSION HILLS CHRISTIAN SCHOOL 29582 AVENTURA RANCHO SANTA MARGARITA, CA 92688	94-2519795		6,219.	0.			COMMUNITY SUPPORT

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.)

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BIG BROTHERS BIG SISTERS OF THE BAY AREA - 649 MISSION STREET - 5TH FLOOR - SAN FRANCISCO, CA 94105	23-7108045		6,202.	0.			COMMUNITY SUPPORT
SAN FRANCISCO OPERA ASSOCIATION 301 VAN NESS AVE. SAN FRANCISCO, CA 94102	94-0836240		6,103.	0.			COMMUNITY SUPPORT
CALIFORNIA MUSIC CENTER 461 HACIENDA WAY LOS ALTOS, CA 94022-2115	51-0138643		6,103.	0.			COMMUNITY SUPPORT
UWW DISASTER REBUILDING FUND 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	13-1635294		6,101.	0.			COMMUNITY SUPPORT
EAST BAY HABITAT FOR HUMANITY, INC. - 2619 BROADWAY #205/206 - OAKLAND, CA 94612	94-3053687		6,073.	0.			COMMUNITY SUPPORT
NATIONAL PUBLIC RADIO, INC. 635 MASSACHUSETTS AVENUE WASHINGTON, DC 20001-3752	52-0907625		6,066.	0.			COMMUNITY SUPPORT
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH - 400 HAMILTON AVE. #340 - PALO ALTO, CA 94301	77-0440090		6,017.	0.			COMMUNITY SUPPORT
MANHATTAN BEACH EDUC FOUNDATION PO BOX 1110 MANHATTAN BEACH, CA 90267	95-3881166		6,000.	0.			COMMUNITY SUPPORT
FIRST CHURCH OF CHRIST SCIENTIST 401 UNIVERSITY AVENUE LOS ALTOS, CA 94022	94-6088307		6,000.	0.			COMMUNITY SUPPORT

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.)

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RIVER OF LIFE CHRISTIAN CHURCH 1177 LAURELWOOD RD. SANTA CLARA, CA 95054	94-3219288		6,000.	0.			COMMUNITY SUPPORT
SILICON VALLEY CHILDRENS FUND 1871 THE ALAMEDA, SUITE 335 SAN JOSE, CA 95126	77-0166138		5,968.	0.			COMMUNITY SUPPORT
SPARK CHURCH P.O. BOX 1481 PALO ALTO, CA 94302	46-0586671		5,948.	0.			COMMUNITY SUPPORT
CORPORATION FOR PUBLIC BROADCASTING - 401 NINTH ST. NW - WASHINGTON, DC 20004-2128	13-2607374		5,904.	0.			COMMUNITY SUPPORT
LOS GATOS EDUCATION FOUNDATION ATTN: TREASURER LOS GATOS, CA 95032	94-2874929		5,863.	0.			COMMUNITY SUPPORT
EVERY CHILD MINISTRIES, INC. PO BOX 810 HEBRON, IN 46341	31-1162331		5,700.	0.			COMMUNITY SUPPORT
LAGUNA NIGUEL MILITARY SUPPORT FOUNDATION - 30111 CROWN VALLEY PARKWAY - LAGUNA NIGUEL, CA 92677	32-0241114		5,683.	0.			COMMUNITY SUPPORT
COMMUNITY PARTNERS FOR YOUTH, INC. PO BOX 578 SAN JOSE, CA 95106	93-1222073		5,652.	0.			COMMUNITY SUPPORT
HARVEST HOUSE CHURCH OF THE ASSEMBLIES OF GOD - 40645 FREMONT BLVD. #16 - FREMONT, CA 94538	94-1751959		5,639.	0.			COMMUNITY SUPPORT

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.)

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PAINTER ELEMENTARY - KINDERGARTEN 500 ROUGH & READY ROAD SAN JOSE, CA 95133	77-0016360		5,544.	0.			COMMUNITY SUPPORT
BILL WILSON CENTER 3490 THE ALAMEDA SANTA CLARA, CA 95050-4333	94-2221849		5,503.	0.			COMMUNITY SUPPORT
OKLAHOMA STATE UNIVERSITY FOUNDATION - PO BOX 1749 - STILLWATER, OK 74076	73-6097060		5,500.	0.			COMMUNITY SUPPORT
COMMUNITY SOLUTIONS FOR CHILDREN, FAMILIES & INDIVIDUALS - 9015 MURRAY AVENUE SUITE 100 - GILROY, CA 95020	23-7351215		5,474.	0.			COMMUNITY SUPPORT
RAHIMA INTERNATIONAL FOUNDATION 2345 HARRIS WAY SAN JOSE, CA 95131	77-0442850		5,360.	0.			COMMUNITY SUPPORT
AMERICAN HEART ASSOCIATION - ORANGE COUNTY - 4600 CAMPUS DRIVE - IRVINE, CA 92716	13-5613797		5,329.	0.			COMMUNITY SUPPORT
ST. MARY'S AND ALL ANGELS SCHOOL 7 PURSUIT ALISO VIEJO ALISO VIEJO, CA 92656	33-0771131		5,300.	0.			COMMUNITY SUPPORT
WORLD VISION - WASHINGTON 34834 WEYERHAEUSER WAY S. FEDERAL WAY, WA 98063	95-1922279		5,146.	0.			COMMUNITY SUPPORT
UNITARIAN UNIVERSALIST CHURCH OF PALO - 505 EAST CHARELSTON ROAD - PALO ALTO, CA 94306	94-1312336		5,054.	0.			COMMUNITY SUPPORT

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.)

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PIKES PEAK UNITED WAY 518 NORTH NEVADA AVENUE COLORADO SPRINGS, CO 80903	84-0511799		5,015.	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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY SILICON VALLEY**

Employer identification number

**94-1450153**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2013

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CAROLE LEIGH HUTTON CEO	(i)	224,325.	0.	0.	11,250.	13,423.	248,998.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

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

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				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( <b>TOYS AND OTHE</b> )	<b>X</b>	<b>45</b>	<b>86,183.</b>	<b>FMV</b>
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee 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? .....		<b>X</b>
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? .....		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<b>X</b>
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.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

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:

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

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

CRISIS. THESE GRANTS HELP PREVENT HOMELESSNESS DUE TO UNFORESEEN  
EMERGENCIES. LEARN MORE ABOUT UNITED WAY SILICON VALLEY'S STRATEGIC  
GRANTS AT WWW.UWSW.ORG.

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

DONATIONS ARE 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 OUR DONOR DIRECTED DONATIONS,  
PLEASE VISIT WWW.UWSV.ORG.

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

ASSISTANCE NETWORK IS A PROGRAM THAT PROVIDES CRITICAL CASH ASSISTANCE  
TO FAMILIES AND INDIVIDUALS IN CRISIS 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

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization UNITED WAY SILICON VALLEY	Employer identification number 94-1450153
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INCOME: BANK ON SAN JOSE PROVIDES OPPORTUNITIES FOR INDIVIDUALS TO OPEN CHECKING ACCOUNTS AND PERSONAL SAVINGS ACCOUNTS AFTER RECEIVING FINANCIAL LITERACY TRAINING PROVIDED BY UWSV STAFF. CREDIT COACHING MATCHES TRAINED VOLUNTEERS WITH HARD WORKING INDIVIDUALS AND FAMILIES WHO ARE INTERESTED IN IMPROVING THEIR FICO SCORES AND FINANCIAL MANAGEMENT SKILLS. EARN IT! KEEP IT! SAVE IT!, PARTNERS WITH THE IRS AND OTHER ORGANIZATIONS TO TRAIN VOLUNTEERS TO PROVIDE FREE INCOME TAX PREPARATION TO LOW-WAGE INDIVIDUALS AND FAMILIES.

UNITED WAY SILICON VALLEY OFFERS TWO PROGRAMS THAT FOCUS ON EDUCATION. EARLY LITERACY TUTORING USES TRAINED VOLUNTEERS TO WORK WITH AT-RISK THIRD GRADERS WHO ARE NOT PROFICIENT IN READING. MIDDLE SCHOOL MENTORING, PROVIDES VOLUNTEERS WHO MENTOR AND TUTOR LOCAL STUDENTS. FOR MORE INFORMATION ON UNITED WAY SILICON VALLEY'S PROGRAMS, PLEASE VISIT WWW.UWSV.ORG.

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

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

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: DIRECTORS SIGN A CONFLICT OF INTEREST COMPLIANCE STATEMENT AND STAFF MEMBERS SIGN A CODE OF ETHICS ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE PROCESS FOR SETTING COMPENSATION FOR THE CEO AND CFO ARE DICTATED BY STATE LAW SB 1262. UWSV PARTICIPATES IN AND GATHERS DATA ON COMPENSATION ON THE NON-PROFIT SECTOR AND REGION. NO CHANGES IN COMPENSATION RESULTED FROM THE LAST REVIEW.

Name of the organization UNITED WAY SILICON VALLEY	Employer identification number 94-1450153
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FORM 990, PART VI, SECTION C, LINE 19:

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

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

DISCOUNT ON IN-KIND RENT RECEIVABLE 61,042.

FORM 990, PART II, LINE 2C

EXPLANATION: THE ORGANIZATION'S PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTEDION OF AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.